Official Publication of the State Medical Society of Wisconsin

WISCONSIN MEDICAL JOURNAL

LIBRARY OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA
FEB 3 - 1986

Physicians concern under prospective payment

President Scott points out that escalating costs of the Medicare program will continue to generate both concern and controversy regarding the appropriate mechanism for reimbursement of physicians. It is clear, he states, that substantial questions remain regarding the degree to which DRGs for physicians are even feasible, the extent to which their application can be effectuated without compromising patient care. (See page 5)

The First Amendment

Medical Editor Falk pleads the First Amendment in support of the AMA's action to discourage smoking and use of any tobacco products. He states: "For my own part, I would appreciate freedom from second-hand tobacco smoke which irritates my eyes and upper respiratory tract . . . would enjoy freedom from the nauseating stench of an urn filled with tobacco butts . . . would like the freedom of being able to open my megacirculation news magazine without having to tear out a three-to-five-page graphic art display of some lovely scene of nature but touting a brand of noxious weed." (See page 8)

Chlamydia trachomatis screening

Beginning this January the Wisconsin Division of Health began screening for *Chlamydia trachomatis* infections through the family planning program. In recent years this infection has become the most prevalent of the sexually transmitted diseases. The intent is to identify chlamydial infections by testing high-risk individuals *before* pregnancy occurs so that appropriate treatment may be instituted. (See page 27)

JANUARY 1986

WISCONSIN MEDICAL JOURNAL

ISSN 0043-6542 / Established 1903

Owned and published by
State Medical Society of Wisconsin

Medical Editor
Victor S Falk MD, Edgerton

Editorial Board
Victor S Falk MD, Edgerton *Chairman*
Melvin F Huth MD, Baraboo
M C F Lindert MD, Milwaukee
Andrew B Crummy Jr MD, Madison
Richard D Sautter MD, Marshfield
Dean M Connors MD, Madison
George W Kindschi MD, Monroe
Charles H Raine MD, Racine
Darrell L Witt MD, Wausau
Garrett A Cooper MD, Madison *Emeritus*

Editorial Director
Wayne J Boulanger MD, Milwaukee

Editorial Associates
R Buckland Thomas MD, Monroe
Russell F Lewis MD, Marshfield
Raymond A McCormick MD, Green Bay
Victor S Falk MD, Edgerton
Medical Editor

Staff
Earl R Thayer, Madison
Secretary-General Manager
State Medical Society of Wisconsin

H B Maroney II, Madison
Assistant Secretary-Corporate Counsel
State Medical Society of Wisconsin

Mrs Mary Angell, Madison
Managing Editor

Mrs Marjorie Stafford, Madison
Publications Assistant

NATIONAL ADVERTISING REPRESENTATIVE: State Medical Journal Advertising Bureau, Inc, 711 South Blvd, Oak Park, Ill 60302. Ph 312/383-8800.

LOCAL (WISCONSIN) ADVERTISING: Contact: Mrs Mary Angell, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701. Ph 608/257-6781.

SUBSCRIPTION RATES: Members, $12.50 per year (included in dues); nonmembers, $25.00. Single copy: current year, $2.00; previous years, $3.00. SPECIAL RATES: Foreign and Canada, $30.00. Blue Book issue, $8.00. Membership Directory issue, $15.00.

SECOND CLASS POSTAGE PAID at Madison, Wisconsin, and at additional mailing offices.

PUBLISHED MONTHLY. "Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized August 7, 1918." Address all communications to THE WISCONSIN MEDICAL JOURNAL. Street address: 330 East Lakeside Street Mailing address: Box 1109, Madison, Wis 53701

POSTMASTER: Send address changes to Wisconsin Medical Journal, PO Box 1109, Madison, Wis 53701.

COPYRIGHT 1986
State Medical Society of Wisconsin

CONTENTS

January 1986

SPECIAL FEATURES

President's Page

5 Physicians concern under prospective payment, by *John K Scott, MD,* Madison

Editorials

8 An admonition for 1986

8 Litany for 1986, by *Wayne J Boulanger, MD,* Milwaukee; *George W Kindschi, MD,* Monroe

8 The First Amendment, by *Victor S Falk, MD,* Edgerton

9 The Thayer legacy, by *Wayne J Boulanger, MD,* Milwaukee

Letters

13 I am an angry and frustrated physician, by *Carl J Chelius, MD,* Cudahy

13 Home care sharing, by *James E Albrecht, MD,* Jackson

14 Appreciation from Internists' group, by *Anthony P Ziebert, MD,* Milwaukee

14 Anne's illness, by *Harold H Harsch, MD,* Milwaukee

15 Ah, but your city is beautiful, by *Owen Miller, MD,* Waukesha

16 Nature's remedies—use and abuse, by *Vinoo Cameron, MD,* Athens

Special

17 Accreditation issues, by *John E Affeldt, MD,* President, Joint Commission on Accreditation of Hospitals

18 Electroconvulsive therapy (Consensus Development Conference Statement, National Institute of Mental Health)

23 Ten Commandments for proper prescribing (Committee on Drug and Alcohol Abuse, The Medical Society of New Jersey)

27 *Chlamydia trachomatis* screening in family planning clinics in Wisconsin, by *Murray L Katcher, MD, PhD; David G Addiss, MD, MPH;* and *Michael L Vaughn,* Madison

Socioeconomics

40 Fund fee assessments due

40 Medicare freeze extended

40 Doctor Wiley to run for Governor

40 Legislature back in session Jan 28

Public health

42 Dane County Visiting Nurse Service starts new private duty nurse plan

WISCONSIN MEDICAL JOURNAL (ISSN 0043-6542) is the official publication of the State Medical Society of Wisconsin, devoted to the interests of the medical profession and health care in Wisconsin. Its affairs are handled by the Editorial Board, subject to policy direction of the Society's Board of Directors. The Managing Editor is responsible for the production, business operation, and coordination of contents as well as the final responsibility of the entire publication. The Editorial Director is responsible for Editorials. Unsigned Editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed Editorials express personal views of the author for which the Society takes no responsibility. Neither the Editors nor the State Medical Society will accept responsibility for statements made or opinions expressed in the pages of the Journal. Indexed in "Index Medicus," "Hospital Literature Index," and "Cambridge Scientific Abstracts."

Vol. 85 No. 1

CONTENTS

STATE MEDICAL SOCIETY OF WISCONSIN

News you can use

52 Changes made in unprofessional conduct definition

52 State-by-state annotation

52 Two directories for medical specialists

SCIENTIFIC MEDICINE

21 Compliance of housestaff with a free hepatitis B vaccination program, by *Timothy R Franson, MD* and *Norman H Engbring, MD,* Milwaukee

24 CLINICAL CANCER: Chemoprevention: An oncologist's view, by *Paul P Carbone, MD,* Madison (Number 2 of a series)

ORGANIZATIONAL

4 STATE MEDICAL SOCIETY OF WISCONSIN: Officers, Directors, and AMA Delegates and Alternate Delegates

28 Membership facts

29 SMS Board meets on tort reform, legislative issues, budget

29 SMS Board of Directors updated on Medicare

29 No more smoking in SMS offices

30 SMS-endorsed liability insurance plan is economic help for members

30 ShareCare thanks SMS for support

30 SMS President Scott receives AMA posts

31 Two new staffers for the Society

31 Annual Meeting resolution deadline Feb 17

31 CES FOUNDATION: Contributions during the month of November 1985

33 Membership Directory—update

36 OBITUARIES
Michael S Nefches, MD Milwaukee
Boris I Bender, MD Milwaukee
Calvin M Yoran, MD Wausau
Francis M Hauch, MD Appleton
William A Coan, MD Shawano
Keith B Appleby, MD Elm Grove
Ira R Sisk, MD Madison

41 Physicians Alliance field consultants and districts

DEPARTMENTS

38 COUNTY SOCIETIES

45 PHYSICIAN BRIEFS

47 MEDICAL YELLOW PAGES■

THE STATE MEDICAL SOCIETY OF WISCONSIN, created by the Territorial Legislature in 1841, represents over 6200 member physicians in Wisconsin, comprising 55 county medical societies and 26 medical specialty sections. The purpose of the Society is to "bring together the physicians of the State of Wisconsin to advance the science and art of medicine and the better health of the people of Wisconsin, and to secure the enactment and enforcement of just medical laws." The major activities of the Society include continuing medical education, peer review, legislation, community health education, scientific affairs, socioeconomics, health planning, services for physicians, operation of a Charitable, Educational and Scientific Foundation, and publication of the *Wisconsin Medical Journal.*

Officers

PRESIDENT: *John K Scott, MD,* Madison
PRESIDENT-ELECT: *John P Mullooly, MD,* Milwaukee
SECRETARY-GENERAL MANAGER: *Earl R Thayer,* Madison
TREASURER: *John J Foley, MD* Menomonee Falls

Board of Directors

CHAIRMAN: *Darold A Treffert, MD* Fond du Lac
VICE CHAIRMAN: *Roger L von Heimburg, MD,* Green Bay

FIRST DISTRICT
Jerome W Fons Jr, MD, Cudahy
Carl S Eisenberg, MD, Milwaukee
Thomas A Hofbauer, MD, Menomonee Falls
Wayne H Konetzki, MD, Waukesha
Fredrick Wood Jr, MD, Kenosha
William L Treacy, MD, Milwaukee
Richard D Fritz, MD, Milwaukee
William J Listwan, MD, West Bend
Glenn H Franke, MD, Milwaukee
Lucille B Glicklich, MD, Milwaukee

SECOND DISTRICT
J D Kabler, MD, Madison
Cyril M Hetsko, MD, Madison
James J Tydrich, MD, Richland Center
Alwin E Schultz, MD, Madison
Kenneth I Gold, MD, Beloit

THIRD DISTRICT
Pauline M Jackson, MD, La Crosse

FOURTH DISTRICT
John J Kief, MD, Rhinelander
Jung K Park, MD, Wisconsin Rapids
W George Locher, MD, Wausau

FIFTH DISTRICT
Darold A Treffert, MD, Fond du Lac
Kenneth M Viste Jr, MD, Oshkosh
C William Freeby, MD, Appleton

SIXTH DISTRICT
Roger L von Heimburg, MD, Green Bay
Joseph C DiRaimondo, MD, Manitowoc

SEVENTH DISTRICT
Marwood E Wegner, MD, St Croix Falls
Philip J Happe, MD, Eau Claire

EIGHTH DISTRICT
Joseph M Jauquet, MD, Ashland

PRESIDENT: *Doctor Scott*
PRESIDENT-ELECT: *Doctor Mullooly*
PAST PRESIDENT: *Timothy T Flaherty, MD,* Neenah
SPEAKER: *Duane W Taebel, MD,* La Crosse
VICE SPEAKER: *Vernon M Griffin, MD,* Mauston

THE STATE MEDICAL SOCIETY OF WISCONSIN

Created by the Territorial Legislature in 1841 . . . representing over 6,600 member physicians in Wisconsin, comprising 55 county medical societies and 26 medical specialty sections. The purpose of the Society is to "bring together the physicians of the State of Wisconsin to advance the science and art of medicine and the better health of the people of Wisconsin, and to secure the enactment and enforcement of just medical laws." The major activities of the Society include continuing medical education, peer review, legislation, community health education, scientific affairs, socioeconomics, health planning, services for physicians, operation of a Charitable, Educational and Scientific Foundation, and publication of the *Wisconsin Medical Journal.*

OFFICERS OF THE SOCIETY

PRESIDENT: *John K Scott, MD,* Madison
PRESIDENT-ELECT: *John P Mullooly, MD,* Milwaukee
SECRETARY-GENERAL MANAGER: *Earl R Thayer,* Madison
TREASURER: *John J Foley, MD,* Menomonee Falls

BOARD OF DIRECTORS

CHAIRMAN: *Darold A Treffert, MD,* Fond du Lac
VICE CHAIRMAN: *Roger L von Heimburg, MD,* Green Bay

FIRST DISTRICT: Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington, Waukesha counties
Glenn H Franke, MD, Milwaukee
Jerome W Fons Jr, MD, Cudahy
Carl S Eisenberg, MD, Milwaukee
Thomas A Hofbauer, MD, Menomonee Falls
Wayne H Konetzki, MD, Waukesha
Fredrick Wood Jr, MD, Kenosha
William L Treacy, MD, Milwaukee
Lucille B Glicklich, MD, Milwaukee
Richard D Fritz, MD, Milwaukee
William J Listwan, MD, West Bend

SECOND DISTRICT: Adams, Columbia, Dane, Dodge, Grant, Green, Iowa, Jefferson, Lafayette, Marquette, Richland, Rock, Sauk counties
J D Kabler, MD, Madison
Cyril M Hetsko, MD, Madison
James J Tydrich, MD, Richland Center
Alwin E Schultz, MD, Madison
Kenneth I Gold, MD, Beloit

THIRD DISTRICT: Buffalo, Crawford, Jackson, Juneau, LaCrosse, Monroe, Trempealeau, Vernon counties
Pauline M Jackson, MD LaCrosse

FOURTH DISTRICT: Clark, Florence, Forest, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Taylor, Vilas, Wood counties
John J Kief, MD, Rhinelander
Jung K Park, MD, Wisconsin Rapids
W George Locher, MD, Wausau

FIFTH DISTRICT: Calumet, Fond du Lac, Green Lake, Outagamie, Waupaca, Waushara, Winnebago counties
Darold A Treffert, MD, Fond du Lac
Kenneth M Viste Jr, MD, Oshkosh
C William Freeby, MD, Appleton

SIXTH DISTRICT: Brown, Door, Kewaunee, Manitowoc, Marinette, Menominee, Oconto, Shawano, Sheboygan counties
Roger L von Heimburg, MD, Green Bay
Joseph C DiRaimondo, MD, Manitowoc

SEVENTH DISTRICT: Barron, Chippewa, Dunn, Eau Claire, Pepin, Pierce, Polk, Rusk, St Croix, Burnett, Washburn counties
Marwood E Wegner, MD, St Croix Falls
Philip J Happe, MD, Eau Claire

EIGHTH DISTRICT: Ashland, Bayfield, Douglas, Iron, Sawyer counties
Joseph M Jauquet, MD, Ashland

PRESIDENT *Scott;* PRESIDENT-ELECT *Mullooly;*
PAST PRESIDENT *Timothy T Flaherty, MD,* Neenah
SPEAKER *Duane W Taebel, MD,* La Crosse; and
VICE SPEAKER *Vernon M Griffin, MD,* Mauston

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Henry F Twelmeyer, MD, Wauwatosa
John K Scott, MD, Madison
Patricia J Stuff, MD, Bonduel
DeLore Williams, MD, West Allis
Richard W Edwards, MD, Richland Center
Cornelius A Natoli, MD, La Crosse

ALTERNATES TO THE AMA

Cyril M Hetsko, MD, Madison
John D Riesch, MD, Menomonee Falls
J D Kabler, MD, Madison
Kenneth M Viste Jr, MD, Oshkosh
John P Mullooly, MD, Milwaukee
Richard H Ulmer, MD, Marshfield

330 East Lakeside Street (PO Box 1109), Madison, Wisconsin 53701 / Telephone: (608) 257-6781

Physicians concern under prospective payment

John K Scott, MD

THE SOCIAL SECURITY AMENDMENTS of 1983 (PL 98-21) produced Medicare prospective payment for hospitals. During this period reimbursement for physician services remained unchanged. The same authorizing legislation required that the Secretary of HSS "investigate and report on the advisability of prospective pricing of physician services to hospital inpatients."

This mandated analysis has fueled controversy among members of the healthcare community.

The government's various efforts to restrain expenditures of the Medicare program began as early as 1971 when the prevailing charge percentile was reduced to 75% from 83%. Recent efforts include the introduction of the Medicare Economic Index (MEI) in 1976 and the "voluntary" assignment provisions and physician fee freeze contained in the Deficit Reduction Act in 1984.

The present "usual, customary and reasonable" (UCR) reimbursement scheme is being called into question. The UCR has been criticized as inflationary in that it provides little incentive for physicians to keep their fees down and because it minimizes patient cost-saving. The Medicare Economic Index is seen as causing undesirable geographic and specialty divisions among physicians. Most importantly, because fee levels are rising faster than the MEI, the UCR system has turned into something of a fee schedule and reflects neither the needs of the payers nor the physicians.

Attempts to modify the UCR system have resulted in new proposals which would change the way physicians receive reimbursement from third parties. This, combined with the institution of prospective pricing for hospitals, has caused the issue of DRGs for physicians to arrive at a crucial juncture.

Under the physician-DRG scheme, a physician would be paid a fixed amount for all his or her services provided to a hospital inpatient with a certain diagnosis, including both preadmission and postdischarge care. As to the determination of basic payment rates, physician-DRGs would be patterned after hospital prospective pricing: "relative weights" would be determined for the care provided to a patient by a physician for each DRG. These weights would be based on statistical patterns of current charges. The relative weight, then, would be multiplied by a specific dollar rate to arrive at the actual level of payment. This payment would supposedly reflect both HCFA's determination of the appropriate levels of physician payments and its desired level of expenditures for physician reimbursement.

DRGs by their very nature inadequately cover the wide range of physician services: Current DRGs for hospitals exhibit high variability in cost and length of stay within each DRG. The smaller and more specialized nature of an individual physician's practice makes it highly likely that the ability to average out the variability, as is currently done for hospitals, would be impractical and probably impossible. Secondly, and of great practical importance, is the prospect that physician DRGs might force some physicians to spend less time with patients and to provide referral care less often. Such risks would be magnified under a scheme, favored by some, in which the primary physician would be held financially responsible for all referral and ancillary care provided to a patient. This system would place substantial financial risks on physicians because of the enormous variability in the severity of patients' illnesses and resulting requirements of care.

The escalating costs of the Medicare program will continue to generate both concern and controversy regarding the appropriate mechanism for reimbursement of physicians. Physician-DRGs are only one of a number of as-yet untested concepts for physician payment under Medicare. It is clear, however, that substantial questions remain regarding the degree to which DRGs for physicians are even feasible, the extent to which their application can be effectuated without compromising patient care.■

Referral care doesn't have to be inconvenient.

Referring a patient can be a hassle when you don't know the right person or phone number to call. Now there's one phone number which will do all the work for you.

You can call PRN, Physician Resource Network.

PRN gives you one-phone-call access, toll-free, to Medical College of Wisconsin (MCW) specialists and services, 24 hours a day. We have more than 300 full-time faculty providing care in more than 40 specialties and subspecialties.

It only takes one phone call to PRN to get what you need. PRN can:

- Identify a specialist for your patient's needs.
- Connect you by phone with an MCW faculty specialist.
- Arrange for inpatient or outpatient services from MCW faculty specialists.
- Obtain patient or medical information from MCW faculty.

Our physicians and services are conveniently located just off I-94 in suburban Milwaukee. We're on the campus of the Milwaukee Regional Medical Center, a comprehensive academic medical center encompassing three tertiary care hospitals and three specialty institutions.

Now you can call PRN.

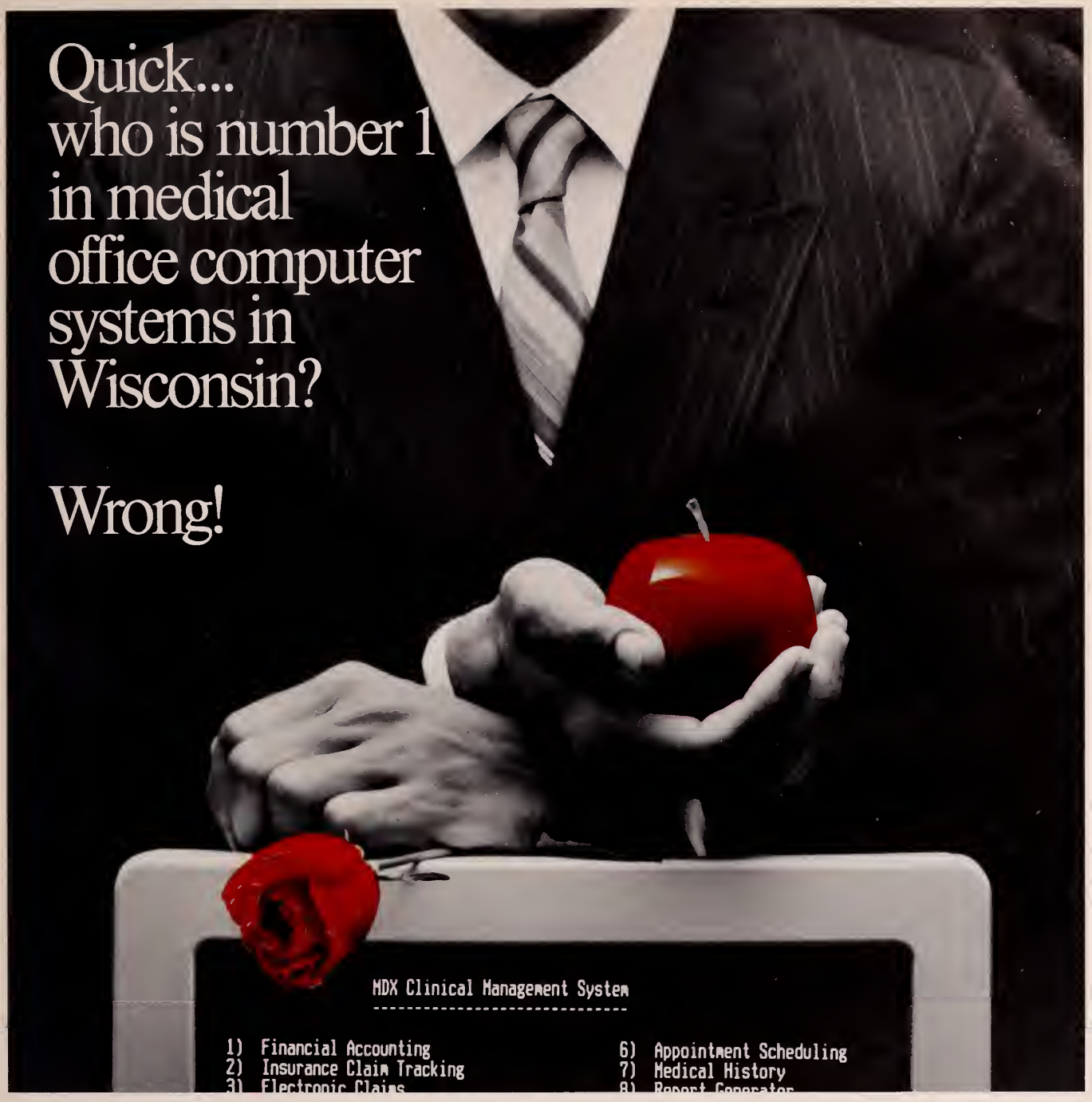
One-phone-call access to
Medical College of Wisconsin faculty specialists.

Toll-Free: 1-800-472-3660
From Milwaukee: 259-3660

PRN
PHYSICIAN RESOURCE NETWORK™

Quick... who is number 1 in medical office computer systems in Wisconsin?

Wrong!



Not IBM nor Apple nor any other nationally-known computer name. The answer is Advanced Technology Associates. Number 1 means the most complete systems; the most logical match of hardware, software and services. ATA is the source for total packages — computers, terminals, printers, special medical programs, careful installation, training for your people and after-sale support.

Considering the scope of our Wisconsin experience, it should not surprise you that ATA is endorsed by the State Medical Society.

May we send you information listing your benefits from a strictly medical office computer system? Call or write.

Advanced Technology Associates
4710 W. North Avenue, Milwaukee, WI 53208
(414) 445-4280
In Wisconsin call toll free 1-800-242-4280.

ATA

Endorsed by SMS Services, Inc. **For members of the State Medical Society of Wisconsin.**

Wayne J Boulanger, MD, Editorial Director

Unsigned editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed editorials express personal views of the author for which the Society takes no responsibility.

An admonition for 1986

WHILE IT HAS been several months since the 1985 SMS Leadership Conference in Appleton, one statement made at that event deserves repeating as the new year—an election year—begins.

After being thanked for his veto of mandatory chiropractic insurance in the 1985-87 biennial budget bill, Governor Anthony Earl told the conference attendees that the veto was something he felt was necessary on principle. He then said that the principle at work in this case was one that grew out of his days in the State Assembly when he was in "regular communication" with Doctors Roy Larsen and Kenneth Day of Wausau, physicians whom the Governor indicated he trusted and valued because of their willingness to participate in the legislative and political process.

Is this an isolated example of the value of political involvement? Of course not. Two physicians, among many others, looked not at party affiliation or political labels but rather at developing a relationship based upon trust, friendship, and principle. And the relationship bore fruit 15 years later.

The Governor's comment stands as a valuable admonition for 1986 as the elections approach and the stage is to be set for the 1987 Legislature.

Litany for 1986

WE'VE TRIED ALL sorts of remedies as we try to get our world back on a steady track with limited success. Maybe prayer would work. This litany is a start for 1986. Feel free to make your own additions:

FROM: HMO commercials on radio and TV.—DELIVER US, OH LORD.

FROM: Liability lawyers who "want you to know the law."—DELIVER US, OH LORD.

FROM: Bureaucrats who make verbs out of nouns.—DELIVER US, OH LORD.

FROM: Characters who will go to any lengths to check the spread of AIDS short of altering their life styles.—DELIVER US, OH LORD.

FROM: People who never went to medical school but tell me my patient doesn't need to be admitted. —DELIVER US, OH LORD.

FROM: Colleagues who habitually arrive late at lectures and then ask questions about the material they missed.—DELIVER US, OH LORD.

FROM: Fires caused by "careless use of smoking materials."—DELIVER US, OH LORD.

FROM: National public radio announcers who can't mention the "Reagan administration" without an audible sneer.—DELIVER US, OH LORD.

FROM: Well-to-do senior citizens who expect senior citizen discounts and other benefits at the expense of the young wage-earner. —DELIVER US, OH LORD.

FROM: Crazy TV Lenny and his ilk.—DELIVER US, OH LORD.

FROM: Absurd abbreviations.—DELIVER US, OH LORD.

FROM: Pathologists who keep changing classifications and staging methods.—DELIVER US, OH LORD.

FROM: "Ball park figure" and "bottom line."—DELIVER US, OH LORD.

FROM: Women physicians who abandon their femininity for the sake of acceptance.—DELIVER US, OH LORD.

FROM: "Cognitive" as applied to medical specialties.—DELIVER US, OH LORD.

FROM: Subscribers who write me nasty letters.—DELIVER US, OH LORD.

—*Wayne J Boulanger, MD,* Milwaukee

FROM: Hospital and clinic administrators who have "always done it that way."—DELIVER US, OH LORD.

FROM: Surgeons who think they know more pathology than the pathologist.—DELIVER US, OH LORD.

FROM: Malpractice settlements greater than the National Debt.—DELIVER US, OH LORD.

FROM: Health and Human Services, Washington, DC—DELIVER US, OH LORD.

—*George W Kindschi, MD,* Monroe

The First Amendment

AT ITS INTERIM meeting in mid-December the American Medical Association, through its House of Delegates, adopted a series of strong policy positions to discourage smoking and use of any tobacco products and was directed by the House to initiate and support legislation that would prohibit any form of media advertising of tobacco products. This would affect advertising mostly in the print media since such advertising already is prohibited on television and radio.

These positions have brought immediate anguished protests from the righteous mouthpieces of the tobacco industry who have trotted out the battered and abused

and overworked First Amendment.

I am not sure how broad an umbrella our founding fathers intended for the First Amendment. For my own part, I would appreciate freedom from second-hand tobacco smoke which irritates my eyes and upper respiratory tract. I also would enjoy freedom from the nauseating stench of an urn filled with tobacco butts. I would like the freedom of being able to open my megacirculation news magazine without having to tear out a three-to-five-page graphic art display of some lovely scene of nature but touting a brand of noxious weed.

More importantly, the medical profession would certainly prefer to be free of the frustrations encountered in treating cancer of the lung as well as chronic obstructive pulmonary disease which are attributed to smoking. It will be interesting to see how far the AMA gets with its message to Congress where our freedoms are frequently fettered.

—*Victor S Falk, MD,* Edgerton

The Thayer legacy

As Earl Thayer heads into retirement much will be made of his many impressive accomplishments in the guidance of organized medicine in Wisconsin. He has been a truly excellent executive and has developed a fine staff which will undoubtedly perform well long after he has taken to his rocking chair.

But I wonder if the well-oiled machine he engineered would have run at all if it weren't for what I consider his greatest feat—the repair of the rift between Milwaukee physicians and the rest of the state's doctors.

When Earl took command, the State Medical Society was foundering in choppy seas, making little headway, due to long-standing distrust between the Milwaukee County Medical Society portion and the rest of the members. Meetings which were convened for consideration of important issues more often than not ended in rancor and hostility with further polarization resulting.

There isn't any point in rehashing the controversies of the Crownhart-Kelley era except to say that it took skillful manipulation of bruised egos to get us all pulling together and functioning as a unified Society, and Earl did just that. He dealt with 5,000 prima donnas honestly, fairly, and with foresight. He took the trouble to know his constituents and to learn their problems, and he represented us well before the citizens of Wisconsin and our Legislature.

Changing a chief executive officer who has been effective is always difficult. Earl's successor will have large shoes to fill, but whoever it is will have the advantage of a solid foundation upon which to build. For that we are all indebted to Earl Thayer.

—*Wayne J Boulanger, MD,* Milwaukee

Editor's note: *In mid-1985 Secretary Earl Thayer informed the SMS Board of Directors of his intention to retire around the time of the March 1987 meeting of the House of Delegates. The Board has undertaken a process of review and evaluation leading to the selection of a* Deputy *Secretary and General Manager to begin work in that capacity sometime in early 1986. This course is intended to provide an organized and reliable adjustment of management responsibilities over the next year and ensure good long-range executive leadership for the Society.*

Discount prices on typewriters and copiers

SMS Services, Inc has negotiated an agreement with Modern Business Machines in Madison to provide SMS members with a discount on IBM Wheelwriter 3 Electronic and IBM Wheelwriter Selectronic typewriters (7K memory), with options. Also available is a discount on the Xerox Model 1020 and 1025 copiers with options.

For further information contact Noreen Krueger at SMS Offices in Madison at 608-257-6781 or 1-800-362-9080, extension 141.

SMS Toll-free number in Wisconsin

1-800-362-9080

Medical malpractice conference tapes

Requests for the audio cassette tapes of the May 10-11 Medical Malpractice Conference are being processed as rapidly as possible, with about a three-week waiting period.

Because of the overwhelming response for these tapes members who receive the tapes are asked to make every effort to return them to SMS as soon as possible. Requests are being handled on a first-come, first-served basis.

Requests should be directed to the SMS Physicians Alliance Division: 1-800-362-9080 or Madison 257-6781 (ext 162).

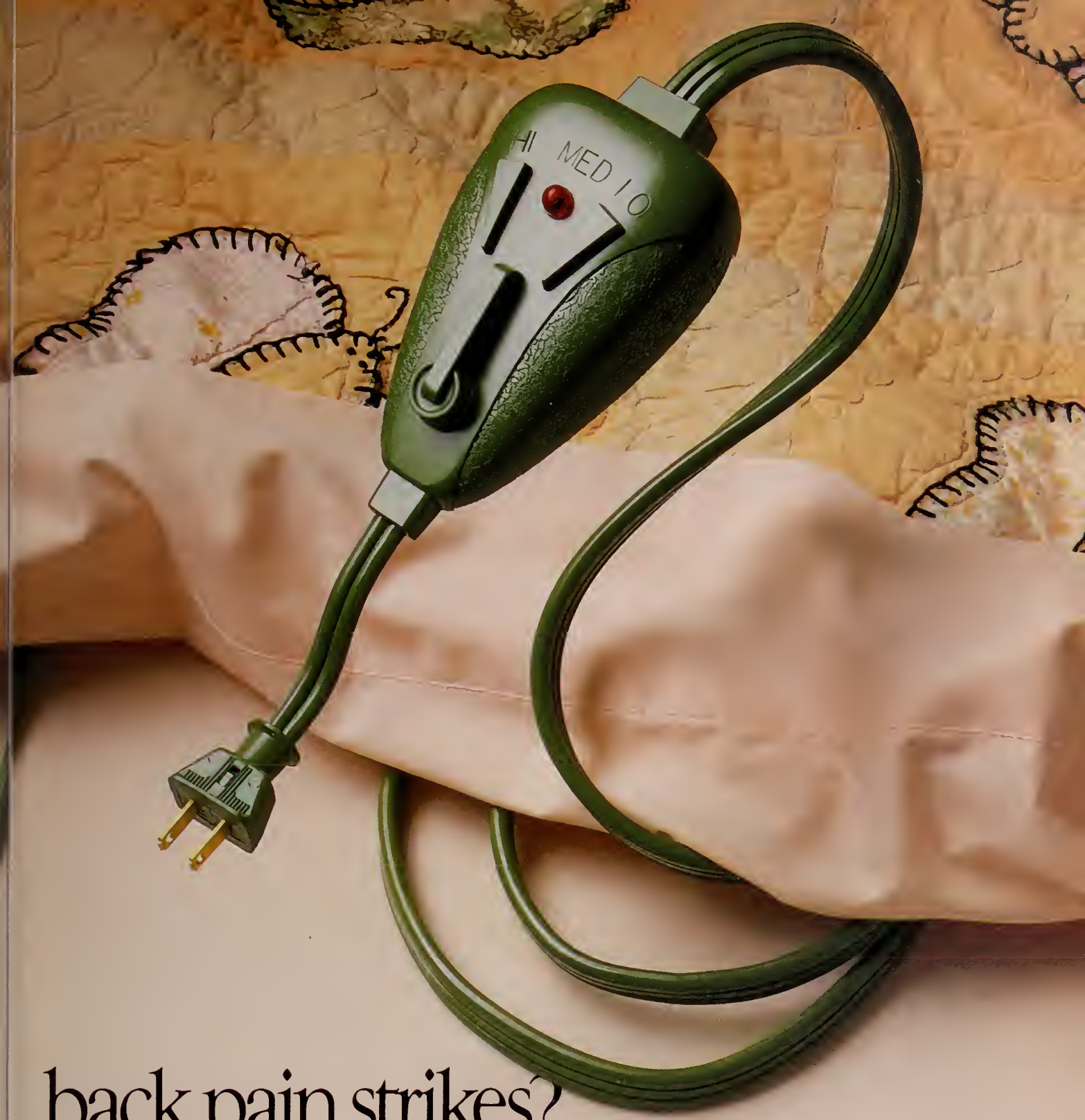
Are you prepared when severe

You've healed a lot of back problems through the years. But you've also treated a few patients with back pain that seemed to frustrate your best efforts. These are the ones with deeper problems that require resources you may not have; the ones you'll want to send away for help—to a center that specializes in treating low back problems.

The Institute for Low Back Care has everything you look for in such a facility: clinical excellence, a wide range of specialists and sophisticated diagnostic equipment.

We are internationally known for our pioneering research in the diagnosis and treatment of lumbar spine problems. Over the years we've helped thousands of patients—including many who had previously undergone unsuccessful back operations.

We prefer to focus on conservative and preventive care—including education. But



back pain strikes?

©1985 ILBC

when surgery is required, our expertise is second to none. And no other low back treatment center is better at handling difficult diagnosis and complicated pathology.

For more information or a detailed brochure on low back pain, call (612) 874-4470 or send in the coupon. With the resources of Abbott Northwestern Hospital behind us, we'll work with you to ease your patients' back pain.

Before it rears up and strikes again.

Please send me more information on low back pain and the Institute for Low Back Care.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

The Institute for Low Back Care at Abbott Northwestern Hospital.

2737 Chicago Ave., Wasie Center, Mpls., MN 55407

AMERICAN PHYSICIANS LIFE

Serving All Your Life Insurance Needs.

American Physicians Life's comprehensive and competitively priced line of insurance products is now being offered exclusively through SMS Services Inc., to State Medical Society members.

APL is a majority-owned subsidiary of Physicians Insurance Company of Ohio (PICO) and a sister company of The Professionals Insurance Company, the carrier of the SMS-endorsed Professional Liability Insurance Plan.

APL coverages available to you through SMS Services Inc., and its authorized insurance representatives include:

- Innovative Universal Life coverages
- Low Cost Graded Premium Whole Life plan
- Yearly Renewable and Convertible Term Life protection
- Non-cancellable Disability Income programs
- Single and Flexible Premium Annuities
- Comprehensive Office Overhead Expense protection

Why not contact SMS Services Inc., today to find out how American Physicians Life can solve all your life insurance needs.

CONTACT:

STATE MEDICAL SOCIETY OF WISCONSIN
SMS SERVICES INC.
SUBSIDIARY

SMS SERVICES INC.
330 EAST LAKESIDE STREET
P.O. BOX 1109
MADISON, WISCONSIN 53701
(608) 257-6781 OR TOLL FREE
1-800-362-9080

The Editors would like to encourage physicians to contribute to the LETTERS section where they can ventilate their frustrations as well as opinions. This feature is intended to be lively and spirited as well as informative and educational. As with other material which is submitted for publication, all letters will be subject to the usual editing. Address correspondence to: The Editor, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701.

I am an angry and frustrated physician

TO THE EDITOR: Have you looked at your colleagues recently in doctors' lounges and meetings and operating rooms? Clouds of depression ring their heads, and the most liberal of the liberals say: "I never thought it would come to this."

A mood of doom surrounds us and most are angry, anxious and depressed. Some are quitting early or plan early retirement. This is exactly the spot the bureaucrats wanted us in, dividing us further, now fighting among the ranks for the health care dollar.

With starting to market, to advertise, to open doctor-in-the-box clinics and walk-in centers, we are being totally degraded from a profession to a business. We have become providers taking care of clients. The doctor-patient relationship that is needed for confidence and decent medical care, is being eroded and is suffering immensely.

The worst of this mess is that the patients are stumbling in the dark and don't really realize what is happening to them. They are not being informed that all of a sudden it is generic drugs, poorly controlled, often dangerous, that it is "out of the hospital," regardless if you are well, that it is: "not into the hospital when you are sick" without regard to anybody's age, family situation or associated other illnesses.

There is nothing cheaper about the new system. What we see, however, is a total unsympathetic shift of the health care dollar away from patients, hospitals, physicians, and nurses into an immense evolving health care bureaucracy.

In all the new laws and health care innovations, nobody cares about the quality of care, nobody cares about our patients and their families. The third-party carrier treats them totally cold and unsympathetic, putting everybody into the same mold.

I am asking myself: "where are we, what are we doing, where is our organization that is not even allowed to suggest to us to sign or not to sign," out of fear to violate the antitrust laws. Why don't *we* advertise? Why don't *we* use full pages like the HMOs and a TV campaign, informing all patients what is really going on? Why don't *we* sue for restriction of trade?

Now finally we have arrived at pretending medicine to be an exact science, while in reality, it remains a practice in the true meaning of the word. However, the computer and the bureaucrats do not accept this.

All of us are making a satisfactory living, and always will! Certainly, the country and we along with it, need to tighten our belts.

It is, however, heartbreaking to see the money being spent for and by the bureaucrats who are like vultures encroaching upon the once best health care system in the world and are wrecking it with a daily increasing pace. We need to practice quality and reasonable and confidential medicine. It is time to make the practice of medicine professional again, and get it out of being or becoming a business.

—*Carl J Chelius, MD*
3533 East Ramsey Ave
Cudahy, Wisconsin 53110

Editorial Board comment: *We have empathy for many of Doctor Chelius' fears. It seems to us that one solution is for physicians to become more involved in the management of healthcare systems; better yet, to control them.*

Over the years some of us have become involved with many bright, even brilliant, lay managers, many of whom have spent years in healthcare management. With all of their qualifications, they still don't quite have the feelings physicians do about the care of patients and the patient-doctor relationship. It's hard to describe, but it is sort of like a few teeth missing in a comb.

Doctor Chelius is correct; patients are somewhat confused and perhaps will get more so. But they are not confused about the physician who knows them as a person, who cares about their health. We think sooner or later (and hopefully sooner) this will shake out.

The English healthcare system uses rationing. We do not believe the American public is willing to queue up and accept such treatment. Our heritage indicates we don't like being told what to do. If our public had been willing to accept the English system of medicine, maybe there would not have been an American Revolution.

We'd like to hear from other physicians on how we can keep the patient-physician relationship intact.

Home care sharing

TO PHYSICIANS OF WASHINGTON COUNTY MEDICAL SOCIETY: As physicians we are in a unique position of possibly helping to rectify one of the troublesome issues facing society today.

I am sure that many of you have faced frustrations of knowing what to do with patients who are no longer able to take care of themselves in their homes, but not bad enough to go to a nursing home; as well as exceeding the DRGs waiting for nursing home placement of people who could get by in their own homes awhile longer if they had someone as a companion to supervise their day-to-day activities. Home care service is available through each of our hospitals to provide good professional services for a few hours a day.

This is good as far as it goes, but not sufficient to provide adequate 24-hour supervision.

A year ago by chance, I was able to arrange for a recently divorced lady to care for an elderly couple in their own home the last months of their lives. That lady is now enriching the lives of another couple by sharing their home, enabling the wife to enjoy some measure of freedom while caring for her chronically ill husband.

Society benefits by one less person on welfare. The person providing services has a sense of self-worth and security she didn't have before she became a home-sharer; and the home sharing individual is able to stay in their own home; and hospitals can get patients out sooner. Another serendipitous arrangement contrived within the last two weeks has given one of my patients desiring work the opportunity of ten hours of service to a recent stroke victim, enabling her son to continue working and enabling the patient to get the necessary speech therapy and laboratory work on an ambulatory basis. This, of course, is at a much lesser cost and greater degree of satisfaction than would be nursing home placement.

Last January I sponsored a meeting at St. Joseph's Hospital attended by some 35 to 40 people from the hospital's medical community and interested professionals from the County Nurse's office, Department of Social Services, and nursing homes. A representative of Home Care Division of Independent Living from Madison was in attendance and shares the experience of the program in Madison.

Last Friday, representatives of the Department of Social Services and the County Nurse's office and the Discharge Planner of the West Bend hospital attended a meeting in Madison where we learned of Home Share Care programs in Madison, Milwaukee, and three areas in northern Illinois. We will be having further discussion and develop a sharing committee in Washington County to hopefully establish a central clearing house where people with need for live-in companions might be put in touch with people in need of a home or work in this area.

It is my feeling that we physicians can help our patients solve some of their problems as well as reduce cost to society without too much investment of time or money.

Rather than seek a grant, I respectfully request an allocation of $500 from the County Medical Society to sponsor this exciting project and request all members to participate in making this voluntary effort a success.

Thank you for your consideration.

—*James E Albrecht, MD*
2487 Pleasant Valley
Jackson, Wisconsin 53037

Editor's note: *The above project was approved in principle upon receipt of a proposed budget.*

Appreciation from Internists' group

To President Scott: As past president of the Wisconsin Society of Internal Medicine, I wish to express to you my appreciation for your work along with Bill Listwan, Bill Treacy, Rick Reas, Earl Thayer and many others who have put in innumerable hours in the malpractice problem.

Hopefully your hours of hard work will result in some sanity in this crisis. You certainly have the support of the Wisconsin Society of Internal Medicine.

—*Anthony P Ziebert, MD*
Wisconsin Society of Internal Medicine
611 East Wells St
Milwaukee, Wisconsin 53202

Anne's illness

To the Editor: I have prepared the following vignette to amplify the fact that mental illness is indeed an illness. I hope you will share this with our colleagues.

* * *

At her last visit Anne, my patient for the last year, meekly handed me a letter. She said that it was embarrassing but she had to let someone know just what had happened a year ago.

Anne, a well-dressed, attractive woman in her late 20s, was admitted 12 months ago to my service mute, dehydrated, and malnourished. Her sister, who brought her to the hospital, told us that she hadn't eaten for a month and seemed terrified of people. We treated her for a psychosis; and during the two months in the hospital, she regained the 25 pounds that she had lost. She showed us the pleasant, beautiful individual that was hidden by the psychosis. She had a steady work record and lived with her son in a small Wisconsin town for most of her life. We assumed a paranoid psychosis had existed, but the details she wouldn't share at the time.

The day Anne handed me her letter was one filled with several aggravations. I had just read another editorial questioning whether psychiatric benefits were "worth the cost." Also I was faced with the dilemma of transferring a severely depressed patient because his insurance covered only 30 days of treatment for "functional illness" and he had not yet sufficiently responded to his second medication trial to allow for discharge home.

I remember a few years ago when I entered my psychiatric residency thrilled with the potential in the field. The mind was the most unexplored frontier in medicine. These last several years,

however, have brought home the social and political reality of psychiatric illness. Questions of whether an "illness" really exists follow with the implications that if people would only grit their teeth and face the world they would be OK. The separation of insurance coverage for "medical illness" and "mental disorders;" with the common reduction of psychiatric illness as something that concerns mainly populations of street people or dangerous individuals may lead us back to state hospital warehousing.

Anne gave me permission to share her letter in the hope that others would understand the pain involved in this illness:

"I began thinking that everyone was against me. When someone coughed, I would think that they were coughing because of me. I believed that the TV set was talking to me.

"Things got so bad that I began to view people as animals. At 9 AM, 12 AM, and 6 PM people would turn into animals. It got so bad that the features of people would change. I thought that people could become invisible by putting makeup on their body. I thought that if I went outside at a certain hour, I would get stepped on by invisible people. At night, when I went into my bedroom, I would pull the dresser in front of the door because I feared that my brother would come in and saw me up.

"I thought that somehow cars became invisible and that people were trying to poison me. I cut down the amount of food I would eat. It got so bad that I would hardly eat anything. Sometimes I ate one meal a week. I lost weight down to 97 pounds. I thought that other people didn't want me to eat; so when I was offered food, I refused to eat it or I would only eat half and throw the other half out.

"These things happened continuously and everyday. Now I still have side effects. My nerves are shot. At times my mind draws a blank and when I get nervous I find myself moving slower and slower."

Anne is still trying to come back from that psychotic episode. I hope there will still be help available, a few years down the road, for others who find themselves with Anne's illness.

—*Harold H Harsch, MD*
Assistant Professor
Dept of Psychiatry and Mental Health Sciences
Medical College of Wisconsin
8700 West Wisconsin Ave
Milwaukee, Wisconsin 53226

Editorial Board comment: *The world would be a better place if the lawyers would law, the politicians would politic, the administrators would administrate, and everybody would let the physicians treat the patient to the best of his/her ability. . . . The problem lies in the selection of patients for psychiatric referral. Certainly half the student body in Madison doesn't need psychiatric care or counseling.*

Ah, but your city is beautiful

TO THE EDITOR: *Ah, But Your Land Is Beautiful* is the title of a book by Alan Paton, one of the great writers and moralists of our time. The title haunts me. It could be paraphrased *Ah, But Your City Is Beautiful.*

I am two years shy of practicing medicine for forty years. This has been a golden period of history in which to be a physician. With the development of antibiotics, almost all major infectious diseases became amenable to treatment. With antibiotic therapy available, surgical intervention became more possible.

The average citizen and the community were impressed with what could be accomplished in health care. The community in turn put vast sums of money into the health care system. Milwaukee and Wisconsin citizens and physicians benefited greatly from this remarkable revolution of health care services.

Why paraphrase *Ah, But Your City Is Beautiful?* Look at Milwaukee 35 years ago and look at it today; one could cry. The city is unfortunately dividing black to the north, white to the south. The downtown west of the river is dying except for the Mall. Every institution with moving ability has moved, including the Medical School.

In the area there is one oasis . . . the Marquette Campus. A significant part of the development of that campus was with community funds. It was worth every penny.

In the one mile area immediately west and north of the Marquette Campus are six hospitals. A plan exists to close some of them, including moving Children's Hospital to the Medical School complex in Wauwatosa.

Why cannot the medical and health care community develop a plan that would keep at least two full-service adult hospitals in the downtown area and convert an existing essentially new facility (Lutheran) into a children's hospital under medical school direction? In addition, why couldn't the community follow the wisdom of Marquette University and surround the area with an attractive large central city park?

This would do two important things . . . maintain a healthy central city for the base city of Wisconsin and, perhaps more importantly, try to make a bridge between two communities . . . the black and white communities. If we do not build these bridges, our cities will become more desolate deserts.

Should a medical journal be concerned about such a social issue? If a bacteria threatens a city with an epidemic, it would have

significant coverage in medical literature. If a serious social cancer attacks our central city which is a pivot for almost our entire state, are we not negligent in refusing to note something equivalent to a polio epidemic?

In the past 40 years the American community has given to the health care community and particularly physicians the most generous support in history. Having been recipients of this community support do not we as physicians have some responsibility to work to see that our cities are healthy and attractive places where we as well as our children can walk and enjoy?

—*Owen Miller, MD*
1405 Lookout Drive
Waukesha, Wisconsin 53186

Nature's remedies —use and abuse

To the Editor: This is a short letter to those of us within the profession who had any misgivings about the need for the involvement of the profession in matters of public education.

I see a fair number of patients who spend large amounts of money on different healthcare products and chemicals advertised by health journals and sometimes prescribed by chiropractors. I had one diabetic individual who was taking about 120 pills a day of different healthcare products.

Another patient whom I have seen was in my clinic for a routine physical because he was not feeling well. Repeatedly this gentleman had an elevated MCV, *ie* in the region of 104 cubic mic. This was in spite of the fact that he was a complete tee-totaler, had a hemoglobin level of 14.5 Gm; serum folate and B-12 were all within normal limits and so were the CEA and the upper GI series. At present he is awaiting further studies, including a bone marrow biopsy. Interestingly, I had asked him if he did consume other chemicals or medications. At first he hesitated and then left me a list of medications that he took, and a copy of the list he submitted to me is attached.

Interestingly, a lot of us have patients who are inclined to take large amounts of herbs and other complex vitamins and compounds hoping, in some way, to cure "internal diseases." I wonder if there is a medical term for such an individual. Maybe we should have suggestions for a medical term describing this entity/syndrome.

The list—
1 bone meal tablet *each meal*
2 Special #1 herb combination—healing inflammation (intestine) (temporary)
1 Pro-gest tablet—papain, pepsin, whole bile salts, pancreatin, betaine, hydrochloride
1 papaya enzyme tablet
1 acidophilus tablet (while taking antibiotics)

per day—
1 bee pollen tablet
1 alfalfa tablet
1 apple pectin tablet
2 kelp tablets and (1 zinc 10 mg -prostate)
1 multivitamin-mineral herb tablet
1 yucca herb tablet (joints)
1 teaspoon of mucil-lax in water for bulk
1 vitamin C-varies rose hips, calcium ascorbate, etc
1 cranberry concentrate capsule for C and prostate

occasional use—
L-glutamine (memory)
Gotu Kola (memory)
Beta-carotene—A for lungs
Acidophilus tablets
MSM—build up immunity and for lungs and against allergies (methyl sulfonyl methane, beta-carotene, amino-acids, bioflavonoids and some minerals)
Liquid aloe vera
Liquid chlorophyll
Lecithin and vitamin E
SOD—superoxide dismutase w/catalase—rids body of free radicals
Pau d'Arco—herb from South America—stress and prostate
Slippery elm—bowel inflammation
Procaine G-H3—normalizes all functions of the body and helps specific illnesses . . . in liquid form (contains procaine hydrochloride, benzoic acid, potassium metabisulfite, disodium phosphate and distilled water)
Capsicum and garlic, eyebright herb
PABA, choline, carnitine, B-15, L-ornithine
Comfrey and foenugreek (for intestines; inflammation)
Comfrey and pepsin (rids intestine of mucous coating)

—*Vinoo Cameron, MD*
317 Washington
Athens, Wisconsin 54411

Editorial Board comment: *Excessive ingestion is relatively common. In some cases it involves legitimate prescribers. It has been written that when Osler was asked to describe the main difference between man and animal, he replied that "mainly it is man's incessant desire to be swallowing some kind of medicine." . . . In answer to Doctor Cameron's question, the condition is most properly termed polypharmaceuticophagia (see* Annals of Polypharmacy *circa 1956). The patient is best termed unfortunate . . . Perhaps the term "self-induced toxemia" might be applied . . . A pound of prevention is worth an ounce of cure . . . although the list of medications may seem redundant, it has to be published as an integral part of the letter. Historians 100 years from now will shake their heads in amazement.* ■

Discount prices on typewriters and copiers

SMS Services, Inc has negotiated an agreement with Modern Business Machines in Madison to provide SMS members with a discount on IBM Wheelwriter 3 Electronic and IBM Wheelwriter Selectronic typewriters (7K memory), with options. Also available is a discount on the Xerox Model 1020 and 1025 copiers with options.

For further information contact Noreen Krueger at SMS Offices in Madison at 608-257-6781 or 1-800-362-9080, extension 141.

SYNDICATED COLUMN

Accreditation issues

John E Affeldt, MD, President, Joint Commission on Accreditation of Hospitals

THE JOINT COMMISSION on Accreditation of Hospitals (JCAH) regards the quality of its communication with the health care field as a vital element in the effectiveness of the voluntary accreditation process. The JCAH encourages any questions that Syndicated Column readers may have regarding changes in the Joint Commission's policies, procedures, or standards. Following are responses to questions that the JCAH has recently received from health care professionals regarding the accreditation process.

QUESTION: How has the JCAH revised its requirements regarding the completion of the *Hospital Survey Profile?*

ANSWER: Hospitals surveyed by the JCAH are no longer required to return a completed copy of the *Hospital Survey Profile (HSP)* to the JCAH. The *HSP* is a self-assessment tool designed to help hospitals profile their current practices and procedures. The JCAH decided to revise its requirements that hospitals return the *HSP* to the JCAH because of time limitations that restricted the ability of surveyors to effectively review the information in the *HSP* before the on-site visit occurred.

Nevertheless, because of the importance of the *HSP* as a self-assessment tool, the JCAH will continue to send a complimentary copy of the *HSP* to each hospital as part of presurvey materials. Additional copies also may be purchased at $35 apiece through the JCAH Publications Department. Hospitals are encouraged to continue using the *HSP* as an easy method of obtaining an overview of hospital operations, evaluating hospital practices, and preparing for an accreditation survey.

QUESTION: What is the proper procedure for notifying the JCAH in the event that a facility undergoes a change in name or ownership?

ANSWER: The JCAH requires that its Scheduling Department be notified in writing whenever a facility undergoes a change in name. The JCAH will then send the facility a new Certificate of Accreditation free of charge. Additional certificates may be purchased at $15 a copy.

With regard to changes in facility ownership or control, the "General Administrative Policies and Procedures" section of the 1985 *Accreditation Manual for Hospitals (AMH)* provides that, "Accreditation is not automatically transferable. If an accredited hospital changes ownership or control or undergoes a major change in its capacity or in the categories of services offered, it must notify JCAH not more than 30 days after such change." A corresponding passage appears in JCAH's other accreditation manuals.

The JCAH requires that changes in a facility's ownership be reported to the appropriate JCAH program director in a letter. The name, address, and telephone number of the new owner should be included. In addition, any changes in leadership, staffing patterns, and/or the delivery of services should be reported. The letter also should indicate which of the following changes in ownership has occurred; acquisition through merger, consolidation, acquisition through multi-institutional affiliation, management contract, or corporate reorganization through a multicorporate structure.

The JCAH will review the information submitted and decide whether a resurvey is warranted. The facility's previous accreditation status will continue until this determination is made. If a resurvey is to be conducted, the facility will be asked to submit an Application for Survey and the required fee to the JCAH within 20 days of notification. The JCAH will then schedule the facility for survey according to a timetable that is convenient for both the facility and the JCAH.

QUESTION: Under what circumstances will the JCAH grant the postponement of a survey visit?

ANSWER: The JCAH recognizes that due to unusual circumstances, a facility may need to request the postponement of a survey. The JCAH will usually grant survey postponements under the following circumstances:

- A natural disaster has significantly disrupted the facility's normal operations.
- The death of a chief executive officer or chief of staff occurs within the period of notification.

Physicians who have questions, comments, or suggestions for future columns are urged to contact: Pam Politser, Manager of Communications, Department of Marketing, JCAH, 875 N Michigan Ave, Chicago, IL 60611. Telephone: 312/642-6061, ext 214.

• The facility is undergoing major reconstruction, requiring that patients be moved from one building to another on the day of survey.

• The facility is involved in a strike; as a result, the facility has stopped admitting patients, it has begun transferring patients to other facilities, and staff with clinical/administrative positions are taking care of patients.

• The JCAH has failed to provide a minimum of four weeks advance notice to the facility of the survey date(s).

The JCAH also will attempt to accommodate a facility's request to avoid scheduling certain survey dates providing that it receives a written request from the facility at least four months in advance of the facility's anniversary date.

The JCAH also recently implemented policies and procedures regarding the postponement of survey visits for facilities that are applying for their first surveys or that are applying for survey after having been without JCAH accreditation for at least two years. Because facilities undergoing such "initial surveys" may require additional time in preparing for on-site survey visits, the JCAH will contact the facilities to verify the acceptance of a specified survey date. If the facility agrees to the date but must later postpone the visit, there will be a delay of up to six months during which the JCAH will reprocess the application and reschedule the survey.

If the facility requests that the survey be postponed a second time, it will be required to submit a new application for survey and application fee to the JCAH to assure that the application form is accurate and complete. Additional questions regarding the postponement of surveys may be addressed to JCAH's Scheduling Department.■

Consensus Development Conference Statement

Sponsored by the National Institute of Mental Health
National Institutes of Health, US Department of Health and Human Services

Electroconvulsive Therapy

Electroconvulsive therapy is the most controversial treatment in psychiatry. The nature of the treatment itself, its history of abuse, unfavorable media presentations, compelling testimony of former patients, special attention by the legal system, uneven distribution of ECT use among practitioners and facilities, and uneven access by patients all contribute to the controversial context in which the consensus panel has approached its task.

The panel has found that ECT is demonstrably effective for a narrow range of severe psychiatric disorders in a limited number of diagnostic categories: delusional and severe endogenous depression and manic and certain schizophrenic syndromes. There are, however, significant side effects, especially acute confusional states and persistent memory deficits for events during the months surrounding the ECT treatment. Proper administration of ECT can reduce potential side effects while still providing for adequate therapeutic effects.

The physician's decision to offer ECT to a patient and the patient's decision to accept it should be based on a complex consideration of advantages and disadvantages of ECT compared with alternative treatments. An ongoing consultative process, requiring time and energy on the part of both patient and physician, should occur.

Much additional research is needed into the basic mechanisms by which ECT exerts its therapeutic effects.

Studies are also needed to better identify subgroups for whom the treatment is particularly beneficial or toxic and to refine techniques to maximize efficacy and minimize side effects. A national survey should be conducted on the manner and extent of ECT use in the United States.

These recommendations reflect the consensus of the panel. We have been careful to narrowly delineate when and how, in our judgment, ECT should be administered. To prevent misapplication and abuse, it is essential that appropriate mechanisms be established to ensure proper standards and monitoring of ECT.

Members of the Consensus Development Panel:

Robert M Rose, MD, Panel Chairman, Professor and Chairman, Dept of Psychiatry and Behavioral Sciences, University of Texas, Medical Branch, Galveston, Texas

Robert A Burt, JD, Southmayd Professor of Law, Yale Law School, Yale University, New Haven, Connecticut

Paula J Clayton, MD, Professor and Head, Department of Psychiatry, University of Minnesota, Minneapolis, Minnesota

Allen Frances, MD, Professor of Psychiatry, Cornell University Medical College, New York, New York

Arnold J Friedhoff, MD, Director of Millhauser Laboratories, Professor of Psychiatry, New York University College of Medicine, New York, New York■

Motrin® 800 mg TABLETS

ibuprofen

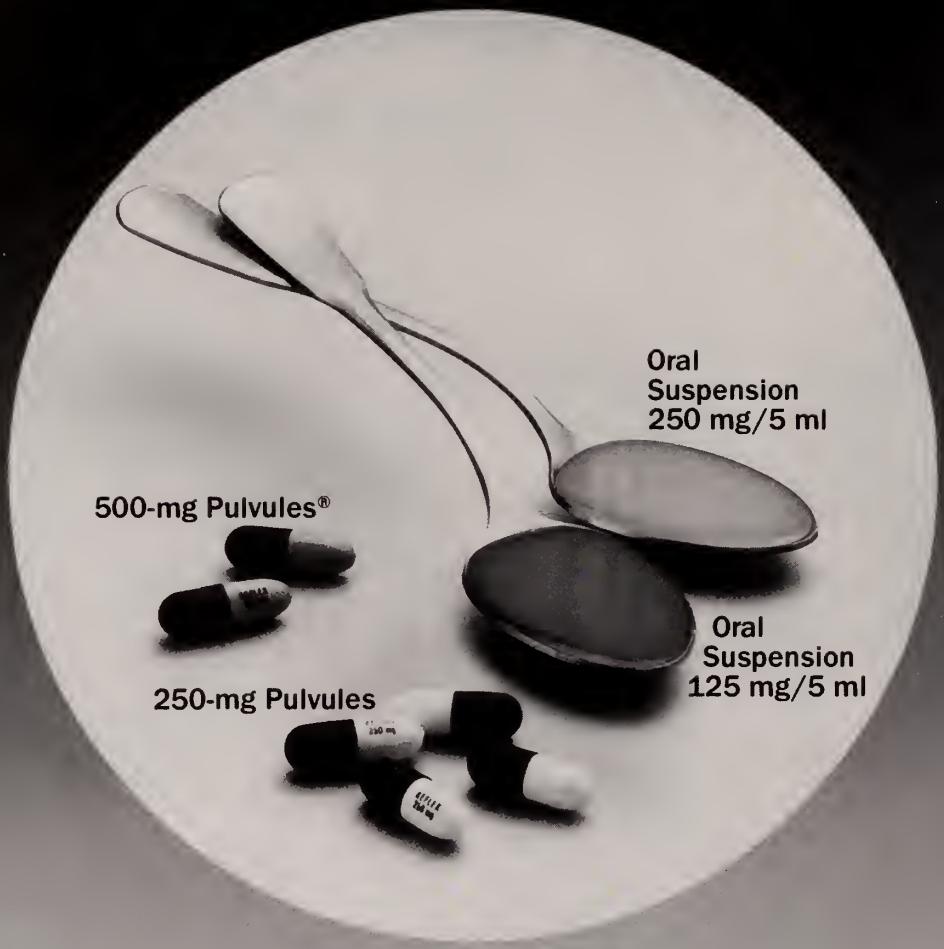
Extra strength
Convenience
Economy

Upjohn 100 A Century of Caring 1886·1986

©1986 The Upjohn Company

J-6138 January 1986

Easy To Take



Keflex®
cephalexin

Additional information available to the profession on request.

DISTA
420113

Dista Products Company
Division of Eli Lilly and Company
Indianapolis, Indiana 46285
Mfd. by Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630

Compliance of housestaff with a free hepatitis B vaccination program

Timothy R Franson, MD and *Norman H Engbring, MD,* Milwaukee, Wisconsin

ABSTRACT. *From December 1982 to September 1983, the Medical College of Wisconsin sponsored a hepatitis B vaccination program for all affiliated housestaff. The housestaff received multiple vaccine program informational presentations and brochures and were offered free vaccinations at any of nine affiliated hospitals. All housestaff who received an initial dose of hepatitis B vaccine were contacted with "reminder memos" for subsequent doses and were questioned regarding side effects. Of 567 housestaff, 189 (33.3%) received at least one vaccine dose, and 129 housestaff (22.7%) completed a three-dose vaccine course. No significant adverse effects were reported. Of the 60 housestaff receiving at least one vaccine dose but not completing their course, 18 (30%) responded to a questionnaire; 15 of 18 respondents stated vaccine course was not completed because of perceived time and schedule conflicts with clinics, or simply forgetting clinic dates despite reminders. Proposals for enhancing successful vaccination strategies in housestaff are discussed.*

Key words: Hepatitis B vaccine; Housestaff; Compliance

INDIVIDUALS IN housestaff training programs frequently care for patients from whom they may contract communicable illnesses such as viral hepatitides, tuberculosis, rubella, and similar diseases. Recent studies have demonstrated that many housestaff physicians are susceptible to a variety of transmissible agents,[1,2] and attention to preventive programs for housestaff should be a priority concern at training centers.

Until 1982, susceptible individuals exposed to hepatitis B in the hospital setting were routinely managed using passive immunoprophylaxis with immunoglobulin preparations. Since that time, hepatitis B vaccine (Heptavax®, Merck, Sharp & Dohme) has become available commercially and is recommended for use in individuals at risk for hepatitis B exposure, especially those hospital personnel having frequent contact with potentially infectious blood or secretions from patients with hepatitis B.[3]

Since most housestaff in our program rotate through acute patient care services at some time during their training, and are known to have a fairly high frequency of needlestick injuries requiring prophylaxis, a preventive program involving hepatitis B vaccination was sponsored.

PROGRAM DESCRIPTION. The Medical College of Wisconsin is a private institution providing postgraduate training in all major medical specialties at 15 hospital sites in the Southeastern Wisconsin (Milwaukee) area.

In November 1982, all housestaff received written notification that the Medical College of Wisconsin Affiliated Hospitals was sponsoring a hepatitis B vaccination program. Included with the notifications were a description of the vaccine, indications for use, potential side effects, dose schedule, and copies of the consent forms to be used in the program, all derived from recommendations of the Immunization Practice Advisory Committee, Centers for Disease Control[3] and current literature.[4,5] Participation in the program was voluntary, and housestaff were offered the full course of vaccination at no cost. In addition, multiple inservice presentations and a "Grand Rounds" session covering the hepatitis B vaccine were conducted to further acquaint housestaff with use, risk, and benefits of the vaccine.

In December 1982, housestaff were informed that vaccinations would be given at nine hospital sites for a period of four days each month. In addition, housestaff were informed that if conflicts in scheduling of vaccine clinics with their work schedule, alternate arrangements could be made and that all vaccine doses did not have to be received at one hospital (in order to accommodate rotating residents). For the period of December 1982 to July 1983, monthly clinics were sponsored for new vaccinees and subsequent administrations were continued through September 1983. All housestaff who received an initial dose of vaccine received a minimum of two written reminders prior to the time each subsequent vaccine dose was to be administered, and additional reminders if a dose was missed. Vaccine doses were administered in accordance with standard guidelines, with second and third vaccine doses scheduled one and six months following the initial administration.

Personnel at each hospital offering the vaccine program received

From the Department of Medicine (TRF) and the Office of Graduate Medical Education (NHE), Medical College of Wisconsin, Milwaukee. Reprint requests to: Timothy R Franson, MD, Medical Service/111N, VA Medical Center, 5000 West National Ave, Milwaukee, Wis 53193 (ph 414/384-2000). Copyright 1986 by the State Medical Society of Wisconsin.

instructional materials for appropriate processing of vaccinees. When individual housestaff presented for initial vaccination, they were required to sign a consent form, had the opportunity to ask questions of trained personnel, and were scheduled for subsequent doses. At the time of subsequent doses, all vaccinees were questioned as to possible side effects.

For individuals who did not complete a full vaccine course, no attempt was made to force compliance. Those residents who began, but did not complete a full vaccine course, received written surveys requesting reasons why all three doses of vaccine were not completed. The survey format was of multiple choices, including 1) forgetting despite reminders, 2) time or schedule conflicts, 3) concern for potential association of vaccine with acquired immunodeficiency syndrome, 4) illness associated with initial dose[s], or 5) space for filling in other reasons. Housestaff who initially declined vaccine or elected to voluntarily discontinue their vaccine course were asked to sign a form designating that they were electing not to take vaccine. All consent forms and dosage records were forwarded by individual hospitals to the Office of Graduate Medical Education following administration of each vaccine dose.

Table 1—*Compliance of housestaff with a heptatitis B vaccination program*

Department (number of housestaff)	*Housestaff receiving one or more vaccine doses (%)*	*Housestaff completing full vaccine course (%)*
Anesthesiology (4)	67.5	37.5
Emergency Medicine (13)	92.3	92.3
Family Practice (112)	16.9	9.8
Internal Medicine (127)	43.3	29.9
Orthopedic Surgery (25)	48.0	36.0
Obstetrics/Gynecology (10)	60.0	60.0
Pathology (13)	15.0	7.7
Pediatrics (42)	7.0	7.0
Radiology (33)	15.0	15.0
Surgery (39)	51.0	33.0
Other (65)	30.7	23.0
Overall Housestaff (567)	33.3	22.7

Table 2—*Resident reasons for not completing full three-dose course of hepatitis B vaccine (N = 18 survey respondents)*

Reason	*Number of respondents (Percentage of respondents)*
Time/schedule conflicts	8 (44.4)
Forgot clinics despite reminders	7 (38.8)
AIDS concern	1 (5.6)
Unrelated illness concurrent with vaccination	1 (5.6)
Symptoms due to vaccine	1 (5.6)
TOTAL	18 (100)

RESULTS. Of 567 housestaff eligible for vaccination, 189 (33.3%) actually received at least one dose of vaccine. Initial doses were given during the period December 1982 to March 1983. The third dose for all eligible housestaff was administered by September 1983.

Results of housestaff were tabulated in terms of those actually receiving at least one dose of vaccine and those completing a full course of three vaccine doses. These results were analyzed in terms of total housestaff and by housestaff in each departmental training program as shown in Table 1. Overall, 129 housestaff (22.7%) completed a full three-dose vaccine course, which comprised 68% of the group which received at least one dose of vaccine. Highest compliance with vaccine course completion was observed in Emergency Medicine (92%), Anesthesiology (37.5%), General Surgery (33%), and Internal Medicine (29.9%). Only three pediatric housestaff (7%) received initial vaccine, two of whom (5%) completed the course.

No significant side effects were reported. Although housestaff who initially declined vaccine, or elected to discontinue their vaccination program anytime after their first dose, were requested to sign the consent form in a section designating refusal, only one resident did so. Of the 60 residents who received at least one, but not all three vaccine doses, 18 (30%) responded to a voluntary survey, the results of which are shown in Table 2. Overall, more than 80% of survey respondents gave time/schedule conflicts or simply forgetting about vaccination appointments as reasons for not completing the vaccine course.

DISCUSSION. This hepatitis B project was designed to be free to recipients, well-publicized in terms of both scientific information and program mechanics, conveniently available at multiple hospitals, and with adequate "reminder" techniques, all of which we felt would be features appealing to housestaff physicians. It was, therefore, remarkable to find that only approximately 30% of housestaff received at least one vaccine dose. This is surprising in that over 75% of housestaff are in primary care or surgical-related specialty training, thus placing them at a minimum of "moderate risk" for hepatitis B virus exposure by American Hospital Association and Immunization Practices Advisory Committee criteria.[3] In the programs with highest risk of hepatitis B exposure (*ie,* Surgery, Anesthesiology, and Emergency Medicine) from 51%–92% of housestaff in those programs received at least one vaccine dose. However, in Pathology, Pediatrics, and Family Practice residencies, only 7%–17% chose to take at least one vaccine dose. Therefore, resident perception of risk to oneself may be a key factor in deciding whether to consider vaccination.

There are many reasons why this vaccination campaign was relatively unsuccessful. First, physicians have been shown to be noncompliant with vaccine programs in several studies. Specifi-

cally, housestaff may not comply with such programs due to time pressure or a perceived lack of vulnerability combined with a lack of awareness of their own degree of occupational risk.[1] These attitudes appeared to be dominant in our programs as well, where over 80% of survey respondents who did not complete a full vaccine course gave similar reasons. Although concern regarding a potential association between the hepatitis B vaccine and the acquired immunodeficiency syndrome (AIDS) was suspected to be a factor in housestaff refusal of vaccine, in our survey only 1/18 respondents listed AIDS concern as a deterrent to vaccine completion.

Despite these somewhat disappointing results, we feel this experience has offered some insight as to mechanisms which may enhance planning and compliance with future programs. Perhaps most important is the concept of perceived risk. Housestaff program directors should be enlisted for active involvement in vaccine campaigns, including inservice reminders and diligent followup contact of those who receive initial doses; housestaff would be aggressively educated as to their true level of risk based upon local hospital prevalence of hepatitis B disease and carriers. Also, with the risk of acquiring hepatitis B in the hospital work environment and availability of effective preventive measures, it would seem reasonable to request that all housestaff who refuse participation in institution-sponsored preventive programs sign a statement to that effect; this measure may compel house officers to reconsider the importance of immunizations to their well-being.

Studies of hepatitis B vaccine immunization programs in hospitals indicate such projects may afford significant protection for employees while concurrently curtailing long-range costs by precluding lost work time due to hepatitis and decreasing usage of immunoglobulin for acute exposure.[6,7,8] Housestaff training programs should strongly consider implementing vaccination efforts to maintain the health of housestaff and control the costs associated with such work-related injuries.

ACKNOWLEDGMENT. The authors gratefully acknowledge the assistance of June Esau, Jane Alexander, and Sue Schneider in manuscript preparation.

REFERENCES

1. Lewy RM: Occuptational health programs for housestaff physicians. Preemployment medical examination. *JAMA* 1982; 246:1432-1434.
2. Schneider WJ: Considerations regarding infection during hospital employment. *J Occup Med* 1982; 24:53-57.
3. Recommendations of the Immunization Practices Advisory Committee (ACIP): Inactivated hepatitis B virus vaccine. *MMWR* 1982; 31:317-322, 327-328.
4. Dienstag JL, Ryan DM: Occupational exposure to hepatitis B virus in hospital personnel: Infection or immunization. *Am J Epidemiol* 1982; 115:26-39.
5. Maynard JE: Viral hepatitis as an occupational hazard in the health care profession. In: Vyas GN, Cohen SN, Schmid R, eds, *Viral Hepatitis*, Philadelphia: Franklin Institute Press, 1978; pp 321-331.
6. Hamilton JD: Hepatitis B virus vaccine. An analysis of its potential use in medical workers. *JAMA* 1983; 250:2145-2150.
7. Mulley AG, Silverstein MD, Dienstag JL: Indications for use of hepatitis B vaccine based on cost-effectiveness analysis. *N Engl J Med* 1982; 307:644-652.
8. Hanacik LJ, Franson TR, et al: Implementing a successful hepatitis B vaccination program. Infr Contr (in press). ■

Ten Commandments for proper prescribing

1. Never prescribe without properly recorded history and physical examination.
2. Be suspicious when the patient suggests what to prescribe.
3. Telephone prescriptions should only be given to known patients for well established reasons in small amounts. A written prescription must follow within 24 hours.
4. Refill only at office visits or for exceptional other reasons.
5. Be suspicious of "lost" or "spilled" excuses for extra prescriptions. (These are common excuses to supply friends and family members with these substances.)
6. Confront repeated suspicious requests or uses directly. (Your license and reputation are at stake.)
7. Be careful to prevent theft of prescription pads. (Employees should not have free access to prescription pads.)
8. Be very wary of manipulative patients who may attempt to obtain drugs in order to redirect their distribution.
9. Do not have DEA number printed on prescription blanks.
10. Do not prescribe controlled substances for family members, colleagues or employees without appropriate and recorded history and physical examination.

—Committee on Drug and Alcohol Abuse
The Medical Society of New Jersey

CLINICAL CANCER: Number 2 of a series

Chemoprevention: An oncologist's view

Paul P Carbone, MD, Madison, Wisconsin

THE GOAL OF chemoprevention is the prevention of malignancy by interfering with the steps that lead to cancer. It is the hope that cancer can be prevented by consuming more of certain substances and thus eliminating or reducing the development of cancer in those patients who are at high risk. Among the possible agents that may prevent cancer in humans are: Vitamin A or retinol (found in liver and egg yolk); and beta-carotene (found in dark green leafy vegetables, yellow vegetables, and fruits). Many animal studies since the 1920s have shown that low levels of Vitamin A produce increased numbers of cancers. More recently, laboratory experiments have shown that these same substances prevent bladder, breast, lung, and skin cancers in animals.

Studies in Norwegian men, both nonsmokers and smokers, clearly show that lung cancer is six times more common among those who have diets low in Vitamin A. These observations have been confirmed in several other countries. However, the complete story is undoubtedly more complex. Lung cancer rates are much lower in Colombia and Mexico than in the United States or Scotland. The cigarette consumption in the former countries is more than 50% of the US rate while the cancer mortality rate due to lung cancer is only 11% of the US rate. Investigators have found that the content of selenium in cigarettes in Mexico and Colombia is three times higher than in US cigarettes. The amount of selenium in cigarettes depends upon the soil content where the tobacco is grown. In general, lung cancer rates are inversely related to the level of selenium in the tobacco. Thus, one might easily see that selenium as a tobacco additive should be tested as a chemopreventive agent.

Both cancer-causing substances and radiation cause oxidation reactions and free radical formation inside of cells. These free radicals can damage DNA and cause genetic mutations that lead to cancer. They may also act as tumor promoters and foster the cancer developmental process. Anti-oxidants, such as Vitamin C, E, and beta-carotene, block the action of these free radicals. Thus, the administration of these agents may also prevent cancer.

Folic acid and Vitamin B_{12} deficiencies may occur locally in the epithelial mucosa of lungs in smokers and in the cervix of women on birth control pills. The development of cancer can then be related to combinations of factors but ultimately directly to what we eat. Dietary factors are said to contribute to over 35% of all human cancers. Of particular importance are dietary calories having high fat content. People who regularly avoid meat or eat less fat have fewer cancers. Likewise, it has long been suggested that fiber in the diet can influence the development of colon cancer. Most recently, Bruce and Lipkin have shown that the adverse effects which bile acids have on intestinal mucosa can be prevented by adding calcium to the diet. The American or western diet is relatively deficient in calcium. Thus, a relatively simple chemoprevention agent might be supplemental calcium.

Breast cancer. The major risk factor associated with an increased risk of breast cancer is the effect of female ovarian hormones on the breast. Men are less likely to develop breast cancer unless they receive large doses of female hormones for long periods. Removing the ovaries in women at an early

Doctor Carbone is Professor and Chairman, Department of Human Oncology and Director, Wisconsin Clinical Cancer Center, University of Wisconsin Medical School, Madison. Reprint requests to: Paul P Carbone, MD, University of Wisconsin Clinical Cancer Center, K4/614, CSC, Madison, Wis 53792 (phone: 608/263-6919). Copyright 1986 by the State Medical Society of Wisconsin.

Series Coordinator:

Ernest C Borden, MD, Madison

American Cancer Society Professor of Clinical Oncology, University of Wisconsin Clinical Cancer Center, 600 Highland Ave, Madison, Wisconsin 53792

Physicians are encouraged to contact the authors if they wish to discuss these topics further or obtain additional information. Comments or suggestions for topics would be welcome.

age reduces their risk of developing breast cancer. Interestingly, pregnancy at an age less than 20 years has a protective effect against breast cancer development. The obvious breast cancer prevention measures, namely, early pregnancies or removing the ovaries, unfortunately have potential serious detrimental social and medical side effects.

In the laboratories of the Wisconsin Clinical Cancer Center (WCCC), Professor V C Jordan has shown that 100% of rats injected with a certain chemical carcinogen developed breast cancers. Tamoxifen, a chemical used to treat established breast cancer in women, is capable of completely suppressing these experimental cancers. Other studies at Southern Research Institute in Birmingham, Alabama have shown that pseudopregnancy-induced estrogens and progestins also will prevent breast cancer in rats. We feel that the hazards of tamoxifen, given to high-risk women at the age of menopause, is less risky than creating a pseudopregnancy at puberty for high-risk women and may be considered as a chemoprevention modality for clinical trials.

Active trials. The National Cancer Institute is sponsoring more than 20 trials designed to investigate chemoprevention in either feasibility or actual phase 3 clinical trials. The following is a summary of some of the current studies.

A. Lung Cancer

1. *US/Finland beta-carotene/Vitamin E trial:* The study population includes males age 55–69, who are smokers. The intervention involves beta-carotene, 20 mg, and vitamin E, 100 mg. It is a five-year, double-blind, randomized, clinical trial conducted at five health centers in Finland and the study involves four arms including a placebo control.

2. *Fred Hutchinson Cancer Research Center/retinoid trial:* The study population involves smokers age 50–65, with a 20-pack year history of smoking. The interventions involve retinol 25,000 u/day, 13-cis-retinoic acid (CRA), 20 mg/day, and beta-carotene, 30 mg/day. This is a feasibility study to assess enrollment, compliance, and toxicity. A subsequent phase 3 study will include eight arms including a placebo and one or more of the above agents.

3. *Fred Hutchinson Cancer Research Center asbestos study:* The study population includes persons with asbestos exposure. The interventions include beta-carotene, 15 mg/day plus retinol, 25,000 u/day or a placebo. This is a phase 3 trial with 600 participants having exposure to asbestos with or without a smoking history. The protocol will look at mesothelioma or lung cancer incidence.

4. *University of Alabama:* Vitamin B_{12}/folate deficiency in smokers: The study population will be smokers and the interventions include folic acid, 10 mg/day, and Vitamin B_{12}. The objective of the study is to analyze the ability of folates and Vitamin B_{12} to protect against the deleterious effects of smoke on bronchial epithelium.

B. Colon polyps

1. *University of Illinois/Walter Reed Army Medical Center trial:* The intervention will be beta-carotene, 15 mg/day.

2. *Memorial Sloan Kettering Cancer Center/Decosse trial:* The study population will be members of familial polyposis families who have had a subtotal colectomy. The interventions include Vitamin C, 4 gm/day; Vitamin E, 400 mg/day; and 2 dietary intake levels of wheat fiber.

3. *Duke study:* The intervention is 13-cis-retinoic acid, 25 mg/m^2/day.

C. Skin cancer

1. *Dartmouth.* 2. *University of Arizona.* 3. *NCI.* 4. *MSKCC.* These studies involve patients with known basal cell or other nonmelanoma skin cancers. They will be treated with Vitamin C, E, B-carotene, 13 CRA. The objective is to prevent further malignant tumors. One study involves individuals with actinic keratoses.

5. *Albinos/Tanzania trial:* The study population to be treated is albinos in Tanzania. The intervention involves beta-carotene, 1.5 mg/kg/day. Over 400 albinos will be part of the study to see if solar skin cancers can be prevented.

6. *Selected high-risk patients/University of Arizona:* The study population includes patients with dysplastic nevi, preleukemia, mycosis fungoides, and multiple skin cancers. The interventions are 13 CRA or Vitamin A 25,000 u/day. This study will start as a feasibility study and look at toxicity and compliance.

D. Cervix cancer

1. *Fred Hutchinson Cancer Research Center:* The study population involves patients with intraepithelial cancer lesions (CIN). The intervention will be folic acid 5 mg/day. Patients with biopsy proven CIN will be randomized to receive folic acid or placebo. The subjects will be followed for regression or progression of lesions.

2. *Albert Einstein study:* The study population will include patients with mild to moderate cervical dysplasias. The intervention includes the use of retinyl acetate, 6 mg in a gel, applied to the cervix.

3. *University of Arizona study:* The intervention involves retinyl acetate 0.6% in a vaginal gel for women with cervical dysplasias.

E. Other population studies:

1. *United States doctors/Harvard Medical School trial:* The study

population involves MDs between the ages of 40 and 84 without a history of heart disease, cancer, or stroke. The interventions involve beta-carotene and aspirin on alternate days. Over 21,000 MDs are involved in a mail study with a 2 × 2 design. This trial will look at heart disease as well as cancer prevention.

2. *United States dentists/Harvard Medical School:* The dentists over age 40 will receive Vitamin E, 200 mg; Vitamin A, 15,000 u/day; Vitamin B_6, 25 mg/day; sodium selenite 200 mcg/day in a RCT pilot study involving 2,000 subjects. This large group will be used to look at compliance.

Patient selection and recruitment. Prevention trials are designed to involve relatively normal people who may not be in the usual university hospital or private medical practice situations. The study populations are likely to be enrolled in health maintenance organizations (HMO) or other prepaid insurance systems. Presumably the subjects who are recruited must be followed for incidence or mortality rates, be highly motivated, and be willing to follow the protocol. As can be seen, the populations to be treated in the above studies are in well-defined population categories or in highly motivated groups. A technique to help increase compliance was used in the MD/Harvard study where the subjects were recruited by mail and a phase-in period was carried out. Only those subjects who completed the phase-in period were randomized to the interventions. Currently, these subjects are not part of the usual oncology practice. Participation in these studies will require greater use of paramedical personnel; low-cost space; and financial support for performing tests, supplying medication, and obtaining specimens for monitoring compliance. While these obstacles are hurdles, they are not insurmountable.

Drug toxicities. While the chemopreventive agents do not have the same side effects as antineoplastic drugs, they are not without problems. Vitamins C, A, and E all cause potential problems through interactions with other drugs such as aspirin, anticoagulants and amphetamines.

Vitamin A and its analogues also affect the growing fetus. Thus, pregnant women must not be put on these trials. Those individuals who eat primarily vegetables are already likely to be taking high doses of Vitamin A in their foods, and supplementation with Vitamin A in these individuals also may lead to problems. Side effects from the chronic administration of retinoids can be quite limiting and include: skin changes; headache; backache; anorexia; hair loss; hepatomegaly; hypercalcemia; and birth defects.

Selenium toxicity includes bronchitis, garlic odor to the breath, loss of hair, skin lesions, and polyneuritis. Selenium varies considerably in diets, and supplemental diets high in selenium may lead to toxicity.

A major problem in any chemoprevention trial is self-medication. The accessibility of many materials over the counter or in foods leads some individuals to take mega doses of some materials. Self-medication leads to confusion in the control—placebo patients as well as in the drug therapy groups. Both groups may consume large quantities of dietary supplements of study drugs if they are not sure they are receiving the supposedly active study drug or drugs and they want to make certain that they do receive them. Monitoring of serum or urine levels for the intervention agents is extremely important.

Summary. The ability to prevent cancer is a reality in the laboratory. Limited numbers of clinical trials are underway in selected diseases. The intervention trials usually involve individuals at high risk rather than patients with illnesses. The trials require large numbers of patients. At present, medical, surgical, and radiotherapy oncologists are not involved in these studies. Future studies are likely to involve practicing oncologists since, through their patients, they can identify the high-risk familial groups. Treatment in prevention trials causes toxicities, but these are usually less than with our current antineoplastic drugs.

RECOMMENDED READING

1. Nutrition and Cancer. *Seminars in Oncology,* Vol. 10, 1983.
2. Chemoprevention Clinical Trials, Problems and Solution. November 1984, NIH Publication No. 85-2715.
3. Doll R, Peto R: The causes of cancer. *JNCI* 1981; 66:1191-1308. ■

Chlamydia trachomatis screening in family planning clinics in Wisconsin

Murray L Katcher, MD, PhD; David G Addiss, MD, MPH; and Michael L Vaughn; Madison, Wisconsin

BEGINNING JANUARY 1986 the Wisconsin Division of Health, Maternal and Child Health Unit, in conjunction with the Section of Acute and Communicable Disease Epidemiology is screening for *Chlamydia trachomatis* infections through the family planning program. In recent years *Chlamydia trachomatis* infections have become the most prevalent of the sexually transmitted diseases (STDs).[1] STD clinics have reported infection rates of *C. trachomatis* of 20%–30%, and family planning clinics also have very high reported rates (6%–23%).[2,3] Although chlamydia testing has been difficult in the past, improved laboratory diagnostic tests have recently been developed.

Our intent is to identify chlamydial infections by testing high-risk individuals *before* pregnancy occurs so that appropriate treatment may be instituted. Since proper technique in obtaining specimens is very important, quality control will be emphasized in this screening program. All specimens are sent to the State Laboratory of Hygiene in Madison for fluorescent monoclonal antibody (FA; MicroTrak®) testing. Reports will be returned to the family planning clinic where treatment will be instituted.

Chlamydia trachomatis is the major cause of nongonococcal urethritis (NGU) and acute epididymitis in men. In women, most chlamydial infections are asymptomatic, and many may result in adverse reproductive consequences, such as ectopic pregnancy or involuntary infertility. *Chlamydia* may cause mucopurulent cervicitis (MPC), pelvic inflammatory disease (PID), urethral syndrome, and perihepatitis. In children, *Chlamydia* is responsible for neonatal conjunctivitis and interstitial pneumonia during the first six months of life. In homosexual men, *Chlamydia* may be responsible for rectal infections. Chlamydial infections may coexist with *N. gonorrhoeae* infections.

Risk factors for chlamydial infection include young age of sexually active women, increased number of sex partners, low socioeconomic status, and exposure to presumed or confirmed STD.

Most treatment regimens for chlamydia include tetracycline hydrochloride (HCl), 500 mg orally four times daily for seven days or doxycycline, 100 mg orally two times daily for seven days. Alternative regimens (where tetracyclines are contraindicated or not tolerated) include erythromycin base, 500 mg orally four times daily for seven days or erythromycin ethyl succinate, 800 mg orally four times daily for seven days. All sexually exposed persons, within 30 days after their partner develops symptoms or has a positive evaluation, should be examined for STD and treated for *C. trachomatis*. Treatment for confirmed chlamydial infections as well as for PID is discussed thoroughly elsewhere.[1]

Effective public education may result in a change in sexual practices and thereby reduce the risk of acquiring an STD. Education may focus on risk of STD with multiple partners, role of barrier methods of contraception, need for rapid medical care upon development of symptoms, importance of asymptomatic infections, and adverse effects of untreated chlamydial infection.

From the Division of Health, Department of Health and Social Services, State of Wisconsin. Reprint requests to: Murray L Katcher, MD, PhD, Division of Health, 1 West Wilson St, PO Box 309, Madison, Wis 53701 (phone: 608/266-0220). Copyright 1986 by the State Medical Society of Wisconsin.

REFERENCES

1. Centers for Disease Control: *Chlamydia trachomatis* infections: Policy and guidelines for prevention and control. *MMWR* (Suppl) 1985(Aug 23); 34(No. 3S).
2. Schachter J, Stoner E, Moncada J: Screening for chlamydial infections in women attending family planning clinics: Evaluation of presumptive indicators for therapy. *West J Med* 1983; 138:375-379.
3. Wisconsin Division of Health: *Chlamydia trachomatis* infections in Wisconsin. *Wis Epid Bull* 1985; 7(6):1-3.■

Membership facts

Whether you're just starting medical school, maintaining a full-time practice, or retiring, SMS has a membership classification to fit your individual needs. Election to membership by the County Medical Society in which your principal place of practice is located carries with it membership in the State Medical Society of Wisconsin and, if you wish, the American Medical Association. If you qualify for resident membership at the time of your election, your membership dues are greatly reduced. This may also qualify you for reduced dues the first two years of your practice. In addition, two-physician families may be eligible for a $50 discount on total SMS membership dues. Dues for regular membership in 1986 are $455 for SMS, $375 for AMA, and county society dues vary. A more detailed listing of SMS membership classifications and their corresponding dues follows:

State Medical Society of Wisconsin

DESCRIPTION OF MEMBERSHIP CLASSIFICATIONS

Regular: Member in active practice. • ***First year in practice***—physicians elected to SMS membership within six months of completing residency, fellowship, or fulfillment of government obligation enjoy a dues reduction of 50 percent for the first year. • ***Second year in practice***—physicians who quality by meeting the above criteria enjoy a 25 percent dues reduction during their second year of practice. • ***Two-physician family***—one member (spouse) of a two-physician family is entitled to a dues reduction of $50 or the amount of their State Society dues whichever is less.

Resident: Physician who at January 1 of dues year is in an approved training program as a hospital resident or research fellow who is licensed to practice medicine and surgery in Wisconsin.

Military Service: Members who are serving in the U.S. armed forces (generally not to exceed five years).

Associate: Member whose dues are waived because of financial hardship due to illness or disability. This classification is temporary and is reviewed on an annual basis.

Life: Member who has held membership in a state medical society for 50 years or is a Past President of the State Medical Society of Wisconsin.

Honorary: Member who was named by the Board of Directors in recognition of long and distinguished service to the cause of medicine.

Retired: Member who has completely retired from practice (works less than 240 hours per year). All dues are waived unless county society indicates they wish to charge county dues.

Part-time Practice: Physician, regardless of age, who practices 1,000 hours or less during the calendar year but does not qualify for retired membership.

Over Age 70: Member in active practice who is over 70 years of age as of January 1.

Candidate: Member attending a medical school in Wisconsin or fulfilling a postgraduate obligation prior to eligibility for licensure.

Scientific Fellow: The Board of Directors may by invitation and unanimous consent confer upon any person engaged in teaching of or research in one or more of the basic sciences at an accredited college or university, and not holding the degree of Doctor of Medicine or Osteopathy, the status of Scientific Fellow.

Emeritus: Retired members who have chosen not to renew their license.

Your membership in organized medicine will help insure the continued "safety" of your practice and quality care for all patients. Your voice *will* be heard through participation. Membership in the State Medical Society of Wisconsin also requires membership in the county medical society (AMA membership is optional but encouraged). For Regular, Part-time Practice, or Over Age 70 membership classifications, dues may be paid in one lump sum or in two equal installments: one-half of the total payable by January 1, the other half not later than May 15, 1986 which is the removal date for those members who have not completed payment. You are urged to renew your membership.

1986 DUES AMOUNTS FOR THESE CLASSIFICATIONS

	SMS	AMA	COUNTY
Regular	$455.00	$375.00	Normal County Dues
1st Year in Practice	$227.50	$187.00	Normal County Dues
2nd Year in Practice	$341.25	$281.00	Normal County Dues
Two Physician Family	$405.00	$375.00	Normal County Dues
Part-Time Practice	$227.50	$375.00/-0-*	Normal County Dues
Part-Time—Over Age 70	$227.50	$187.00*	Normal County Dues
Resident	$ 45.50	$ 45.00	Varies
Military Service	-0-	$250.00/$ 45.00	-0-
Associate	-0-	-0-	-0-
Retired	-0-	$375.00/-0-*	-0-
Retired—Over Age 70	-0-	-0-	-0-
Life	-0-	$375.00/-0-*	-0-
Honorary	-0-	$375.00/-0-*	-0-
Over Age 70	$227.50	$375.00/-0-*	Normal County Dues
Candidate—			
Freshman Year Medical Student	-0-	$ 20.00	Varies
Sophomore and Succeeding Medical Student Years	$ 10.00	$ 20.00	Varies
Postgraduate—One	$ 10.00	$ 45.00	Varies
Scientific Fellow	-0-	-0-	-0-
Emeritus	-0-	-0-	-0-

*Physicians in these categories may be eligible for exemption from paying AMA dues under the grandfather clause.

AMA dues-exempt members who were granted exemption before 1986 based on previously established criteria, with the exception of financial hardship or disability, will automatically be dues-exempt in 1986 and beyond under the grandfather clause.

Under new AMA policy, only the following two categories of physicians will qualify for new dues exemption:

(1) Financial hardship and/or disability

(2) 70 years of age or older *and* fully retired.

State Society dues are prorated on a monthly basis for those elected to membership July 1 through September 30. Those elected after September 30 have no dues payable for the balance of the year in which they are elected. AMA dues follow the same pattern except prorating is on a semiannual basis rather than monthly basis.

To begin the membership process, if your practice is or will be located in Wisconsin, or you have any questions, you may contact your local county society or call the Membership and Communications Division of the State Medical Society, if in Wisconsin: 1-800-362-9080 (Madison area number: 257-6781).■

SMS Board meets on tort reform, legislative issues, budget

The State Medical Society Task Force on Medical Liability is continuing its study of Wisconsin's tort system and will offer a series of recommendations on it at the March 1 meeting of the SMS Board of Directors.

William Listwan, MD, chairman of the task force, told the Board December 13 a "Physician Support Program" for physicians involved in litigation and their families is being developed by a subcommittee of the task force. At the request of the task force, the Board approved the addition of the SMS Auxiliary president or her designee as a member of the task force.

In other action at the session held at AMA headquarters in Chicago:

—John P Mullooly, MD, Milwaukee, was named interim president-elect of SMS until the April 1986 Annual Meeting of the SMS House of Delegates.

—Henry F Twelmeyer, MD, chairman of the Wisconsin Delegation to the AMA, reported action from a recent meeting in Washington, DC, in which Wisconsin Senator William Proxmire's office requested the assistance of SMS in reviewing allegations of early discharge because of DRGs or limitations on lengths of stay by PROs in Wisconsin. Senator Proxmire also expressed support for SMS concerns over so-called "social denials" due to HCFA's aggressiveness.

Based on these concerns, the Delegation recommended to the Board that SMS:

1—undertake efforts to inform physicians and the public of the facts regarding DRG days and encourage physicians and the public to report apparent denials of access, stay, or service not in accord with the physicians' determination of appropriate and necessary care;

2—continue working with Senator Proxmire's office to solve recognized problems with Medicare and Medicare patients, within existing SMS policy; and

3—inform the public that the profession is receiving possibly conflicting instructions by Medicare administrators—to act as gatekeeper in closing the gate on costs, but keeping the gate open for appropriate care.

The Wisconsin Delegation also recommended SMS communicate with **all** Wisconsin Congressmen to seek support of the Hatch-Lent bill regarding liability reform, emphasizing how it would help Wisconsin physicians.

—The Board adopted a 1986 operating budget of $2,239,000. Anticipated income from all sources is projected at $2,450,000. Preliminary reports indicate that total SMS expenses in 1985 will be $2,003,000 with 1985 income to reach approximately $2,265,000.

According to SMS Finance Committee chairman Cyril M Hetsko, MD, the favorable year-end picture is due primarily to a substantial increase in membership (more than 720 new members) and the Society operating well within the planned budget.■

SMS Board of Directors updated on Medicare

James H Sammons, MD, executive vice president of the AMA, December 13 told the SMS Board of Directors of the AMA's continuing frustration in dealing with the Reagan Administration.

He said it is apparent the Administration is committed to a capitated payment scheme for physician services, but in the interim intends to develop some type of national fee schedule for physicians.

Doctor Sammons spoke to the SMS Board at a meeting it held at AMA headquarters in conjunction with a day-long briefing by AMA staff on a variety of issues including legislative action, scientific topics, and the AMA physician-image campaign.■

No more smoking in SMS offices

Effective January 1, 1986 the State Medical Society headquarters at 330 East Lakeside Street, Madison, including the services building, became a "no smoking" area, with the *sole* exception of the designated east end of the dining room where smoking is permitted.

Other organizations renting space in the building are not affected in their leased areas by this SMS policy.

In establishing the policy the SMS feels this is in keeping with (1) the Wisconsin Clean Indoor Air Act, (2) the basic intent of policies of the Society with regard to smoking and health, and (3) the thrust of the latest pronouncements of the American Medical Association concerning the use of tobacco and tobacco products.■

SMS-endorsed liability insurance plan is economic help for members

The State Medical Society's endorsement of a medical professional liability insurance plan for its members has proved to be one of the most successful economic-type benefit programs undertaken by the Society, according to LeRoy A Johnson, executive vice-president of the Society's for-profit subsidiary—SMS Services, Inc.

The plan is underwritten by The Professionals Insurance Company of Ohio and marketed by SMS Services, Inc.

Since its inception in July 1984, nearly 2800 physicians have been insured through this plan with another 100 contracts being issued to corporations. The program is available only to members of the State Medical Society of Wisconsin.

During this period there have been some questions raised, most of which have been answered on an individual basis. However, there is one recurring question which the Society recognizes: some new physicians may need the coverage immediately but are not yet members of the State Medical Society or their county medical society. Therefore, the SMS has implemented a rule which allows The Professionals' coverage to be written, subject to underwriting considerations, when a physician who is not yet a member also submits a completed application for membership to his/her county medical society and the State Medical Society.

Recognizing that it could take up to four or five months for an application for membership to be acted upon by the county medical society, depending upon the time of year the application was submitted, a review of these applications for professional coverage is made at the time of the first annual renewal to be sure the physician actually did become a member of the county and state societies. If that physician did not follow through on the membership application or did not pay the proper amount of dues and thus was no longer a member, he/she is informed by the insurance company, SMS Services, and the State Medical Society that their coverage will not be renewed unless their membership becomes effective.

Physicians are urged to contact SMS Services for further information or clarification: 1-800-362-9080 or 608-257-6781.■

SMS Toll-free
number in Wisconsin
1-800-362-9080

ShareCare thanks SMS for support

ShareCare, the two-year pooled effort on the part of Wisconsin healthcare providers to provide treatment to those who could not otherwise afford it, concluded September 30.

With that conclusion came a word of thanks to the SMS from Mary Kay Myers, South East Wisconsin ShareCare Director:

"With considerable assistance from concerned community service organizations, the partnership enrolled over 12,000 individuals in the Milwaukee ShareCare program. These individuals qualified for no other private or public healthcare coverage.

"With most patient services now ended, the Wisconsin Primary Health Care Association is now able to concentrate its efforts on evaluation of the ShareCare program.

"Enrollee demographic information is being reviewed along with utilization of services. Additionally, a client survey is being conducted to assess the enrollee perceived ShareCare experience and their continued healthcare needs."

Preliminary indicators, according to Ms Myers, are that the program was successful, with a survey showing three-fourths of the healthcare providers who responded saying "their participation was a satisfying experience, even though nearly one-half indicated they felt they had received insufficient recognition." Fifty-two percent of the participating physicians responded. Of that group 86% felt ShareCare allowed them to better serve patients without healthcare coverage and 87% agreed a system should be developed to assist uninsured persons.■

SMS President Scott receives AMA posts

John K Scott, MD, Madison, current president of the State Medical Society, has been named to two American Medical Association posts.

In late September Doctor Scott was named to serve as a member of the reference committee on "miscellaneous business" of the AMA House of Delegates during its Interim Meeting in Washington, DC, December 8–11.

Earlier in November Doctor Scott also was named to the AMA's Council on Long Range Planning and Development.

The Council's recent focus has been on environmental analysis. At its November meeting it began to explore possible scenarios in the practice of medicine in the year 2000.

Council members serve a maximum of three, three-year terms.■

Annual Meeting resolution deadline Feb 17

The 1986 House of Delegates' sessions will be held Thursday and Friday, April 17 and 18 in Milwaukee.

All resolutions must be submitted in proper form to the Secretary's Office at SMS no later than *February 17* (two months prior to the first session of the House).

In addition, all resolutions calling for studies, conferences, or other activities resulting in an expense or reduction of income must include a fiscal note. If desired, the Secretary's office may be called upon for assistance in preparation of fiscal notes where necessary.

In preparation of the resolutions note the following quotation from *Sturgis:*

"Often a resolution is prefaced by statements, each introduced by the word 'whereas,' that state the reasons for the resolution. The statements contained in the whereases are of no legal effect and sometimes are the cause of disagreement. Members frequently attempt to debate and amend these prefacing statements, often to the neglect of the main resolution."

Secretary's Office also reminds physicians that the Resolve(s) should be self-explanatory as an action statement.

Although the deadline for submission of resolutions is February 17, the earlier the submission the more helpful it will be to facilitate the distribution of the printed materials so that all delegates can adequately represent their county medical society or specialty section.■

Two new staffers for the Society

In December and January the SMS's Physicians Alliance Division added two new staff persons: Tracy Ellingson came in December to assume a position as policy analyst, joining two other policy analysts, Michelle Scoville and Deborah Powers; and Lisa Hilbert

Ms Hilbert

Ms Ellingson

began the first of the year as a field consultant, filling a vacancy left by Paul Jacobson in Field District 4. Other field consultants are: Lois Riley, Milwaukee, District 1; Deborah Bowen-Wilke, Shorewood; and Lanny Hardy, Madison, District 2, who had temporarily covered District 4 as well.

Ms Ellingson is a native Madisonian and a graduate of the University of Wisconsin-Madison with a degree in Special Education. She brings five years of working experience within state government. Once an ombudsman for the State's elderly, her involvement with healthcare issues continued while a member of

continued on page 40

CES Foundation
of the State Medical Society of Wisconsin

The Charitable, Educational and Scientific Foundation of the State Medical Society of Wisconsin recognizes the generosity of the following individuals and organizations who have made contributions during the month of November 1985.

Voluntary Contributions

Gordon W Brewer, MD
Mrs Robert Carney
Huron L Ericsen, MD
Chesley P Erwin, MD
Jewel S Huebner, MD
Palmer Kundert, MD
Michael P Mehr, MD
Leonas P Sulas, MD

Memorials

Dr and Mrs Irwin J Bruhn
Mrs Jennie Licari
Madison Gas & Electric
Lorraine Howe Mongold
Mr and Mrs Harold Murkve
Dr and Mrs Eugene J Nordby
Brian Scheidler
Shawano County Medical Society
State Medical Society of Wisconsin

Memorialized

Richard O Bauman, MD
Ingrid Blake
William Coan
Mrs David Goldstein
Anthony S Kult, MD
George C Owen, MD
Ira Sisk, MD
Mrs Marie Tormey

Barbara Scott Maroney Memorial Fund

Roy Ragatz

Postgraduate Workshop For The Basic Sciences

Dr and Mrs Barry Rogers

Building And Equipment

Blaine W Claypool, MD
David A Cohen, MD
Howard L Correll, MD
Farrell F Golden, MD
Raymond Headlee, MD
S E Hollenbeck, MD
John M Irvin, MD
E O Lukasek, MD
C R Pearson, MD
L W Picotte, MD
Ralph T Rank, MD
Richard J Rowe, MD
Harry L Schwartz, MD
Warren K Simmons, MD
Allen Twyman, MD
Gilbert B Tybring, MD■

IT PAYS TO BE A MEMBER

SMS Services, Inc.

SMS SERVICES . . . A wholly-owned subsidiary of the State Medical Society of Wisconsin has as its primary function the development and offering to SMS members of tangible benefits and services which are of professional, business, and personal advantage.

Insurance Programs

Professional Liability
Group and Individual Health
Disability Income
Auto, Homeowners, Personal Umbrella
Life, A D & D

*Worker's Compensation
Insured Medical Reimbursement
Business Overhead
General Business Liability
Universal Life
Other Life Lines

More on the way!

SMS Services is the Agent of Record for SMS and its endorsed programs.

Other Endorsed Programs

Uniform Claim Forms
Seminars
Printing Services
*Medical Equipment Leasing
*Auto Rental/Leasing

*Computers—Software and Hardware
*Home/Office Security Systems
*Debt Collection Services
*Credit Cards
Computer Supplies and Furniture

And more of these on the way too!

*Programs not administered by SMS Services

We are here to serve you in any way we can

P.O. BOX 1109, MADISON, WI 53701 • PHONE 608/257-6781 OR TOLL-FREE 1-800-362-9080

Membership Directory—Update

The following information is being provided from Membership reports and from individual members for updating the 1985 Membership Directory as published in the July 1985 issue of the *Wisconsin Medical Journal*. Because of space limitations address changes and phone numbers will not be included in this Update; however, they will be changed in Membership records. County transfers will be included when processing has been completed by the Membership Department.

Changes in practice specialties (as used by the AMA) and changes in **Board-certified specialties** as listed by the American Board of Medical Specialties.

(changes only with member's name; practice specialties appear before the slash (/) and Board-certified specialties appear after the slash.)

ASHLAND/BAYFIELD/IRON

GS
Garfield W Brown MD
2101 Beaser Ave, #5
Ashland WI 54806

IM ON / IM
Frank J Cadwell MD
2101 Beaser Ave, #10
Ashland WI 54806

GP IM
Bruce D Gordon MD
501 Copper St
PO Box 247
Hurley WI 54534

D FP / FP
Jordon A Moore, MD
2101 Beaser Ave, #9
Ashland WI 54806

IM / IM
L David Swartwood MD
2101 Beaser Ave, #3
Ashland WI 54806

FP / FP
Edward V Vandenberg MD
320 Superior Ave
Washburn WI 54891

BROWN

PUD IM / IM
John F Andrews MD
1821 S Webster Ave
Green Bay WI 54301

IM / IM
Susan M Piechowski MD
1821 S Webster Ave
Green Bay WI 54301

FP / FP
Roger H Strube MD
2591 Parkwood Dr
Green Bay WI 54304

EM / EM
Robert C Zimmerman MD
Rte 3, Hidden Valley Ln
Green Bay WI 54301

CHIPPEWA

FP
Timothy J Wolter MD
2501 County Trunk I
Chippewa Falls WI 54729

COLUMBIA/MARQUETTE/ADAMS

GS CDS / GS
Muzaffar B Miraz MD
206 West Lake St
PO Box 160
Friendship WI 53934

FP / FP
Carol D Stodola MD
206 West Lake St
PO Box 160
Friendship WI 53934

U
Leonas P Sulas MD
1015 W Pleasant St
Portage WI 53901

DANE

Joseph A Bellissimo
118 Breese Terrace #M
Madison WI 53705

FP / FP
George D Benton MD
3434 E Washington Ave
Madison WI 53704

Dana R Bernstein
1615 Monroe St
Madison WI 53711

Vandana Y Bhide
4535 Thurston Ln, #2
Madison WI 53711

Steven V Bittorf
32 Heritage Circle, #10
Madison WI 53711

Karen M Bontour
713 N Blackhawk Ave
Madison WI 53705

John Brendel
2632 Highridge Trail, #205
Madison WI 53713

Paul S Christy
1606 Jefferson
Madison WI 53711

PS / PS
Gordon Davenport Jr MD
202 S Park St
Madison WI 53715

OBG
Jean Demopoulos MD
1912 Atwood Ave
Madison WI 53704

IM
James Goeke MD
2134 Allen Blvd, #4
Middleton WI 53562

Todd M Greatens
421 Grand Ave, #1
Madison WI 53705

John Haeberlin
Rte #4, Box 764
Bayview Heights
Stoughton WI 53589

Russell J Hermus
2010 University Ave
Madison WI 53705

James N Hiken
104 South Brooks, #104
Madison WI 53715

Shannon Howe
2535 Church St
Cross Plains WI 53528

Laura Imig
1315 Drake St, #4
Madison WI 53715

Timothy W Jahn
5802 Driftwood Ave
Madison WI 53705

Milton H Johnson Jr
1821 Rutledge St
Madison WI 53704

J Chris Kerr
765 W Washington, #306
Madison WI 53715

George Penn King II
2002 Traceway Dr, #106
Madison WI 53713

Cary J Kohlenberg
421 Grand Ave
Madison WI 53705

Rita Krause
402 Ridge St
Madison WI 53705

Ross Lange
1609 Chadbourne Ave
Madison WI 53705

Eric D Lindgren
25 Millstone Rd
Madison WI 53717

Kelly L Mc Clean
933 W Johnson St
Madison WI 53715

Christine P Neal
1110 Starlight Dr
Madison WI 53711

IM
Eddie A Negron MD
203 Alhambra Pl, #3
Madison WI 53713

AN
Dale P Ostrander MD
B6/387 CSC
600 Highland Ave
Madison WI 53706

Alexander F Pak
415 W Gilman St, #207
Madison WI 53703

Greg Polston
409 N Eau Claire Ave, #314
Madison WI 53705

Athena Poppas
121 N Hancock St, #1
Madison WI 53707

Kevin Rahn
2217 University Ave, #10
Madison WI 53705

continued next page

DANE *continued*

Tara A Rakowski
1501 Martin St, #3
Madison WI 53713

Lori J Rens MD
2546 Kendall Ave
Madison WI 53705

Daniel J Resop
1905 Reetz Rd
Madison WI 53711

Dave Rodeberg
702 Eugenia Ave
Madison WI 53705

David A Sandmire
2628 Stevens St
Madison WI 53705

Robert J Schultz
317 Lincoln St
Verona WI 53593

James H Shropshire
221 N Livingston St, #1
Madison WI 53703

Don Sipes
1308 Spring St
Madison WI 53715

Robert Slater
913 Vilas Ave, #A
Madison WI 53715

Rickey L Snipes
2002 Traceway Dr
Madison WI 53713

Anne Stoiber
1717 Van Hise Ave
Madison WI 53705

Nancy Sweitzer
2313 Fish Hatchery Rd
Madison WI 53713

PD
Susan Szabo MD
5258 Brindisi Ct, #6
Middleton WI 53562

Rose Marie Turba
4321 Critchell Terr
Madison WI 53711

Renee Tuttle
104 South Brooks, #201
Madison WI 53715

Peter Ullrich Jr
1314 Spring St, #1A
Madison WI 53715

PD
Michael C Vespasiano MD
720 Clark Ct
Madison WI 53715

Jack von Rutenberg
2631 University Ave, #2
Madison WI 53705

Chris Wong
226 Randolph Dr, #112B
Madison WI 53717

Dean Yeager
624 West Doty
Madison WI 53703

EAU CLAIRE/DUNN/PEPIN

PD / PD
Marilyn Ann Barker MD
7140 Kern Dr, Rte 3
Eau Claire WI 54701

FP / FP
Bruce A Bonde MD
2125 Heights Dr
Eau Claire WI 54701

IM / IM
Terrance L Borman MD
733 W Clairemont Ave
Eau Claire WI 54702

FP
Thomas M Browne MD
807 South Farwell
Eau Claire WI 54701

IM / IM
Randall J Casper MD
733 W Clairemont Ave
Eau Claire WI 54702

GS / GS
John M Channer MD
2211 Stout Rd
Menomonie WI 54751

FP
Eric E Christianson MD
807 South Farwell
Eau Claire WI 54701

D IM / D
Michael R Diestelmeier MD
6802 South Shore Dr
Altoona WI 54720

AN
Stephen M Endres MD
727 Kenny Ave
Eau Claire WI 54701

FP
William R Hanson DO
1620 Ohm Ave
Eau Claire WI 54701

FP
Stephanie L Jakim MD
807 S Farwell Ave
Eau Claire WI 54701

NS
Richard H Kokemoor MD
1221 Whipple
Eau Claire WI 54702

GP
Sherman R Lee MD
1405 11th Ave
Menomonie WI 54751

CHP P / FP
Richard C Lucas MD
733 W Clairemont Ave
Eau Claire WI 54702

FP / FP
Susan K Rowe MD
2125 Heights Dr
Eau Claire WI 54701

GP
Thomas Schrenock MD
2211 Stout Rd
Menomonie WI 54751

P
William J Weggel MD
PO Box 1510
Eau Claire WI 54702

FP
Charles S Winjum MD
618 Hudson St
Eau Claire WI 54703

GREEN

OBG
Jodelle C Bentley MD
W7244 Keller Rd
Monroe WI 53566

N
Jess R Nickols MD
1515 10th St
Monroe WI 53566

OPH
Annette Z Stormont MD
1515 10th St
Monroe WI 53566

ORS
Daniel M Stormont MD
1515 10th St
Monroe WI 53566

OBG
Dana S Ziebel MD
1515 10th St
Monroe WI 53566

JEFFERSON

FP
Georgia Knox Mode MD
Rte 3, Box 582
Ft Atkinson WI 53538

KENOSHA

CDS IM
Joseph F Mnuk MD
8011-14th Ave
Kenosha WI 53140

R / R
Lawrence J Reif MD
6530 Sheridan Rd
Kenosha WI 53140

LA CROSSE

IM / IM
Delbert M Buchman MD
212 South 11th St
La Crosse WI 54601

IM
Christine A Sinksy MD
2213-A South 7th
La Crosse WI 54601

MARINETTE/FLORENCE

U / U
Sherwood A Cole MD
1100 10th St
Menominee MI 49858

FP / FP
Gerald W Favret MD
1510 Main St
Marinette WI 54143

FP EM / FP
Thomas J Knutson MD
121 French St
Peshtigo WI 54157

FP
Calvin D Nogler MD
Hwy 141, Box 18
Pound WI 54161

OCONTO

IM
Carrie M Ware MD
835 South Main St
Oconto Falls WI 54154

GP
Brett A Wilson DO
835 South Main St
Oconto Falls WI 54154

GP
Richard Sarnwick DO
119 Main St
Gillett WI 54124

FP
Robin T Price MD
835 South Main St
Oconto Falls WI 54154

IM / IM
Stephen Mandelblatt MD
835 South Main St
Oconto Falls WI 54154

continued next page

OUTAGAMIE

FP
Charles E Larson MD
1003 Superior
Appleton WI 54911

MILWAUKEE

IM
Ward M Brown MD
950 North 12th St
Milwaukee WI 53233

AN / AN
Shantilal K Gandhi MD
1645 N Brookfield Rd
Brookfield WI 53005

AN FP
Ervin F Kuglitsch MD
5600 Euston St
Greendale WI 53129

PIERCE/ST CROIX

P
Nancy A Kermath MD
445 Court Street N
Prescott WI 54021

POLK

GS
Judy M Grisard MD
221 Scholl St
Amery WI 54001

EM
James R Franzel MD
Rte 2
Luck WI 54853

FP
David P Kelsey MD
Rte 3, Box 53A
Frederic WI 54837

IM / IM
James R Kravig MD
208 South Adams
PO Box 739
St Croix Falls WI 54024

FP / FP
Timothy J Peterson MD
Rte 3, Box 53A
Frederic WI 54837

PORTAGE

AN GS
Stillman Chang MD
900 Illinois Ave
Stevens Point WI 54481

IM / IM
Stephen L Griswold MD
2501 Main St
Stevens Point WI 54481

GP
Michele M Klasinski MD
500 Vincent St
Stevens Point WI 54481

GS / GS
Thomas R Wagner MD
3504 East Maria Dr
Stevens Point WI 54481

SHAWANO

U / U
John W Kosko MD
117 E Green Bay St
Shawano WI 54166

WAUKESHA

GP
Robert A Kessler DO
1283 Hwy 175
Hubertus WI 53033

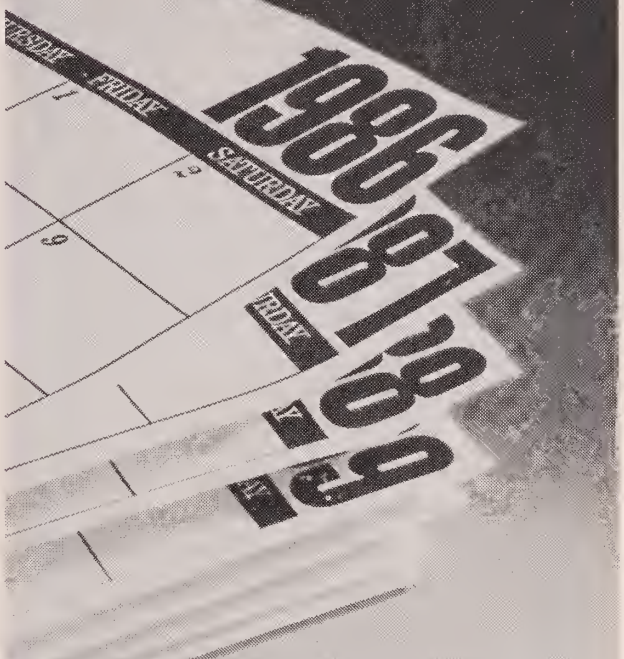
Jay T Keuper MD
1950 Churchview Dr
Brookfield WI 53005

CD / IM
Kraig E Lorenzen MD
1717 Paramount Dr
Waukesha WI 53186

WINNEBAGO

Thomas J Michlowski MD
1823 South Commercial
Neenah WI 54956■

Are you ready for your future?



At Gaarder Miller we are experts at managing the business aspect of medical practices. Our professional consultants will tailor solutions to your special needs . . . solutions that result in increased productivity, optimal patient services and maximized income for today — and tomorrow.

WE OFFER: • Financial projections • Office management • Organizational planning • Facilities planning • Tax preparation • Personal financial planning • Billing service • Computer billing . . .

All the value of a full-time business manager at a part-time cost.

Gaarder Miller Milwaukee Ltd.
12778 W. North Ave.
Brookfield, WI 53005
(414) 784-9559

Planning today . . . for a secure tomorrow.

OBITUARIES

Michael S Nefches, MD, 80, Milwaukee, died June 2, 1985 in Milwaukee. Born Sept 12, 1904 in Milwaukee, Doctor Nefches graduated from the Marquette University School of Medicine in 1932 and served his internship and residency at Milwaukee County General Hospital. He served in the United States Army from 1941 to 1946. He was a member of The Medical Society of Milwaukee County, the State Medical Society of Wisconsin, and the American Medical Association.

Boris I Bender, MD, 83, Milwaukee, died in July 1985 in Milwaukee. Born April 4, 1902 in Russia, Doctor Bender graduated from Marquette University School of Medicine and served his internship at Milwaukee County General Hospital. He was a member of The Medical Society of Milwaukee County, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow and two children.

Calvin M Yoran, MD, 82, Wausau, died Sept 16, 1985 in Wausau. Born June 27, 1903 in Eugene, Ore, Doctor Yoran graduated from the University of Oregon School of Medicine in 1929 and served his internship and residency at Wisconsin General Hospital (now UW Hospital and Clinics) in Madison. From 1933 to 1935 he was institutional physician at the Wisconsin State Sanitorium at Wales, and then he was superintendent and medical director at Rocky Knoll Sanitorium, Plymouth, for 12 years. In 1949 Doctor Yoran became medical director of Mount View Nursing Home in Wausau and also had a private medical practice until 1980 when he retired. He was a member of the Marathon County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow and a son and daughter.

Francis M Hauch, MD, 70, Appleton, died Oct 21, 1985 in Appleton. Born Aug 1, 1915 in Appleton, Doctor Hauch graduated from Marquette University School of Medicine, Milwaukee, and served his internship and residency at St Elizabeth Hospital in Appleton. He served in the United States Army Air Corps from 1943 to 1946. He also served as chief-of-staff of St Elizabeth Hospital in Appleton. He was a member of the Outagamie County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow and three children.

William A Coan, MD, 51, Shawano, died Nov 1, 1985 in Green Bay. Born Mar 24, 1934 in Ashland, Doctor Coan graduated from the University of Wisconsin Medical School in 1959 and served his residency at the Detroit Receiving Hospital, Detroit, Mich. He practiced family medicine and surgery in Shawano for the past 26 years. Doctor Coan joined the Marsh Clinic in 1960 and was currently serving as president of the Shawano Clinic, SC, which is a product of a merger of the Marsh Clinic and the Cantwell-Peterson Clinic. He was a member of the Shawano County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow, Irene; four children and three stepchildren.

Keith B Appleby, MD, 74, Elm Grove, died Nov 13, 1985 in Milwaukee. Born Dec 7, 1910 in Elba, Wis, Doctor Appleby graduated from Marquette University School of Medicine in 1940 and served his internship at Deaconess Hospital in Milwaukee. He served in the United States Army Medical Corps from 1942 to 1945, and practiced medicine in the Milwaukee area from 1945 until his retirement in 1974. He was a member of The Medical Society of Milwaukee County, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are two children, Mary Alyce and James K.

Ira R Sisk, MD, 93, Madison, died Nov 23, 1985 in Madison. Born Dec 20, 1891 in Morganton, North Carolina, Doctor Sisk graduated from Vanderbilt University Medical School in 1916 and served his internship at Madison General Hospital. His residency was completed at the Mayo Clinic in Rochester, Minn. He served in World War I and started his medical practice in Madison in 1921. He was the first urologist in Madison. Doctor Sisk established the Urology Service and Residency Program at the University Hospital, Madison, and served as chairman of the department for many years. He received the "Emeritus Faculty Award" in 1983. Doctor Sisk organized the Wisconsin Urological Society and was a charter member of the American Board of Urology. He served as treasurer of the State Medical Society of Wisconsin for 15 years. He was a member of the Clinical Society of Genito-Urinary Surgeons, the American Association of Genito-Urinary Surgeons, the International Society of Urology, and the American College of Surgeons. He also was a member of the Dane County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are two daughters, Mrs Harriet Fish, Madison, Mrs Mary Gadow, Morgan City, La; and a son, John of New Canaan, Conn.■

We know you.
We've talked with you.
We have a continuing commitment to serve you.

For professional liability insurance, the stakes are too high to depend on anyone else.

That's why the State Medical Society has endorsed a professional liability plan which has been developed especially for Wisconsin physicians.

Available only to members of the SMS—and offered through SMS Services, Inc.—this medical malpractice policy has superior features including:

- Consent of the physician is required before settlement of any claim.
- Availability of legal counsel, experienced in defendant medical liability.
- All members of claims and underwriting committees are Wisconsin physicians.
- Occurrence coverage provided for claims arising during the policy period, even if claim is reported at a later time.

For the best in professional liability coverage, contact SMS Services, Inc. at (608) 257-6781 or toll-free 1-800-362-9080

STATE MEDICAL SOCIETY OF WISCONSIN
MEDICINA NUSQUAM NON EST

Endorsed by the State Medical Society of Wisconsin

We know how vital it is to safeguard the present... and to protect the future.

Underwritten by: **THE PROFESSIONALS** INSURANCE COMPANY

A respected leader in coverage for preferred markets.

Doctor Fons heads Milwaukee County Medical Society

MILWAUKEE: Jerome W Fons, Jr, MD, a Milwaukee obstetrician and gynecologist, was installed as president of the 1,900-member Medical Society of Milwaukee County at its annual meeting.

Doctor Fons was installed 30 years to the day after his late father, Jerome Fons, Sr, MD assumed the same post.

Doctor Fons also is a member of the Board of Directors of the State Medical Society and is a member of the Wisconsin Society of Obstetrics and Gynecology.

Outgoing president Lucille Glicklich, MD, lauded MCMS for its many programs generated by the public education committee. Among them are the Community Conference on Medical Ethics which meets monthly and recently published the statement on "Withdrawal of Nutrition and Hydration in Terminal Adult Patients" which has received nationwide attention.

The committee's other routine activities include a weekly half-hour talk show on WTMJ radio, a weekly column in *The Milwaukee Journal,* a monthly half-hour program on Milwaukee television Channel 18, and a speakers bureau.

Also at the meeting, Jack A Kleiger, MD, an obstetrician and gynecologist in Milwaukee, received the Society's highest honor, its Distinguished Service Award. A 1941 graduate of the old Marquette University School of Medicine, Doctor Kleiger has delivered more than 20,000 babies. On three occasions he was honored by graduating seniors at the Medical College of Wisconsin with the Ernest O Henschel Award for teaching excellence.

MARINETTE-FLORENCE: At the November meeting of the Marinette-Florence County Medical Society, the guest speaker was Kerry J Kaplan, MD, assistant professor of medicine, Northwestern University School of Medicine. His topic was "Calcium Channel B Blockers: Indications for Use." New officers elected for 1986 are MDs Stephen C Caselton,* president; Kenneth H Uska, president-elect; Leonard R Worden,* secretary-treasurer; Burnell D Stripling,* delegate; and John E Kraus,* alternate delegate. Censors elected are MDs Dean A Magnin,* 1986; James A Boren,* 1987; and James Tandias* serving through 1988.

OUTAGAMIE: At the November meeting of the Outagamie County Medical Society, 18 members were present to hear guest speaker, Dale Resman, MS, RD, Dairy Council of Wisconsin, speak on "Wisconsin Health Care Fraud." New members elected to membership in the county society are: MDs Paul W Green,* Charles E Larson,* and Ted O Reinke* all of Appleton.

WINNEBAGO: Thirty-eight members and two guests were present at the November meeting of the Winnebago County Medical Society. Lanning W Houston, MD,* neuroradiologist at the University of Wisconsin Medical School, Madison, was the guest speaker. His topic was on "Magnetic Resonance Imaging."■

24 HOUR Radio dispatched truck fleet for

INDUSTRY, INSTITUTIONS, SCHOOLS, ETC.

AUTHORIZED PARTS AND SERVICE FOR CLEAVER—BROOKS
Throughout Wisconsin and Upper Michigan

SALES
Boiler room accessories
O_2 trims
Cleveland controls
and Car automatic bottom blowdown systems

SERVICE—CLEANING ON ALL MAKES
Complete Mobile Boiler Room Rentals

Stevens Point—715/344-7310
Green Bay—414/494-3675
Madison—608/249-6604

PBBS EQUIPMENT CORP.
5401 N Park Dr
PO Box 365
Butler, WI 53007
Phone: 414/781-9620

house of BIDWELL, inc.

7954 West Harwood
and Watertown Plank Road
Milwaukee, Wisconsin 53213

ORTHOTIC AND PROSTHETIC SERVICES

1-414-774-6250

In ten years your malpractice carrier may be just a memory.

Unless it's Medical Protective.

As you consider professional liability insurance, consider this. The coverages stated in the policy are basically a promise — a promise to be here when needed regardless of legal climate or economic conditions. A company's ability to keep this promise is critical because your financial security may depend on it. Unfortunately, too many firms are now finding the task impossible.

Analyze your liability insurance options carefully just as you would any important investment. Go beyond the agent and the policy to the company that stands behind both. How long has it been in operation? Has it weathered some of the tough times? Will it be there for you when you need help?

The Medical Protective Company pioneered professional liability coverage before the turn of the century and has served doctors exclusively ever since. Over 500,000 of them. Through good times and bad. We'll be here when you need us.

Contact The Medical Protective Company through one of our general agents. History shows we keep our promises.

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

Jerome E. Kronsnoble, William E. Herte
850 North Elm Grove Road, Elm Grove, WI 53122, (414) 784-3780

Fund fee assessments due

The second installment of the 1985-86 Patients Compensation Fund fee assessments are due in January. This assessment implements the 90% increase in Fund rates adopted in July. An amount equal to the 1984-85 rate was billed in July. The 90% increase is now due and may be paid in full or in two installments (January and April).

The billing statement includes an interest charge for the period July 1, 1985 through December 31, 1985. This interest charge was part of a compromise developed by the Fund Board of Governors and the Legislature. The compromise also reduced the Fund increase from 160% to 90% and established an installment payment plan.

Revising the rate increase and developing the installment payment system delayed implementation of the 90% increase beyond the July 1, 1985 start of the fiscal year. Thus, the agreement reached by the Fund and Legislature allowed the Fund to recoup "lost interest" via the January billing.

Opponents of the 160% increase were faced with two options as the July 1, 1985 fiscal year approached:

1.—accept the 160% increase and allow timely billing by the Fund; or

2.—pursue legislative routes to obtain a lower rate and risk an added interest charge if the prolonged debate delayed the billing process.

Option two was chosen resulting in:

—a reduction in the increase from 160% to 90% plus six months' interest; and

—an installment payment plan.

SMS intends to raise the issue of "lost interest" with the Fund prior to development of the July 1, 1986 fee assessment as it is likely that future rate proposals will also spark lengthy debates.■

TWO NEW STAFFERS
continued from page 31

Governor Lee Dreyfus' constituent relations team. Later, she served as a legislative analyst in the State Assembly.

Ms Hilbert worked in the State Capitol for Representative James Holperin of Eagle River. She also served as Clerk for the Assembly Tourism, Recreation, and Forest Productivity Committee.

Ms Hilbert is familiar with the Physicians Alliance District 4. In 1980 and 1982 she worked on 3rd District Congressional campaigns. The 3rd Congressional District closely parallels the boundaries of District 4 (see PA Districts' map on page 41).

In addition she also attended the University of Wisconsin-La Crosse where she graduated with a Bachelor of Science degree in Public Administration, Political Science, and Mass Communications.

Ms Hilbert will be based in Madison and will operate out of the SMS headquarters. She can be reached at 608/257-6781 or toll-free 1-800-362-9080.■

Doctor Wiley to run for Governor

In December an SMS member, Albert L Wiley Jr, MD announced his candidacy for Governor of Wisconsin on the Republican ticket.

A professor at the University of Wisconsin-Madison and a member of the UW Medical Staff since 1965, Doctor Wiley lists himself as a physician, engineer, and educator—"a new kind of political leader."

Doctor Wiley was a Republican candidate for the US Congress in Wisconsin's 2nd Congressional District at the November 1984 election.■

Medicare freeze extended

Medicare reimbursement relief was victim of the late-hours House-Senate quarrel over budget reconciliation in Washington. As a result, Congress went home after passing an emergency extension act that leaves the current freeze on physician and hospital reimbursement in place without change until March 14.

Since more than a half-day had elapsed from the latest expiration date to the time of the emergency action, Congress made its latest action retroactive to close off any perceived "windows of opportunity." Non-participating physicians are prohibited from raising their Medicare fees.

For further information members should contact the Physicians Alliance staff at 1-800-362-9080 or 608/257-6781.■

Legislature back in session Jan 28

The Legislature will be back in session as of January 28. The Society urges physicians to remind their senators and representatives to oppose the physical therapy bills (SB 233 and AB 256).■

DISTRICT 1
Lois Riley
(414/271-4328)

County medical societies

Milwaukee
Waukesha
Ozaukee
Washington
Sheboygan
Kenosha
Racine
Walworth

DISTRICT 2
Lanny Hardy
(608/257-6781)

County medical societies

Columbia-Marquette
Adams
Green Lake-Waushara
Lafayette
Richland
Jefferson
Green
Iowa
Grant
Rock
Dane
Dodge
Juneau
Sauk

DISTRICT 3
Deborah Bowen Wilke
(414/964-5046)

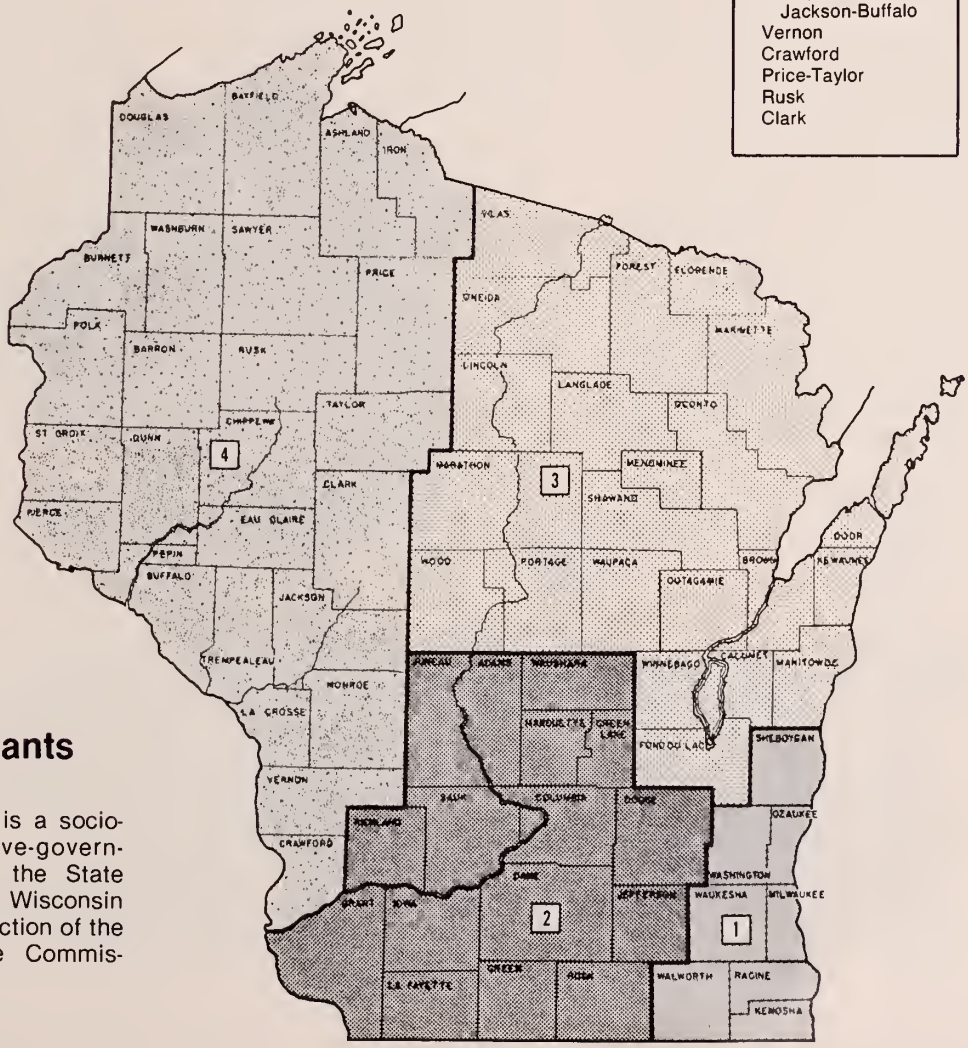
County medical societies

Oneida-Vilas
Lincoln
Marinette-Florence
Forest
Langlade
Shawano
Outagamie
Brown
Door-Kewaunee
Calumet
Oconto
Marathon
Wood
Portage
Waupaca
Winnebago
Fond du Lac
Manitowoc

DISTRICT 4
Lisa Hilbert
(608/257-6781)

County medical societies

Ashland-Bayfield-Iron
Douglas
Barron-Washburn-Burnett
Sawyer
Polk
Pierce-St Croix
Chippewa
La Crosse
Monroe
Eau Claire-Dunn-Pepin
Trempealeau-Jackson-Buffalo
Vernon
Crawford
Price-Taylor
Rusk
Clark



1986 Physicians Alliance Districts and Field Consultants

Physicians Alliance is a socio-economic-legislative-governmental division of the State Medical Society of Wisconsin and is under the direction of the Physicians Alliance Commission.

Dane County Visiting Nurse Service starts new private duty nurse plan

Private duty nursing service is now being offered by the Visiting Nurse Service on a fee-for-service basis throughout Dane County, according to an announcement released in late December.

The private duty care is the first new service offered under the agency's new Visiting Home Services program which will be introduced during this year.

To meet an increasing demand for home healthcare services, the Visiting Home Services will include complex, highly technical nursing care; intermediate level nursing care; personal care providers; housekeepers; and homemaker/companions for assistance with family and household management and companionships.

Executive Director Ruth M Hanson, in announcing the new service, said the VNS is the most experienced and largest home health agency in Dane County, serving the area since 1908. The private duty nursing service will be available *anytime* of the day, and can be arranged in four to 24-hour periods, everyday of the year.

VNS registered nurses will provide traditional and complex, highly technical skilled nursing including IV therapy, hyperalimentation, ventilator care, pediatric nursing and apnea monitoring, mother and newborn assessment, blood transfusions, care of the terminally ill, and other complex treatments.

Licensed practical nurses will provide intermediate level care such as medication administration, injections, wound care, catheter care, and colostomy care.

Assistance with personal care—bathing and shampooing; oral hygiene; skin care; foot care (washing only); toileting; temperature, pulse, respiration and blood pressure monitoring; changing bed linen; and assistance with dressing—will be available.

Child care, mother and newborn care, grocery shopping and other errands, meal preparation, respite care, fill-in care for working or ill parents, and companion care are other facets of the program.

Ms Hanson states the VNS staff is "carefully selected, bonded, and insured. And, as is expected of the Visiting Nurse Service, the professionals supplying this care will receive superb professional supervision and on-going education and training."

The new service supplements the full range of home healthcare provided by the Visiting Nurse Service: nursing care, physical therapy, occupational therapy, speech/language pathology, homemaker/home health aide personal care, and medical social work consultation. All VNS services are available around the clock if required.

VNS also offers Mobile Meals hot lunches to the homebound in the Greater Madison area Monday through Friday and on Sundays.

Ms Hanson also noted that the new private duty nursing service and other services to be offered under the new Visiting Home Service program will make the agency's one telephone call referral that much more complete for physicians and their office and hospital staffs. Physicians are assured that any question on their patient's care will be brought to their attention immediately to retain the continuity of care.

For more information call 608/257-6710 during regular business hours—7:45 am to 4:30 pm—and ask for Visiting Home Service.■

BLUE BOOK UPDATE

In the June 1985 "Blue Book" issue in the article "Problems of a physician's widow/er," the following telephone number has been changed for the Milwaukee District Office: Drug Enforcement Administration to: 414/291-3395.

On page 54 of the June 1985 "Blue Book" issue of the *Wisconsin Medical Journal* under the heading of "Wisconsin's fee splitting statute," the Wisconsin Statutes section is 180.99 and *not* 108.99 as printed in the second column, eighth line from the bottom.

On page 29, first column, 10th line from the bottom, the line should read "defendant wins on the merits does *not* mean that the . . ." ■

Acme Laboratories, Inc.

Qualified, competent professionals are the trademark of Acme Laboratories. For 35 years, our certified orthotists and prosthetists have earned a reputation for excellence, helping people improve their lives.

Acme Laboratories serves Wisconsin from offices in Milwaukee, Green Bay, Fond du Lac and Woodruff. We're pleased to be a designated HMO facility for southeastern Wisconsin. Acme Laboratories accepts all insurance, including Medicare and Medicaid.

10702 W. Burleigh St., Milwaukee, WI 53222
414-259-1090

GREEN BAY ORTHOPEDIC
Division of Acme Laboratories, Inc.
428 S. Adams St., Green Bay, WI 54301
414-435-1461

525 E. Division St., Fond du Lac, WI 54935
414-923-6676

Affiliated with Northwoods Rehabilitation
Box LOA, Woodruff, WI 54568
715-356-8000 Ext. 8872

Acme Laboratories — where quality of life is our main concern

american orthotic & prosthetic association

YOU CAN HELP STOP BEDWETTING

For a large majority of your Enuretic patients

- Ethical — prescription only
- Professional — you supervise treatment
- Approximately 90 percent effective
- Proven reliable and dependable bell, pad, and light system
- Low cost rental service — $14.00 per week (avg. 6-week treatment)
- Convenient mail order service to the 48 states

For more information, call or write:

S. & L. SIGNAL COMPANY

Helping Enuretic Clients
Since 1950
1142 Fleetwood Ave. Madison, WI 53716
Phone: 608-222-7939

Accepted for advertising in the AMA Journal

Peppino's

CLASSICAL ITALIAN RESTAURANT

5518 UNIVERSITY AVENUE
MADISON (608) 233-2200

ELEGANT DINING • FINE WINES • INTIMATE COCKTAIL LOUNGE • OPEN DAILY AT 5:00 PM

"For an elegant night of Italian dining." —PROF HERBERT KUBLY, *Milwaukee Journal* writer

Continuing Medical Education

Medical School, Continuing Education and Extension
UNIVERSITY OF MINNESOTA

In our 50th year
serving physicians and other health professionals
in Minnesota, the region, and the nation.

1986 FEBRUARY - APRIL

Feb 12th	Congestive Heart Failure
26th - 27th	Topics in Geriatric Medicine: Drug Therapy Symposium VII
Mar 25th	Hypertension Symposium
Apr 4th - 5th	Eye Enucleation
11th - 12th	Colon & Rectal Diseases in Primary Care
14th - 15th	Annual Ophthalmology: Current Concepts in Refractive Surgery
17th - 20th	Migrant Health Conference
21st - 25th	Workshop on Fine Needle Aspiration Cytology
25th - 26th	Adolescent Health Program: Gay Youth
28th - May 2nd	Family Practice Review: Update 1986

MAY - JULY

May 7th - 9th	WorldMed '86: International Health Care Congress
7th - 9th	44th Annual Course in Allergy and Clinical Immunology
14th - 15th	Human Aging IX: Health Maintenance and Wellness
20th	Symposium on Gynecologic Oncology
21st - 23rd	Current Concepts in Radiation Therapy
June 4th	Options in Cardiovascular Medicine
6th - 7th	15th Annual Workshops on Clinical Hypnosis - Introductory and Advanced
6th - 8th	Surgery for Primary Care *(Presented in Brainerd, MN)*
13th - 14th	Hospital Nutrition Support
18th - 21st	50th Annual Surgery Course: Advances in Trauma and Critical Care Surgery
25th - 27th	Topics and Advances in Pediatrics
July 7th - 9th	Orthopaedic Surgery: Shoulder
24th - 25th	Symposium on Nuclear Medicine

SEPTEMBER - OCTOBER

Sept 8th - 12th	49th Annual Radiology Course: Gastrointestinal & Abdominal Interventional Radiology
*	Annual Trauma and Critical Care Seminar
26th - 27th	Adolescent Medicine Conference: High Risk Youth
Oct 1st - 3rd	Annual Internal Medicine Review
*	Geriatric Medicine
8th - 11th	Principles of Colon & Rectal Surgery
22nd - 24th	Obstetrics & Gynecology Annual Autumn Seminar
25th	E.T. Bell Pathology Symposium

**dates being determined*

Box 202 Mayo, 420 Delaware Street S.E., Minneapolis, MN 55455 (612) 373 - 8012

John P Hermann, MD,* Sheboygan, was elected a fellow in the American College of Surgeons at the College's 71st Annual Clinical Congress held in Chicago. Doctor Hermann is president of the Sheboygan County American Cancer Society, and is medical director for the Sheboygan, Fond du Lac, Manitowoc, and Calumet county units at the Wisconsin Division level.

Thurl Burr Jr, MD,* Wausau, family physician with the Wausau Medical Center, has retired from medical practice. Doctor Burr graduated from the Indiana University Medical School and began his practice in Wausau in 1952. In 1962 he joined 11 other Wausau physicians to form the Wausau Clinic, now the Wausau Medical Center.

James M Foerster, MD,* Wausau, has retired from his medical practice after 38 years in the specialty of radiology. Doctor Foerster graduated from Washington University School of Medicine in St Louis, MO. He came to Wausau in 1947 and practiced at St Mary's Hospital, but later joined a radiology group which merged with the Wausau Medical Center.

Frank S Harris, MD, Marshfield, recently joined the medical staff of the Marshfield Clinic. Doctor Harris graduated from the Indiana University School of Medicine and served his residency in neurosurgery at the University of Florida/Shands Teaching Hospital & Clinic, Gainesville, FL. Prior to joining the Clinic, Doctor Harris was in private medical practice in Bakersfield, CA.

Joan P Matey, MD, La Crosse, recently became a member of the medical staff of the Gundersen Clinic, Ltd. Doctor Matey graduated from Wayne State University School of Medicine, Detroit, and completed her internship and residency at William Beaumont Hospital, Royal Oak, Mich.

Michael C Dussault, MD, Burlington, recently was honored by the Wisconsin Athletic Directors Association (WADA). Doctor Dussault, an orthopedic surgeon, received one of seven Distinguished Service Awards given to individuals outside the area of athletic administration who have made outstanding contributions to high school athletics.

James Blanke, DO, Superior, has joined the medical staff of the Mariner Medical Clinic, Ltd. Doctor Blanke graduated from the Chicago College of Osteopathic Medicine and served his internship and residency in Detroit. He received a fellowship in vascular surgery at the Royal Postgraduate Medical School, Hammersmith Hospital in London, England. Doctor Blanke had practiced in Milwaukee before moving to Superior.

Benjamin C Wedro, MD, La Crosse, has joined the medical staff of the Gundersen Clinic, Ltd. An emergency medicine physician, Doctor Wedro graduated from the University of Alberta, Edmonton, Canada, and completed an internship at Queen's University, Kingston, Ontario. His residency was served at the University of Oklahoma Health Sciences Center and Oklahoma Memorial Hospital, Oklahoma City. Prior to joining the Clinic, Doctor Wedro was an assistant professor of emergency medicine at the University of Oklahoma and a member of the medical staff of Brackenridge Hospital, Austin, Tex.

Richard L Romeyn, MD, La Crosse, has joined the medical staff of the Gundersen Clinic, Ltd. Doctor Romeyn graduated from Wayne State University School of Medicine and completed both an internship and residency at William Beaumont Hospital, Royal Oak, Mich. Doctor Romeyn also completed a fellowship in sports medicine and reconstructive knee surgery at the University of Pennsylvania Medical Center in Philadelphia.

Arnold A Effron, MD,* Oconomowoc, recently was elected to the board of directors of the Wisconsin Division of the American Cancer Society. Doctor Effron, assistant clinical professor at the Medical College of Wisconsin, will serve as medical director of the Wisconsin Division's Area 8 which includes three Waukesha County units of the Society.

Chester B Martin Jr, MD,* Madison, has been appointed chairman of the Department of Obstetrics and Gynecology at the University of Wisconsin Medical School. Doctor Martin graduated from the University of Pennsylvania Medical School and served his residency at University Hospitals of Cleveland. He was a research fellow in the Department of Embryology at Carnegie Institute of Washington, and a fellow in obstetrics and gynecology at the Johns Hopkins University and Hospital. He has served on the faculty of the Medical College of Georgia, in Augusta, and at the University of Southern California in Los Angeles. He recently returned from seven years as a senior staff member at the Katholieke Universiteit and St Radbouziekenhus, in Nijmegen, The Netherlands.

Doctor Martin

Raymond C Zastrow, MD* Milwaukee, recently took office as a governor of the College of American Pathologists. Doctor Zastrow served the CAP as vice speaker of the House of Delegates, an ex-officio member of the Board of Governors, and as chairman of the National Legislative and Regulatory Committee, the Constitution and Bylaws Committee, and the Commission on Government Relations. He also has served on numerous CAP committees, councils, and commissions, including: the Council on Government and Professional Affairs, the Budget Planning and Review Committee, and the Legislative and Regulatory Activities Committee. Doctor Zastrow is an associate pathologist at St Michael Hospital and an associate clinical professor of pathology at the Medical College of Wisconsin in Milwaukee.

Ben K Graf, MD, Madison, has been named assistant professor of orthopedic surgery at the University of Wisconsin Medical School in Madison. He will specialize in sports medicine and orthopedic trauma. Doctor Graf graduated from the UW Medical School where he completed residency and postdoctoral training. He studied sports medicine and traumatology at the Southern California Center for Sports Medicine in Long Beach, Calif.

Sridhar V Vasudevan, MD,* Milwaukee, assistant professor in the Department of Physical Medicine and Rehabilitation at the Medical College of Wisconsin, recently visited the Union of the Soviet Socialist Republics as part of a pain delegation organized by the People to People International Organization. He was one of 30 healthcare professionals from around the world who are interested in pain management and who visited several cities in the Soviet Union. This scientific/cultural exchange program group visited the Soviet Union between Oct 24 and Nov 14, 1985. During this time, the group visited Moscow, Novosibirsk, Tashkent, Tibilisi, Kiev, and Leningrad. Doctor Vasudevan presented a paper to the Kiev Pain Center, one of the two pain centers in the Soviet Union, on the topic of "Acute Versus Chronic Pain: Differences in Evaluation and Management."

Lawrence Siegel, MD,* Waukesha, recently was appointed associate medical director for Children's Programs and medical director of the Demmer-Kiwanis Children's Center. Michael Grebe, chairman of Curative Rehabilitation Center's Board of Directors made the announcement. Doctor Siegel graduated from Albany Medical College, New York and completed his internship and residency at Harrisburg Poly Clinic-Hospital in Harrisburg, PA. Doctor Siegel is chairman of the State Academy of Pediatrics Committee on Handicapped Children and a member of the Committee on School Health of the State Medical Society of Wisconsin.

Wess R Vogt, MD,* Milwaukee, has been named associate medical director of St Mary's Hill Hospital in Milwaukee. A member of the medical staff since 1969, Doctor Vogt graduated from the Marquette School of Medicine and served his internship at Columbia Hospital. His psychiatric residency was completed at the Milwaukee County Mental Health Center. He has been medical director of St Mary's Hill's Adult Treatment Program since 1981 and also has been medical director of the Ivanhoe Treatment Center of Milwaukee since 1973. He is a member of the Committee on Mental Health of the State Medical Society of Wisconsin.■

AMA Physician's Recognition Award Recipients

LISTED BELOW are those physicians in Wisconsin who have earned the AMA Physician's Recognition Award in recent months. The State Medical Society of Wisconsin congratulates these physicians who have distinguished themselves and their profession by their commitment to continuing education:

NOVEMBER 1985

*Chennamaneni, Sampath K, Neillsville
Dills, Diana G, Madison
*Ellenz, George B, La Crosse
*Gall, Randall J, La Crosse
Geske, David L, La Crosse
*Gifford, Stewart W, Green Bay
*Grace, Joseph B, Green Bay
*Greene, Richard C, Green Bay
Gubitz, Richard H, Berlin
*Hansen, Raymond A, Milwaukee
*Hart, Loren E, Green Bay
*Herrell, Daniel W, Menomonee Falls
*Junkerman, Charles L, Milwaukee
*Kamat, Pandurang V, Wausau
*Kanshepolsky, Jose, Racine
*Keane, Keith M, Appleton
*Khan, Abdul H, New Richmond
*Markson, Leonard S, Milwaukee
*Mc Avoy, Paul B, Neenah
*Melcher, Peter J, Minocqua
*Mir, Ali A, Two Rivers
*Moore, C E Mc Daniel, Fond du Lac
*Nausieda, Paul A, Milwaukee
*Peterson, Jack A, Waukesha
*Roggensack, George F, Madison
*Sarnecki, Jan C, Neenah
*Stenzel, Steven D, Eau Claire
*Tanner, Russell E, Milwaukee
*Timmermans, Peter W, Waupun
*Viernes, Patricio F, Brookfield
*Washa, Darryl M, La Crosse
*Weeth, John B, La Crosse
*Wiegmann, Otto A, Brookfield■

Members of the State Medical Society

PHYSICIANS EXCHANGE

East Range Clinics, Ltd seeks physicians in the following specialties: Orthopedic Surgery, Ophthalmology, and Internal Medicine (with special interest in cardiology, pulmonary medicine, or intensive care). Opportunity to join established practice with progressive multispecialty group of 27 physicians; unlimited opportunity for outdoor recreation. Contact: Gary Lishinski, Administrator, East Range Clinics, Ltd, 910 North Sixth Ave, Virginia, MN 55792; ph 218/741-0150. p12/85;1-5/86

Family Practice. 35-physician multispecialty group in Beloit, Wisconsin seeks Board certified/eligible family practitioner for satellite location. Salary guarantee plus full benefit package. Excellent family community with good access to Chicago, Milwaukee, and Madison. Contact J F Ruethling, Administrator, Beloit Clinic, 1905 Huebbe Parkway, Beloit, WI 53511; ph 608/364-2200. 1-3/86

Family Practitioner needed to join a community sponsored health care facility in Rosholt, a small community in central Wisconsin. This opportunity includes an established full patient panel currently served by three young Board certified family physicians with primary offices in Stevens Point; lab, x-ray and in-house pharmacy. Guaranteed first year salary, early ownership, malpractice insurance, four-way call schedule. Send CV to P A Sanderson, MD, Rosholt Area Clinic, 247 Depot St, Rosholt, WI 54473; ph 715/677-3522. 1-3/86

Wanted. Qualified physician to practice emergency medicine in Southeastern Wisconsin beginning July 1986. Ours is a small group covering two hospital emergency rooms, maintaining secure professional contracts. Flexible scheduling and competitive salary guaranteed. Interested parties should send CV to Associated Emergency Room Physicians, SC, 1131 Sherwood Lane, Caledonia, WI 53108; ph 414/835-4889. 12/85;1-6/86

RATES: 50¢ per word, with a minimum charge of $20.00 per ad. BOXED AD RATES: $25.00 per column inch.

DEADLINE: Copy must be received by the 15th of the month preceding month of issue; e.g., copy for the August issue is due July 15. Send copy to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 800/362-9080.

Family Practice physician needed to join 4-man group located in central Wisconsin industrial community. Please contact J E Thompson, MD, 315 1st St, Nekoosa, WI; ph 715/866-3175. 1/86

General Internist sought for progressive six-person clinic in northern Wisconsin. Special interest in critical care desired. Enjoyable and well established practice in stable community. Send curriculum vitae to: Don Evans, MD, 1205 O'Day St, Merrill, WI 54452. p1/86

Twenty-nine physician multispecialty clinic located in desirable east central Wisconsin location is seeking Board certified or Board qualified orthopedic surgeon to round out its services. Lab, x-ray, excellent hospital. Liberal guarantee and benefits. If interested contact D R Weber, MD, Fond du Lac Clinic, SC, 80 Sheboygan St, Fond du Lac, WI 54935. p1-3/86

Practice opportunities nationwide. MIDWEST—Radiology, oncology, orthopedics, dermatology; SOUTH—HMO medical director, emergency, FP; WEST—OB, surgery, psychiatry, FP; EAST—Psychiatry, emergency, FP. Call or write Jack Segall, Harper Associates, 15659 W 10 Mile Rd, Southfield, MI 48075; ph 313/557-1700. p1/86

Pediatrician. Excellent opportunity to join four pediatricians in a very active practice. Growing community, excellent hospital with teaching opportunities available. Close to Milwaukee. Contact John R Guy, MD, 1111 Delafield St, Waukesha, WI 53188; ph 414/542-2536. 1-3/86

Primary care physicians—Family Practice, General Practice, or ER experience desirable. To staff clinics for industrial, walk-in, after hours and satellite medicine. Excellent opportunity—guaranteed salary, profit-sharing, great fringes. Send CV to: Administrator, Manitowoc Clinic, PO Box 3008, Manitowoc, WI 54220. 1-2/86

Family Practitioner. River Valley Medical Center is seeking two family practice Board eligible/certified physicians for its multispecialty group of 16 physicians in Northwest Wisconsin. Excellent starting salary and comprehensive fringe benefit package the first year with full group membership after one year. Attached to a progressive 90-bed hospital. We are within 45 minutes of the St Paul-Minneapolis area. Please contact Dr Carl Hansen, Recruitment Chairman or Tom Halverson, Clinic Manager, 208 Adams St, South, St Croix Falls, WI 54024; ph 715/483-3221. p11/85;12tfn/85

Family Practice and Urgent Care. Full and part-time opportunities available at Medic East, Madison's first and only independent walk-in clinic. Very competitive compensation. Contact D A Goodman, MD, 2810 East Washington, Madison, WI 53704; ph 608/244-1213.1tfn/86

Emergency Physicians needed to maintain 12-24 hours ER coverage in Wisconsin hospitals. Candidates must have emergency medicine experience. Excellent salaries. Send CV with letter of interest to: Dept 576 in care of the Journal. 1-3/86

Family practitioner. Seven-physician primary care group in Green Bay, Wisconsin needs one or two family practitioners to join growing practices. Salary commensurate with training and experience. Contact Kenneth J Hujet, MD, Dousman Clinic, Green Bay, Wis 54303; ph 414/494-9661. 12/85;1/86

South Central Minnesota Practice Association. Group Professional Corporation has opening for family practice occupational medicine. Service area of 65,000, fee for service; considering prepaid availability. Excellent benefits and earnings. Profit sharing and 401(K) plans. Fine residential living in outstanding small city of 20,000, ninety minutes from Minneapolis-St Paul. First class facilities and hospital, challenging medical practice. Contact: Albert Lea Regional Medical Group, PA, B J Boss, Associate Administrator or William Brouwer, Administrator, 1602 Fountain St, Albert Lea, MN 56007; ph 507/373-8251. 12/85;1/86

Family practitioner needed to join 11-physician expanding multispecialty practice in upper midwest. Board certified or eligible. Clinic adjoins JCAH hospital. Rural location with abundant outdoor recreational opportunities, small four-year college. Excellent salary and benefits. Call collect 715/532-6651 or send curriculum vitae with names of references to: Howard Chatterton, MD, 906 College Ave, West, Ladysmith, WI 54848. 12/85;1-2/86

Wisconsin, expanding and innovative group of residency-trained board certified emergency physicians is seeking ABEM certified/prepared emergency physicians for staff and administrative positions at Columbia Hospital in Milwaukee and Kenosha Memorial Hospital. Excellent patient populations, medical and administrative staffs, and medical school affiliation. Equity positions available. Send CV to: Thomas A Reminga, MD, Dept of Emergency Medicine, Columbia 2025 East Newport Ave, Milwaukee, WI 53211; ph 414/961-3508. 12/85;1-2/86

PHYSICIANS EXCHANGE

continued

Solo internist desiring general internist to help in rapidly growing practice. Located on shore of Lake Michigan in Michigan's Upper Peninsula. New 107-bed acute care hospital. Campus for Michigan State College of Human Medicine. Call or write Dennis Spender, MD, PC, 218 South 10th St, Escanaba, MI 49829; ph 906/786-1563. p12/85;ltfn/86

Growing multispecialty clinic is looking for two family practitioners. One to staff a three-person Walk-In Department and the other to function in a traditional family practice setting located in North Central Wisconsin. New facility situated across the street from new hospital. Full partnership in two years. Easy access to lakes, woods, and mountains. Write including CV to D K Aughenbaugh, MD, Medical Director, Wausau Medical Center, 2727 Plaza Dr, Wausau, WI 54401. p11-12/85;1/86

Family Practitioner wanted to share existing practice and fully-equipped medical office in Waushara County. Salary plus incentives and opportunity for eventual purchase of practice. Excellent recreational area, a great place to live and raise a family. Send inquiries to Roy Grunwaldt, Administrator, Wild Rose Hospital, PO Box 243, Wild Rose, WI 54984; ph 414/622-3257, ext 212. p11-12/85;1-2/86

Rural Family Practice. Well established. Building, x-ray, and EKG laboratory included. Excellent opportunity for solo practice or satellite office near Madison. Netting $60,000 per year for 6 hours per week. Contact Dept 575 in care of the Journal. 1-6/86

FAMILY PRACTITIONERS INTERNISTS, OB/GYN

The UW Office of Rural Health is seeking primary care specialists for more than 50 communities throughout Wisconsin. Opportunities are available throughout Wisconsin for Board certified physicians trained in US medical schools and residencies.

CONTACT:
Laurie Glowac or Fred Moskol
New Physicians for Wisconsin
University of Wisconsin
Department of Family Medicine
777 S Mills St, Madison, WI 53715
Phone 608/263-4095 7/85-6/86

Excellent opportunity for a Board certified or eligible internist to practice in conjunction with an 8-member Internal Medicine Department of a 26-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas of greater than one million. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 6tfn/85

Family Practitioner needed to join two FPs at the Ellsworth, Wisconsin office of a progressive eleven-physician group. Liberal fringes and financial package. Forty miles from metropolitan Minneapolis/St Paul. Contact R M Hammer, MD, River Falls, WI 54022; ph 715/425-6701 or 612/436-8809. 4tfn/85

Wanted—Board qualified—board certified obstetrician-gynecologist as an associate. Modern well equipped facility. Excellent starting salary and benefits including profit sharing plan. Please contact Elizabeth Allen Steffen, MD, 734 Lake Ave, Racine, Wis 54303. 9tfn/83

Primary care physicians—Family Practice, General Practice, or ER experience desirable. To staff clinics for industrial, walk-in, after hours and satellite medicine. Excellent opportunity—guaranteed salary, profit-sharing, great fringes. Send CV to: Administrator, Manitowoc Clinic, PO Box 3008, Manitowoc, WI 54220. 9-12/85; 1-2/86

Family Practice, Internal Medicine, Urology, & ENT. Practice medicine in beautiful northern Wisconsin with established medical group. Call or write: Lakeland Medical Associates, Ltd, Attn: R J Sloan, MD, President, PO Box 549, Woodruff, WI 54568; ph 715/356-3292. 1-3/85

Progressive Multispecialty Clinic in Milwaukee requires physicians in the following specialties: Family Practice, Orthopedic consultation and evaluation, Internal Medicine/Cardiology, Surgery/Emergency Trauma. Modern self-contained clinic offers competitive salary and attractive benefits including malpractice insurance. These staff needs are IMMEDIATE. Please forward CV and references to Dept 574 in care of the Journal. 12/85;1/86

OB/GYN: BC/BE to join three OB-GYNs in 31-physician multispecialty group. Beautiful lakefront community of 90,000 located between Milwaukee and Chicago offers a wealth of cultural, educational, and recreational opportunities. Well-equipped clinic and two local hospitals; salary guarantee with incentive bonus; excellent fringe benefits and early partnership. Send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Pediatrics/Neonatology: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits, and early ownership. Neonatology skills needed for Level II Nursery. Please send curriculum vitae to R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Family practice opportunity—very busy five-physician practice being covered by four physicians. Pleasant South Central Wisconsin community of 15,000; close to Milwaukee and Madison. Excellent recreational area. First-year guaranteed salary. Excellent benefits. Contact: C Burchardt, Medical Associates, 1200 N Center, Beaver Dam, WI 53916; ph 414/887-7101. 10tfn/85

Cardiologist. Excellent opportunity for a Board certified or eligible cardiologist to associate with a progressive cardiology group in north central Wisconsin. Modern single community hospital offering all varieties of comprehensive cardiology and cardiovascular/thoracic surgery services. Position available now. If interested, send CV to and/or contact D Joe Freeman, MD, FACC, North Central Health Clinic, 425 Pine Ridge Blvd, Suite 204, Wausau, WI 54401; ph 715/845-NCHC (6242). p1-2/85

Psychiatrist wanted. Wisconsin licensed and Board certified or eligible psychiatrist, part-time (20-35 hours/week) at the Bureau of Social Security Disability Insurance in Madison. If interested, write or telephone Daniel Kahn, MD, PO Box 7623, Madison, WI 53707; ph 608/266-6608. 12/85;1/86

PHYSICIANS EXCHANGE

continued

Ophthalmologist, subspecialty pediatrics or glaucoma helpful but not required, Board certified/Board eligible, to join one other Board certified ophthalmologist in rapidly expanding 40-member multispecialty group with high level ophthalmic pathology. Must be willing to do general ophthalmology. Immediate drawing area 100,000 with unopposed subspecialty referral area much higher. Located on Lake Michigan with excellent recreational activities. Optometric support available. First-year salary. Association after one year with income based solely on production with superb benefits package. Contact D K Aymond, MD, The Sheboygan Clinic, 1011 North 8 Street, Sheboygan, WI 53081; ph 414/457-4461. 9tfn/85

Family Practice: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary gaurantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Wanted Board Certified Otolaryngologist. Head and neck surgeon. Join active one-man practice. General otolaryngology, head and neck surgery, facial plastic surgery, nasal allergy. Computerized office with x-ray, audiologist, and hearing aid dispensing. Northern Wisconsin near Apostle Islands National Lakeshore. Contact James A Hamp, MD, ENT Professional Associates, SC, 2101 Beaser Ave, Suite 1, Ashland, WI 54806; ph 715/682-9311. 10-12/85;1-3/86

Family Practice. Third family practice physician needed to join multispecialty group of 17 in Hartford, WI. Two branch locations. All facilities modern and well equipped. Guaranteed first year negotiable salary; usual fringe benefits. Contact: Murlin Bernd, Clinical Manager, 1004 E Sumner St, Hartford, WI 53027; ph 414/673-5745. 12/85;1/86

Family Practice physician, BE/BC, to share fully equipped medical office in southeast Wisconsin with busy Board certified family practitioner. Opportunity for partnership. Near Milwaukee and Chicago, rural atmosphere. Excellent recreational, educational, hospital, and civic advantages. Send curriculum vitae to F M Zarbock, MD, Box 158, S89 W22915 Maple Ave, Big Bend, WI 53103. 11-12/85;1/86

Second Family Practitioner needed to staff a satellite of a 38-physician multispecialty group in Kiel, a beautiful small community in East Central Wisconsin. Attractive income arrangements, association membership possible after one year, pension and profit sharing, extensive fringe benefits. Contact R B Windsor, MD, 1011 North 8 St, Sheboygan, WI 53081; ph 414/457-4461. c2tfn/85

West Bend, Wisconsin, General Clinic, a (18) physician multispecialty group, is seeking physicians in the specialties of Internal Medicine, Family Practice, OB/GYN, and Pediatrics. First-year salary guaranteed. Corporate membership possible after one year. Excellent fringe benefits. Located in scenic, recreational area with close proximity to Milwaukee. Please contact Hans W Schmelzling, Administrator, General Clinic, 279 S 17th Ave, West Bend, WI 53095; ph 414/338-1123. 6tfn/85

Pediatrician. BC/BE to join busy four-member Pediatric Department within a 23-member multispecialty group. Excellent benefits and competitive salary. Call or write: W J Mommaerts, Administrator, West Side Clinic, sc, 1551 Dousman St, Green Bay, WI 54303; ph 414/494-5611. 10-12/85;1/86

ORTHOPEDIC SURGEON

Mid-Michigan community seeks orthopedic surgeon for service area of 90,000. Guaranteed first year income $150,000. Office space available in medical office building adjacent to the hospital. 214-bed hospital provides excellent diagnostic capabilities and new surgical facilities. Excellent opportunity for a physician seeking busy private practice opportunity with guaranteed success. Contact Vice President of Professional Service—517/723-5211, ext 1823.

p11-12/85;1-2/86

PHYSICIANS EXCHANGE

continued

Family Practitioner needed to join established Family Practice group in East Central Wisconsin city of 50,000 on beautiful Lake Winnebago. Competitive salary, fringes, excellent recreation area. Send CV to MS Knier, MD, 555 S Washburn, Oshkosh, Wis 54901; 414/426-0265. 10tfn/84

Wisconsin: Pediatrician with subspecialty interest to join multispecialty clinic that includes general pediatricians, pediatric hematologist, oncologist and neonatologist in city of 150,000. Send CV to Dept 561 in care of the Journal. 8tfn/85

Primary Care—Union Grove opportunity. Physician with background in general practice, pediatrics or internal medicine sought for full-time position with Department of Health and Social Services at Southern Wisconsin Center. This state facility, 20 miles south of Milwaukee, is engaged in the care of the developmentally disabled. Contact John F Brown, MD; Medical Director; c/o Southern Wisconsin Center, 21425 Spring St, Union Grove, WI 53182; ph 414/878-2411, ext 362. 1-2/86

Position for Board certified family practitioner in rural Dodgeville, 50 miles southwest of Madison, Wisconsin; to join a group of three Board certified family practitioners. This opportunity includes call-sharing, modern local hospital, Madison consultants, guaranteed salary, and paid malpractice and health insurance. Contact Dr Jonathan Morey (608)935-3301 (office) or (608)987-3743 (home). 1-3/86

Milwaukee, WI. Full-time Family Practitioner to practice in profitable Urgent Care Center; also to develop an ongoing family practice including admissions; long-term commitment including partnership buy-in. Send CV to Joan Gennrich, MD, Redi-Med, Ltd, 10804 W Capitol Dr, Milwaukee, WI 53222; ph 414/466-2002. pl-2/86

Family Practitioners needed to associate with two-physician practice in resort area satellite of 30-physician multi-specialty group practice. Excellent clinic and hospital facilities. Generous salary, benefits, and relocation. Call clinic manager collect at 701/852-4121 or write Medical Arts Clinic, PC, Box 1489, Minot, North Dakota 58702-1489. 1-3/86

OB/GYN, Family Physician, Pediatrician Board certified/eligible. Full-time to join an established busy group practice in Milwaukee. Send curriculum vitae to Avenue Medical Center, SC, 2711 W Wells St, Milwaukee, WI 53208; ph 414/342-3000. 1-3/86

Internist or Family Practitioner to join two Internists and General Surgeon in growing, established, Green Bay area practice. Send CV to John Brusky, MD, 1203 South Military Ave, Green Bay, WI 53404. 7tfn/84

Physicians needed full or part-time to perform light physicals. Milwaukee area. Professional liability provided. Phone 414/344-2100, Ms Jenkins. 10tfn/84

MEDICAL FACILITIES

General and surgical solo practice for sale. Gross in excess of $300,000. Growing desirable midwestern university city with population 25,000. One very well-equipped hospital in county of 60,000 a few blocks away. Owner will remain to introduce. Contact Dept 563 in care of the Journal. 9tfn/85

Beaver Dam Wisconsin. New medical office space available. Excellent opportunity for Dermatology, ENT or Neurology practice. Call 414/887-8887 or write PO Box 678, Beaver Dam, WI 53916. 1-6/86

MISCELLANEOUS

We buy/sell/lease and service new and reconditioned Holter-Stress-Echo-EKG and other Medical Electronic Instruments. Contact Ed Bentolila, New Life Systems, Inc, PO Box 8767, Coral Springs, FL 33065; ph 305/972-4600. 12/85;1-2/86

HOLTER MONITOR
Quality Scanning for reel or cassette type recorders by qualified technicians and certified cardiologists' interpretations, scan price $35.00 with UPS speedy delivery. Recorders loaned, leased, or purchase new dual-channel Holter recorders, $1295.00, with one-year warranty. For more information call Advance Medical and Research Center 1-800/552-6753. 11tfn/85

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

WISCONSIN

FEBRUARY 8, 1986: Wisconsin Society of Radiation Oncologists, Olympia, Oconomowoc. g1/86

FEBRUARY 11-13, 1986: *23rd Annual Telemark Symposium and Ski Outing,* sponsored by the Indianhead Chapter of the Wisconsin Academy of Family Physicians, Telemark Lodge, Cable, Wisconsin. For information contact WAFP, 850 Elm Grove Rd, Elm Grove, WI 53122; ph 414/784-3656. p1/86

FEBRUARY 20, 1986: *Corporate Homicide—Verdict; Murder!* in Milwaukee. Sponsored by the Wisconsin Chapter of the American Society of Safety Engineers and the Milwaukee School of Engineering. A legal seminar designed for lawyers, including Corporate Legal Counsel, top management persons, controllers, District Attorneys, safety professionals, occupational physicians, etc. LCEUs pending; CEUs for attendees. Info: Wisconsin Chapter—ASSE, PO Box 391, Manitowoc, WI 54220; ph 414/682-5995. g1/86

THIS LISTING is compiled by the State Medical Society of Wisconsin in cooperation with others who wish to maintain a centralized schedule of meetings and courses of interest to Wisconsin physicians and to avoid scheduling programs in conflict with others. Hospitals, Clinics, Specialty Societies, and Medical Schools are particularly invited to utilize this listing service. There is a nominal charge for listing of Continuing Medical Education courses at the following rates: 50¢ per word, with a minimum charge of $20.00 per listing.

BOXED LISTINGS: $25.00 per column inch. Listings of other scientific meetings will be included at the discretion of the editors.

COPY DEADLINE for listings is 15th of the month preceding the month of publication; e.g., copy for the August issue is due by July 15. Address communications to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 800/362-9080.

FOR LISTING of other meetings see the January 4, 1985 issue of the *Journal of the American Medical Association:* Continuing Education Opportunities for Physicians for period January 1985 through December 1985.

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

continued

FEBRUARY 21-23, 1986: Wisconsin Psychiatric Association, The Americana, Lake Geneva. g1/86

APRIL 10-12, 1986: *10th Annual Ophthalmology Current Concepts Seminar '86.* The Concourse, Madison. Sponsored by the Departments of Ophthalmology and Continuing Medical Education, School of Medicine, University of Wisconsin-Madison. AMA Category I credit and University of Wisconsin CEUs—both approximately 18 hours. Contact; Sarah Aslakson, Continuing Medical Education, 610 Walnut St, 465B WARF, Madison, WI 53705; ph 608/263-2856. 1-3/86

APRIL 11-12, 1986: Wisconsin Urological Society, Edgewater Hotel, Madison. g11-12/85;1-3/86

Wisconsin Specialty Society Meetings 1986

- Wisconsin Urological Society, Apr 11-12, 1986, Edgewater Hotel, Madison
- Wisconsin Radiological Society, May 30-31, 1986, American Club, Kohler
- Wisconsin Society of Anesthesiologists, Sept 5-7, 1986, The Abbey, Lake Geneva
- Wisconsin Academy of Family Physicians, June 11-14, 1986, Telemark Lodge, Cable
- Wisconsin Society of Obstetrics & Gynecology, July 17-19, 1986, Embassy Suites, Green Bay
- Wisconsin Dermatological Society, Aug 1-3, 1986, The Abbey, Lake Geneva
- Wisconsin Society of Internal Medicine, Sept 11-13, 1986, The Edgewater Hotel, Madison
- American College of Physicians: Wisconsin Chapter, Sept 11-13, 1986, Edgewater, Madison
- Wisconsin Surgical Society, Sept 19-20, 1986, St Mary's Hospital, Madison
- Wisconsin Radiological Society, Oct 3-4, 1986, The Concourse Hotel, Madison
- Wisconsin Neurological Society, Oct 10-11, 1986, The Heidel House, Green Lake

APRIL 15-16, 1986: *Office Obstetrical Management: Risks and Benefits.* The Sheraton Inn and Conference Center, Madison. Sponsored by the Departments of Continuing Medical Education, Obstetrics and Gynecology, Pediatrics, Family Medicine and Practice, School of Medicine, University of Wisconsin-Madison, and Madison General Hospital. AMA Category I and University of Wisconsin CEUs—both 10 hours; AAFP and AOA Category 2-D credit pending. Contact: Sarah Aslakson, Continuing Medical Education, 456B WARF, 610 Walnut St, Madison, WI 53705; ph 608/263-2856. 1/86

MAY 17-18, 1986: Wisconsin Chapter of the American Acadamy of Pediatrics, Pioneer Inn, Oshkosh. g1-4/86

MAY 30-31, 1986: Wisconsin Radiological Society, American Club, Kohler. g12/85;1-4/86

JUNE 11-14, 1986: Wisconsin Academy of Family Physicians, Telemark Lodge, Cable. g11-12/85;1-5/86

JULY 17-19, 1986: Wisconsin Society of Obstetrics & Gynecology, Embassy Suites, Green Bay. g11-12/85;1-6/86

AUGUST 1-3, 1986: Wisconsin Dermatological Society, The Abbey, Lake Geneva. g11-12/85;1-7/86

SEPTEMBER 5-7, 1986: Wisconsin Anesthesiologists, The Abbey, Lake Geneva. g12/85;1-8/86

SEPTEMBER 11-13, 1986: Wisconsin Society of Internal Medicine, The Edgewater Hotel, Madison. g12/85;1-8/86

OCTOBER 3-4, 1986: Wisconsin Radiological Society, The Concourse Hotel, Madison. g12/85;1-9/86

OTHERS

FEBRUARY 13-14, 1986 (Michigan): *Tenth Annual Winter Pediatric Conference* at Powderhorn Ski Area, Ironwood, Michigan. Guest speaker is James A Stockman, III, MD. Info: Marshfield Medical Education Department or H James Nickerson, MD, Marshfield Clinic, 1000 North Oak Ave, Marshfield, Wisconsin 54449. 9-12/85; 1-86

WEEKLY SEMINARS

Most major ski areas, Club Med, Disney World, Cruising aboard Sailboats in the Virgin Islands or a Mississippi Paddlewheeler. Topic: ***Medical-legal issues.*** Accredited Category 2 by AMA.

Current Concept Seminars, Inc (since 1980). 3301 Johnson St, Hollywood, FL 33021; ph 800/428-6069. $175. p9-12/85; 1-2/86

FEBRUARY 28-MARCH 6, 1986 (California): 21st Annual Marquette-MCW Medical Alumni Association Clinical Conference at La Quinta Hotel, Palm Springs. Sponsored by the Marquette-MCW Medical Alumni Association and the Medical College of Wisconsin. Info: Marquette-MCW Medical Alumni Association, 8701 Watertown Plank Rd, Milwaukee, WI 53226; ph 414/257-8367. p1-2/86

MARCH 31-APRIL 4, 1986 (Colorado): Spring Ski Conference, Keystone Lodge, Dillon. Sponsored by the Marquette-MCW Medical Alumni Association and the Medical College of Wisconsin. Info: Marquette-MCW Medical Alumni Association, 8701 Watertown Plank Rd, Milwaukee WI 53226; ph 414/257-8367. p1-3/86

AMA

JUNE 21-25, 1987: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 6-9, 1987: Interim AMA House of Delegates, Atlanta, GA.

JUNE 26-30, 1988: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 4-7, 1988: Interim House of Delegates, Dallas, TX. ■

ADVERTISERS

Abbott Northwestern 10, 11
Acme Laboratories 43
Advanced Technology Associates, Inc 7
Medical Computer Systems
American Physicians Life 12
Dista Products Co (Div of Eli Lilly & Co) 20
Keflex®
Gaarder Miller Milwaukee Ltd 35
House of Bidwell 38
Medical College of Wisconsin 6
Physician Resource Network
Medical Protective Company 39
PBBS Equipment 38
Peppino's 43
Professionals Insurance Company, The 37
Roche Laboratories ..... 53, BC
Dalmane®
S&L Signal Company 43
SMS Services, Inc 32
University of Minnesota 44
Continuing Medical Education
Upjohn Company, The 19
Motrin® ■

CHANGES MADE IN UNPROFESSIONAL CONDUCT DEFINITION. As published in the *Wisconsin Administrative Register,* September 30, 1985, the Wisconsin Administrative Code definition of unprofessional conduct (Chapter **Med** 10) has been changed to include one new provision and expand another. Under the new code, former 10.02(2)(o) which prohibited solicitation, now reads:

> [unprofessional conduct is defined to mean and include] engaging in uninvited, in-person solicitation of actual or potential patients who, because of their particular circumstances, are vulnerable to undue influence; or engaging in false, misleading or deceptive advertising.

In addition, the Code includes as unprofessional conduct:

> (t) Aiding or abetting the unlicensed practice of medicine or representing that unlicensed persons practicing under supervision, including unlicensed M.D.'s and D.O.'s, are licensed, by failing to identify the individuals clearly as unlicensed physicians or delegates.

It should be remembered that this section defining unprofessional conduct is not intended to be exclusive—the Medical Examining Board is not limited to examining only those complaints charging conduct listed in this Code section. For the original definition of unprofessional conduct, see the June 1985 ***WMJ,*** page 92.■

STATE-BY-STATE ANNOTATION of the legal status of the hospital medical staff has been prepared by the AMA Office of the General Counsel. The 38-page document had been mandated by the House of Delegates. Resolution 153 (A-85) called for the preparation of the document 'as quickly as possible.' The resolution also directed the AMA to distribute the document to each component society and to each registrant at the most recent meeting of the AMA Hospital Medical Staff Section within 60 working days of the close of the Annual Meeting. The status of the organized medical staff as legally separate from the hospital governing body is a matter that has been determined by custom and usage, longstanding traditional relations, accreditation standards of the Joint Commission on Accreditation of Hospitals, and legislation and judicial precedents, according to the OGC report. This separate status is relevant when the medical staff represents the interests of staff members or patients in disputes with the hospital. Copies of the report were mailed Aug 29 to AMA delegates, alternate delegates, state medical associations, national specialty societies, and HMSS attendees. Additional copies are available from the Office of the General Counsel, AMA headquarters, Chicago. The telephone number is (312) 645-4601.■

TWO DIRECTORIES FOR MEDICAL SPECIALISTS. For many years the American Board of Medical Specialties (ABMS) has contracted with Marquis Who's Who in America to publish the *Directory of Medical Specialists,* but starting in 1986 the American Board of Medical Specialties will publish its own first biennial edition of the *Compendium of Certified Medical Specialists.* The *Compendium* is the only biographical directory authorized by the ABMS and each of its 23 Member Boards, according to the ABMS announcement. Data is obtained directly from each specialty board and from each physician by a verification process conducted entirely through the ABMS office. All listings are maintained "on line" in the ABMS computer and are available for instant reference and immediate updating. The *Compendium,* in convenient seven volumes, is available at a prepublication price of $180, a 10% savings over the full price, after April 30, 1986, of $200 plus postage and handling. Orders can be placed directly with the American Board of Medical Specialties, One American Plaza, Suite 805, Evanston, IL 60201; phone 312/491-9091. Marquis Who's Who in America also has announced completion of its 22nd edition of the *1985–1986 Directory of Medical Specialists,* continuing its 45-year tradition of providing information on 300,000 board-certified specialists. Its three-volume edition can be purchased for $235 plus shipping and handling of $6.50, from Marquis Who's Who, Inc, 200 East Ohio St, Chicago, IL 60611; phone 1-800-621-9669. The State Medical Society of Wisconsin, in its membership records, will use the American Board of Medical Specialties' information as provided in the *Compendium* as a source of verification of specialty certification by the 23 specialty boards recognized by the AMA.■

EXCERPTS FROM A SYMPOSIUM
"THE TREATMENT OF SLEEP DISORDERS"[8]

"...highly effective for both sleep induction and sleep maintenance"

Sleep Laboratory Investigator
Pennsylvania

"...onset of action is rapid...provides sleep with no rebound effect to agitate the patient the following day"

Psychiatrist
California

"...appears to have the best safety record of any of the benzodiazepines"

Psychiatrist
California

After 15 years, the experts still concur about the continuing value of Dalmane (flurazepam HCl/Roche). It provides sleep that satisfies patients... and the wide margin of safety that satisfies you.

The recommended dose in elderly or debilitated patients is 15 mg. Contraindicated in pregnancy.

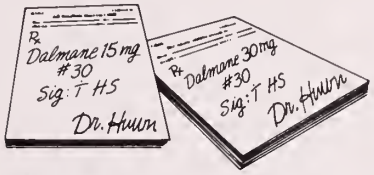
DALMANE®

flurazepam HCl/Roche ⓥ

sleep that satisfies

15-mg/30-mg
capsules

References: 1. Kales J, *et al: Clin Pharmacol Ther 12* 691-697, Jul-Aug 1971. **2.** Kales A, *et al: Clin Pharmacol Ther 18*:356-363, Sep 1975. **3.** Kales A, *et al. Clin Pharmacol Ther 19*:576-583, May 1976. **4.** Kales A, *et al Clin Pharmacol Ther 32*:781-788, Dec 1982. **5.** Frost JD Jr, DeLucchi MR. *J Am Geriatr Soc 27*:541-546, Dec 1979 **6.** Dement WC, *et al: Behav Med*, pp. 25-31, Oct 1978. **7.** Kales A, Kales JD: *J Clin Psychopharmacol 3*:140-150, Apr 1983 **8.** Tennant FS, *et al:* Symposium on the Treatment of Sleep Disorders, Teleconference, Oct 16, 1984 **9.** Greenblatt DJ, Allen MD, Shader RI: *Clin Pharmacol Ther 21*:355-361, Mar 1977.



DALMANE®
flurazepam HCl/Roche ⓥ

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening, in patients with recurring insomnia or poor sleeping habits. In acute or chronic medical situations requiring restful sleep Objective sleep laboratory data have shown effectiveness for at least 28 consecutive nights of administration Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended Repeated therapy should only be undertaken with appropriate patient evaluation

Contraindications: Known hypersensitivity to flurazepam HCl, pregnancy Benzodiazepines may cause fetal damage when administered during pregnancy Several studies suggest an increased risk of congenital malformations associated with benzodiazepine use during the first trimester Warn patients of the potential risks to the fetus should the possibility of becoming pregnant exist while receiving flurazepam Instruct patients to discontinue drug prior to becoming pregnant Consider the possibility of pregnancy prior to instituting therapy

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants An additive effect may occur if alcohol is consumed the day following use for nighttime sedation This potential may exist for several days following discontinuation Caution against hazardous occupations requiring complete mental alertness (*e g*, operating machinery, driving) Potential impairment of performance of such activities may occur the day following ingestion Not recommended for use in persons under 15 years of age Withdrawal symptoms rarely reported, abrupt discontinuation should be avoided with gradual tapering of dosage for those patients on medication for a prolonged period of time Use caution in administering to addiction-prone individuals or those who might increase dosage

Precautions: In elderly and debilitated patients, it is recommended that the dosage be limited to 15 mg to reduce risk of oversedation, dizziness, confusion and/or ataxia Consider potential additive effects with other hypnotics or CNS depressants Employ usual precautions in severely depressed patients, or in those with latent depression or suicidal tendencies, or in those with impaired renal or hepatic function

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported Also reported headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins, and alkaline phosphatase, and paradoxical reactions, *e g* excitement, stimulation and hyperactivity

Dosage: Individualize for maximum beneficial effect *Adults* 30 mg usual dosage, 15 mg may suffice in some patients *Elderly or debilitated patients* 15 mg recommended initially until response is determined

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl

ROCHE®
Roche Products Inc.
Manati, Puerto Rico 00701

#1 FOR SLEEP

After more than 15 years of use, it's #1 for sleep that satisfies. Patients are satisfied because they fall asleep fast and stay asleep till morning.[1-8] And *you're* satisfied by the exceptionally wide margin of safety.[7-9] As always, caution patients about driving or drinking alcohol.

Please see references and summary of product information on reverse side.

DALMANE®

flurazepam HCl/Roche ⓒⅣ

sleep that satisfies

ROCHE®

Copyright © 1985 by Roche Products Inc. All rights reserved.

Official Publication of the State Medical Society of Wisconsin

WISCONSIN MEDICAL JOURNAL

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA
MAR 6 - 1986

1986 Alert: Anticipated issues

President Scott points out the issues he feels need to be watched in 1986: professional liability, tort reform with emphasis on peer review, uncompensated care/health care for the uninsured, T-18 participation as a condition of licensure, therapeutic substitution, seat belts, and minimum drinking age. To confront these issues he urges members to join WISPAC and to support the SMS Auxiliary whose efforts in the legislative process are a significant factor in the Society's overall legislative initiatives. (See page 4)

Gentle man

Society members and staff were deeply saddened by the untimely death of Dr Charles Landis on January 13. He was slated to become the Society's next president at the April Annual Meeting. Dr John Mullooly in December was named by the Board of Directors as interim president-elect until the Annual Meeting. Doctor Mullooly subsequently was nominated for the presidency in 1986–87. (See page 7 and page 25)

Nominees for SMS offices

A biographical sketch and picture of the nominees for SMS offices, to be elected April 18 by the House of Delegates at the Annual Meeting in Milwaukee, April 17–18–19, appear in this issue starting on page 25.

V. 85, no. 2

FEBRUARY 1986

WISCONSIN MEDICAL JOURNAL

CONTENTS

February 1986

ISSN 0043-6542 / Established 1903

Owned and published by
State Medical Society of Wisconsin

Medical Editor
Victor S Falk MD, Edgerton

Editorial Board
Victor S Falk MD, Edgerton *Chairman*
Melvin F Huth MD, Baraboo
M C F Lindert MD, Milwaukee
Andrew B Crummy Jr MD, Madison
Richard D Sautter MD, Marshfield
Dean M Connors MD, Madison
George W Kindschi MD, Monroe
Charles H Raine MD, Racine
Darrell L Witt MD, Wausau
Garrett A Cooper MD, Madison *Emeritus*

Editorial Director
Wayne J Boulanger MD, Milwaukee

Editorial Associates
R Buckland Thomas MD, Monroe
Russell F Lewis MD, Marshfield
Raymond A McCormick MD, Green Bay
Victor S Falk MD, Edgerton
Medical Editor

Staff
Earl R Thayer, Madison
Secretary-General Manager
State Medical Society of Wisconsin

H B Maroney II, Madison
Assistant Secretary-Corporate Counsel
State Medical Society of Wisconsin

Mrs Mary Angell, Madison
Managing Editor

Mrs Marjorie Stafford, Madison
Publications Assistant

NATIONAL ADVERTISING REPRESENTATIVE: State Medical Journal Advertising Bureau, Inc, 711 South Blvd, Oak Park, Ill 60302. Ph 312/383-8800.

LOCAL (WISCONSIN) ADVERTISING: Contact: Mrs Mary Angell, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701. Ph 608/257-6781.

SUBSCRIPTION RATES: Members, $12.50 per year (included in dues); nonmembers, $25.00. Single copy: current year, $2.00; previous years, $3.00. SPECIAL RATES: Foreign and Canada, $30.00. Blue Book issue, $8.00. Membership Directory issue, $15.00.

SECOND CLASS POSTAGE PAID at Madison, Wisconsin, and at additional mailing offices.

PUBLISHED MONTHLY. "Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized August 7, 1918." Address all communications to THE WISCONSIN MEDICAL JOURNAL. Street address: 330 East Lakeside Street. Mailing address: Box 1109, Madison, Wis 53701.

POSTMASTER: Send address changes to Wisconsin Medical Journal, PO Box 1109, Madison, Wis 53701.

COPYRIGHT 1986
State Medical Society of Wisconsin

SPECIAL FEATURES

President's Page

4 1986 Alert: Anticipated issues, by *John K Scott, MD,* Madison

Editorials

6 Ambulatory surgery by decree, by *Wayne J Boulanger, MD,* Milwaukee

6 Health care hype, by *Wayne J Boulanger, MD,* Milwaukee

7 The fortress, by *Richard D Sautter, MD,* Marshfield

7 Gentle man, by *Earl R Thayer,* Madison

7 The solo practitioner—an obituary, by *Wayne J Boulanger, MD,* Milwaukee

Letters

8 'Required request' for organ donation—a plea for caution, by *Philip J Dahlberg, MD* and *Byron L Annis, MD,* La Crosse

8 Offended, by *VA Vollrath, MD,* Madison

Special

21 A multidisciplinary team—the physician's perspective, by *Richard W Edwards, MD,* Richland Center

Miscellaneous

13 NIH Consensus Development Conference: *The Integrated Approach to the Management of Pain*

45 AMA Physician's Recognition Award Recipients

45 Wisconsin Society of Medical Assistants: Professional Development and Advancement Seminar

News you can use

56 The money myth

56 DHSS to repeat ambulatory medical care survey

56 Wisconsin fared well in 1985 AMA survey

SCIENTIFIC MEDICINE

9 Fibrodysplasia ossificans progressiva: An infant neck mass, by *Robert G Wells, MD* and *John R Sty, MD,* Milwaukee

12 Traumatic bilateral patellar tendon rupture with chronic renal disease, by *Richard L Sullivan, MD,* Milwaukee

14 CLINICAL CANCER: Lumpectomy or mastectomy, by *William L Donegan, MD,* Milwaukee (Number 3 of a series)

WISCONSIN MEDICAL JOURNAL (ISSN 0043-6542) is the official publication of the State Medical Society of Wisconsin, devoted to the interests of the medical profession and health care in Wisconsin. Its affairs are handled by the Editorial Board, subject to policy direction of the Society's Board of Directors. The Managing Editor is responsible for the production, business operation, and coordination of contents as well as the final responsibility of the entire publication. The Editorial Director is responsible for Editorials. Unsigned Editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed Editorials express personal views of the author for which the Society takes no responsibility. Neither the Editors nor the State Medical Society will accept responsibility for statements made or opinions expressed in the pages of the Journal. Indexed in "Index Medicus," "Hospital Literature Index," and "Cambridge Scientific Abstracts."

Vol. 85 No. 2

CONTENTS

STATE MEDICAL SOCIETY OF WISCONSIN

ORGANIZATIONAL

23 SMS opposes repeal of CME

23 SMS sponsors public radio programming

23 CES Foundation receives grants

23 Board chairman receives national press coverage

24 1986 Annual Meeting: *Cost-effective Caring for Children and Adolescents,* April 17–19, Milwaukee

25 Annual Meeting: Nominees for SMS offices; election April 18 (biographical sketches with pictures)

27 House of Delegates 1985–1986 Nominating Committee

28 Annual Meeting: Summary of events

29 Resolution summaries in March issue

29 Occupational Health Guide available

30 SMS to study healthcare for the uninsured

30 Executive Assistant Joan Pyre retires

30 New computer service available to members

33 Membership Directory—Update

44 OBITUARIES:
Raimunds Pavasars, MD Appleton
Richard O Bauman, MD Fox Point
William A Hilger, MD Brookfield
Esther C Kurtz, MD Madison
John D Hurley, MD Germantown
Charles W Landis, MD Milwaukee

DEPARTMENTS

41 PHYSICIAN BRIEFS

42 NEWS HIGHLIGHTS: Elmbrook Memorial Hospital, Brookfield; Memorial Hospital, Oconomowoc; Health Science Library of Good Samaritan Medical Center, Milwaukee.

50 MEDICAL YELLOW PAGES: Physicians exchange . . . Medical facilities . . . Miscellaneous . . . Advertisers . . . Medical meetings—continuing medical education ■

THE STATE MEDICAL SOCIETY OF WISCONSIN, created by the Territorial Legislature in 1841, represents over 6200 member physicians in Wisconsin, comprising 55 county medical societies and 26 medical specialty sections. The purpose of the Society is to "bring together the physicians of the State of Wisconsin to advance the science and art of medicine and the better health of the people of Wisconsin, and to secure the enactment and enforcement of just medical laws." The major activities of the Society include continuing medical education, peer review, legislation, community health education, scientific affairs, socioeconomics, health planning, services for physicians, operation of a Charitable, Educational and Scientific Foundation, and publication of the *Wisconsin Medical Journal.*

Officers

PRESIDENT: *John K Scott, MD,* Madison
PRESIDENT-ELECT: *John P Mullooly, MD,* Milwaukee
SECRETARY-GENERAL MANAGER: *Earl R Thayer,* Madison
TREASURER: *John J Foley, MD* Menomonee Falls

Board of Directors

CHAIRMAN: *Darold A Treffert, MD* Fond du Lac
VICE CHAIRMAN: *Roger L von Heimburg, MD,* Green Bay

FIRST DISTRICT
Jerome W Fons Jr, MD, Cudahy
Carl S Eisenberg, MD, Milwaukee
Thomas A Hofbauer, MD, Menomonee Falls
Wayne H Konetzki, MD, Waukesha
Fredrick Wood Jr, MD, Kenosha
William L Treacy, MD, Milwaukee
Richard D Fritz, MD, Milwaukee
William J Listwan, MD, West Bend
Glenn H Franke, MD, Milwaukee
Lucille B Glicklich, MD, Milwaukee

SECOND DISTRICT
J D Kabler, MD, Madison
Cyril M Hetsko, MD, Madison
James J Tydrich, MD, Richland Center
Alwin E Schultz, MD, Madison
Kenneth I Gold, MD, Beloit

THIRD DISTRICT
Pauline M Jackson, MD, La Crosse

FOURTH DISTRICT
John J Kief, MD, Rhinelander
Jung K Park, MD, Wisconsin Rapids
W George Locher, MD, Wausau

FIFTH DISTRICT
Darold A Treffert, MD, Fond du Lac
Kenneth M Viste Jr, MD, Oshkosh
C William Freeby, MD, Appleton

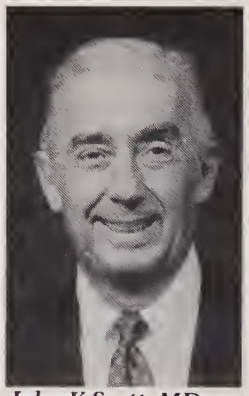
SIXTH DISTRICT
Roger L von Heimburg, MD, Green Bay
Joseph C DiRaimondo, MD, Manitowoc

SEVENTH DISTRICT
Marwood E Wegner, MD, St Croix Falls
Philip J Happe, MD, Eau Claire

EIGHTH DISTRICT
Joseph M Jauquet, MD, Ashland

PRESIDENT: *Doctor Scott*
PRESIDENT-ELECT: *Doctor Mullooly*
PAST PRESIDENT: *Timothy T Flaherty, MD,* Neenah
SPEAKER: *Duane W Taebel, MD,* La Crosse
VICE SPEAKER: *Vernon M Griffin, MD,* Mauston

1986 Alert: Anticipated issues


John K Scott, MD

THE AMERICAN MEDICAL ASSOCIATION held its 12th Annual State, Health Legislation meeting January 2–4, 1986. I attended. As a result, this thesis brings forth issues to watch for in 1986. These include: professional liability, tort reform with emphasis on peer review, uncompensated care/health care for the uninsured, T-18 participation as a condition of licensure, therapeutic substitution, seat belts, and minimum drinking age.

Liability. Professional liability reform remains the Society's top legislative priority. Senate Bill 328, the medical malpractice bill developed by a special committee of the Legislative Council, has been recommended for passage by the Senate Labor, Business, Veterans Affairs and Insurance Committee. SMS will seek passage of the bill, with some modifications to strengthen it if possible, during this eight-week legislative floorperiod. Many legislators have indicated they support efforts to do something about the growing liability crisis. Senate Bill 328 is the first step in this direction. Our efforts for longer-term reform, both independently and in conjunction with the growing numbers of business and professional groups experiencing similar liability problems, will continue after this legislative session and into 1987 and beyond.

Peer Review. SMS continues to actively seek improvements in our peer review and discipline systems. The Task Force on Physician Review and Discipline is examining ways to improve the disciplinary process, both through the Medical Examining Board and outside the formal regulatory system. While tougher physician discipline is often called for when the medical malpractice crisis is discussed, the fact is that the so-called "repeat offender"—the physician with multiple malpractice claims—represents a minor factor in the liability crisis. In the ten-year history of the Patients Compensation Panels, only 21 physicians have been involved in more than two paid claims. Nevertheless, this concern and others relative to improving peer review and physician discipline can and should be addressed. Senate Bill 328 includes provisions recommended by the SMS to direct the Patients Compensation Fund to surcharge physicians with poor claims histories, to grant greater latitude to the Medical Examining Board to review and act on findings of negligence, and to increase legal protections for physicians engaged in peer review.

Uncompensated care/health for the uninsured. In Wisconsin, it is estimated that 10 percent of the population may lack public or private health insurance, with most of these people being near or below the poverty level. To deal with this problem, SMS has continued to urge physicians to provide free or reduced-rate care to those in need, while seeking a more comprehensive solution to the problem. The 1985–87 biennial budget bill included provisions, developed with SMS involvement, for temporary funding of WisconCare, a program covering some medical and drug costs, along with donated physicians services, to low-income unemployed persons in some of Wisconsin's neediest counties. The budget also created a Council on Health Care for the Uninsured and directed the Department of Health and Social Services to work on the development of a model State Health Insurance Program (SHIP). The Hospital Rate-Setting Commission, meanwhile, is considering modifications to its rules to provide hospitals with incentives for the provision of uncompensated care. SMS has set up an ad hoc committee to continue working on this issue in the coming year.

T-18 participation as a condition of licensure. Recently, Massachusetts passed a law requiring that physicians caring for Medicare patients accept Medicare assignment in all cases as a condition of state licensure. This action is being challenged in the courts. No similar proposals have surfaced in Wisconsin; however, if the Massachusetts law is upheld, no doubt similar proposals will be introduced in other states, including ours.

Therapeutic substitution/pharmacist prescribing. Like many of the other health professions which use the legislative process to expand their scope of practice, pharmacists are now looking toward an expanded role in health care delivery. While currently authorized to substitute generics to the drugs prescribed by a physician, future legislation may include an authorization for therapeutic substitution or outright prescribing of a selected list of drugs. Legislation in Florida has already been enacted authorizing pharmacists to prescribe and dispense legend drugs from a yet-to-be established formulary.

"Therapeutic substitution" is one form of drug substitution. Therapeutic substitution takes place when a pharmacist substitutes a chemically different drug for the drug prescribed by the physician. The drug substituted by the pharmacist belongs to the same pharmacologic and/or therapeutic class as the drug prescribed by the physician. Because they are in the same class; *ie,* therapeutic alternates, both drugs are expected to have a similar therapeutic effect on patients who are given equivalent doses. For example, both drugs might be antibiotics, antihypertensives, or antianxiety agents. Although both drugs are in the same class, their chemical structures are different. This difference in chemical structure is an important consideration in the treatment of some patients. Serious problems can occur as a result of therapeutic substitution in an outpatient setting with such commonly used drugs as triazolam (Halcion®), flurazepam (Dalmane®), atenolol (Tenormin®), and propranolol (Inderal®).

In generic substitution, the pharmacist substitutes a different brand or an unbranded (*ie,* generic) drug for the drug prescribed by the physician. Both drugs have the exact same active chemical(s) and are in exactly the same dosage form. The generic substitute and the prescribed drug may have different inactive ingredients and/or physical properties because different manufacturers are involved. These differences apparently have a few serious consequences when there is a generic substitution. (Wisconsin law allows generic substitution).

While Wisconsin has not yet had specific legislation to grant pharmacists an outright authorization in either the area of therapeutic substitution or the area of pharmacist prescribing, such proposals could emerge in this state as they have elsewhere.

Seat belt legislation. Bills currently pending requiring the use of seat belts for motor vehicle operators and passengers include AB 117, AB 122, and AB 132 which are in the Assembly State Affairs Committee and have received public hearings recently in Milwaukee and Green Bay, and SB 7 which has been reported out of Senate Transportation Committee and is available for Senate action. Seat belt laws have been considered in virtually every state over the last year, prompted in part by a Federal Department of Transportation ruling which would impose air bag use requirements unless most states have seat belt laws. However, many of the proposed laws, including Wisconsin's, do not meet the current Federal requirements for levels of fines and thus avoid placing legislators in the position of "choosing" either seat belts or air bags.

Seat belt use and the resulting savings in medical costs are especially important for municipalities that have been having trouble obtaining liability insurance coverage. Seat belt legislation is needed just as legislation is needed for liability limits, if we are going to have reasonable insurance rates.

Drinking age. The State Medical Society has for many years supported a 21 minimum drinking age. Studies find that raising the legal drinking age has been an effective deterrent to alcohol-related traffic accidents. Currently set at age 19 in Wisconsin, our state remains one of 15 with a minimum age under 21. One "21" bill is pending in the Legislature: Senate Bill 195 by Senator Walter John Chilsen (R-Wausau). That bill is in the Labor, Business, Veterans Affairs and Insurance Committee (the same Committee which houses our medical liability package—SB 328); no hearing has been held to date.

The Tavern League of Wisconsin's "Stop 21" program has been vigorous in its efforts to block any legislation for an increased drinking age.

To offset the opposition and to promote passage of the legislation, a "21 NOW" coalition has been formed.

An indirect member is the Federal government which has passed legislation requiring states to implement a 21 minimum age by October 1, 1986, in order to receive its full apportionment from Federal highway funding. Wisconsin stands to have $7.1 million withheld in 1987 and $14.1 million in 1988.

Please be apprised of these issues in 1986 in the Wisconsin Legislature which started back in session January 28. Please join WISPAC and support the State Medical Society Auxiliary. Their efforts in the legislative process are a significant factor in the State Medical Society's overall legislative initiatives. Remind your senators and representatives in your district of the SMS positions on the above issues.■

Wayne J Boulanger, MD, Editorial Director

Unsigned editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed editorials express personal views of the author for which the Society takes no responsibility.

Ambulatory surgery by decree

BY NOW MOST of us have grown accustomed to the preadmission authorization process as a way of life, but at times we have had to challenge the insurance carrier's determination that the procedure we wish to perform must be done on an ambulatory basis. It matters not that the patient is 96 years old, blind, lives alone, and a bilateral amputee.

The Wisconsin Chapter of the American College of Surgeons has long recognized that patients are individuals and don't always fit into tight little categories. For the most part it is their belief that these lists, although burdensome, are reasonable but require modification and clarification when extenuating circumstances apply.

The Chapter's Cost Containment Committee is working out final details of criteria justifying inpatient surgery for procedures which would ordinarily be ambulatory. Some of these criteria follow:

1. Age greater than 75 years.
2. Mental or physical disability which would interfere with normal preoperative and postoperative management in the home.
3. Residence greater than 30 miles or one-half hour from the site of operation, if there is a potential for serious complications.
4. Documentable lack of support available at home.
5. The patient happens to be in the hospital for another reason. (Don't laugh; people have had to be discharged from the hospital so they could have their operations.)
6. General anesthesia longer than 90 minutes.
7. Spinal anesthesia.
8. Cardiac abnormalities requiring monitor.
9. Multisystem diseases.
10. A diagnostic procedure which, in the opinion of the attending physician, is almost certain to be followed immediately by a major operation (*ie,* biopsy and mastectomy).

Others will be added. If a uniform policy can be negotiated by the doctors and the insurance carriers, our lives will be made less complicated.

If other criteria come to mind, contact a member of the Wisconsin Chapter of the American College of Surgeons.

—*Wayne Boulanger, MD,* Milwaukee

Editor's note: As an example the following situation was reported to the Journal: A 79-year-old male was rejected for admission for cancer of the lung (x-ray diagnosis) in spite of preadmission *plan* of bronchoscopy, mediastinoscopy, and lymph node biopsy because exact *date* and *time* of *day* for *thoracotomy* could *not* be positively given!! As a result patient refused *surgery.*

house of BIDWELL, inc.

7954 West Harwood
and Watertown Plank Road
Milwaukee, Wisconsin 53213

ORTHOTIC AND PROSTHETIC SERVICES

1-414-774-6250

Health care hype

I HAD QUITE a shock the other day when driving south on Santa Monica Blvd at Hampton as I looked up prepared once again to wince as I scanned what I had come to know as my hospital's very own billboard. A new message extolling the quality of care caught my eye, but it was a competing hospital doing the extolling!

Has it come to this?

Have hospitals no shame?

Are they now outbidding each other for choice billboard locations?

Next thing you know, they'll be shooting down each other's helicopters.

And billboards aren't the only healthcare battle ground. I challenge you to watch TV or listen to the radio for fifteen minutes. If you don't hear at least one HMO commercial during that period, I'll eat your personalized plastic health service card. The announcers haven't quite reached the shrieking stage popularized by the furniture and appliance purveyors, but they're getting close.

Singled out for particular huckster attention recently have been the obese viewers who are offered a trial of medical (cognitive) therapy with the promise that weight reduction surgery can cure if medical treatment fails.

But what if the fat is just in a few embarrassing places? Do not despair. Tune in the six o'clock news during the commercial break, and you will hear of a technique which is just what the doctor ordered to smooth out those unsightly lumpy areas around the hips and thighs. With a tiny incision and a flip of the switch of the suction machine, the world will be at your feet.

Whatever happened to professionalism and taste and class?

The term, marketing, has been used to explain and justify all of the above. Just call it marketing, and that makes it all right.

Wasn't there a time when healthcare was sought only when it was actually needed? If a service is really needed, does it have to be advertised? What was the matter with going to your doctor when you were sick and letting him decide if you belonged in a hospital—and in which hospital you belonged? Perhaps in time that concept will be rediscovered, the dollars spent in the billboard battle can be directed elsewhere, and once again I can look up at Santa Monica and Hampton and enjoy an uplifting tobacco or distillery ad.

—*Wayne J Boulanger, MD,* Milwaukee

Editorial Board comment: We add to the above: The commercial that attempts to have your patient diagnose "intermittent claudication" and ask for the cure-all drug for relief!!

The fortress

THE FORTRESS from which the medical profession must face all antagonists is the patient/doctor relationship. This personal caring relationship that we, as physicians have with patients, is priceless. I fear at times the public and we forget the one-on-one intimacies of this relationship.

This relationship is so important that it would be wise for us to compromise, if necessary, our personal income in order not to compromise the patient/doctor relationship.

For the last several decades the huge advances in medical technology have weakened the relationship. Presently, the milieu of HMOs, PPOs, Medicare, Federal regulations, escalating malpractice claims, and so forth, will tend to weaken this relationship further; but this does not have to be so.

All prepaid medical plans can accommodate to this relationship, especially if managed by physicians. Over the run of time, plans for the delivery of medical care that ignore this relationship will have great problems. Citizens of our country are different, they may accept some regulation but there is a limit. The doctor who gives excellent medical care, but is also concerned with each patient as an individual, will always be in demand.

We must preserve and strengthen the doctor/patient relationship, no matter what the cost.

—*Richard D Sautter, MD,* Marshfield

Gentle man

CHARLES W LANDIS, MD, Milwaukee, died on January 13, 1986. He was President-elect of the State Medical Society of Wisconsin. He was a most able physician. He was a kind and gentle man.

When I walk in the woods of Adams County, where we shared cabins a few miles apart, I know I'll hear his footsteps crunch the snow beside mine. In the summer when I sit at the edge of the pond at sunset I'll hear him whisper at the beauty of the world. Every time a big RV comes at me on the highway I'll see Charley wave and flash a wide grin. When I need a friend—as each of us does from time to time—I'll expect to feel Charley's arm around my shoulder, softly though.

There will be many others like me. The patients who, having once known his help, will see and hear him again in their mind of minds. The lonely who, having shared his self, will sense again the ease of his companionship. The distraught or distrusted who once heard his gentle voice—"easy now; let's think this through; there must be a way" . . . will again sense the gentle touch of his caring words. Those who a year ago knew that his qualities of leadership made him the logical nominee for the Society's highest office will in the years ahead be reminded of his good judgment and quiet wisdom as they sit at the table of decision.

And all of us are the better for the knowing of him. Thank you, Charley.

—*Earl R Thayer,* Madison ■

The solo practitioner—an obituary

Practitioner, Solo: Born—On the island of Kos; date uncertain.

Died—after a lingering illness in 1985 at the hand of the HMO assisted by governmental covert action and malpractice attorneys.

Survived by—A few rural doctors in areas unprofitable to group medicine satellite branches.

Mourned by—S. Practitioner's patients, but not deeply enough for detectable effect.

Interment—Beneath mountains of paper, following a memorial service presided over by HCFA.

Contributions in memory of S. Practitioner suggested, in care of Patients Compensation Fund (which is itself preterminal).

—*Wayne J Boulanger, MD,* Milwaukee

The Editors would like to encourage physicians to contribute to the LETTERS section where they can ventilate their frustrations as well as opinions. This feature is intended to be lively and spirited as well as informative and educational. As with other material which is submitted for publication, all letters will be subject to the usual editing. Address correspondence to: The Editor Wisconsin Medical Journal, Box 1109, Madison, Wis 53701.

'Required request' for organ donation—a plea for caution

To the Editor: Dr David Peters has advocated 'required request' legislation to ensure that families of qualified donors are asked about organ donation (*WMJ* 1985 [Dec]; 84:10). Before such legislation is supported by the medical community and enacted by our legislators, we feel that several important questions should be addressed.

The transplant centers in Wisconsin have made significant strides in developing sources for organ donation throughout the state. The existing system is a relatively good one and has been effective for years. Should we change to an unproven system or stay with the one that has been relatively effective?

How do the neurologists, neurosurgeons, and general surgeons who have been conscientiously making organ donation requests feel about having the Legislature mandate something that they have been doing on a compassionate basis?

If your son were declared braindead, who would you rather have discuss organ donation with you—the doctors who have been struggling to save his life or a "third party" you have never met?

Who is better qualified to address organ donation to grieving families—the physician who knows them or a designated "third party?"

Will 'required requests' add to the existing bureaucracy of expensive hospital and physician monitoring done by governmental agencies?

Have the 'required request' laws passed in New York and Oregon increased or decreased the number of organs made available to potential transplant recipients?

Donating organs has always been a compassionate action on the part of patients' families and physicians. Legislating 'required requests' potentially could do more harm than good. We wish to make a plea for caution before such legislation is supported and passed.

—*Philip J Dahlberg, MD*
Department of Internal Medicine/Nephrology

—*Byron L Annis, MD*
Department of Neurosurgery
Gundersen Clinic, Ltd
1836 South Avenue
La Crosse, Wisconsin 54601

Editor's note: The State Medical Society is on record in support of the 'required request' legislation. The bill, Senate Bill 388, has been passed by the Senate, and Assembly approval is expected shortly. Prior to taking its position in support, the Medical Society considered the concerns addressed in the above letter. The Medical Society, in fact, worked with Senator Adelman's office in formulating the legislation so that the end product would not be harmful to the effective and compassionate organ request systems that already exist in hospitals throughout the state. There is no intent by SB 388 to replace or fix effective donor referral systems. The bill only requires that hospitals have established request policies and allow each hospital the flexibility of selecting the most caring and compassionate people to carry out this policy.

It has been estimated that more than 85% of suitable donors are lost because the appropriate request is not made. Patients on organ waiting lists are aware of that statistic and have requested introduction of this legislation in a majority of states within the last two years. Willing legislators are easily found to promote the needs of this type of interest group. Senate Bill 388 is a result of the increasingly successful outcomes of transplant surgery. It addresses one of the more significant problems that remains for transplant facilities—organ supply. Science cannot aid in the supply; that requires communication skills. The Medical Society feels it is reasonable public policy to require application of those skills so that others might benefit.

Offended

To the Editor: I was offended by one of the verses in your "Litany for 1986." I specifically mean the one referring to "Women physicians who abandon their femininity or being too woman-like to cope or too bitchy or too hard-nosed or too anything else. I thought this kind of chauvinism went out with the 1980s. (I had hoped that it had gone out even sooner than that.)

Perhaps we should add another stanza to your litany: FROM: Old-fashioned male physicians who are threatened by any woman doctor.—DELIVER US, OH LORD.

—*V A Vollrath, MD, ABFP*
5722 Raymond Road
Madison, Wisconsin 53711 ■

Fibrodysplasia ossificans progressiva: An infant neck mass

Robert G Wells, MD and *John R Sty, MD,* Milwaukee, Wisconsin

ABSTRACT. ***A case of fibrodysplasia ossificans progressiva in a five-month-old child is presented. The roentgenographic and computed tomographic findings in this condition are discussed. The clinical findings, histology, prognosis, and treatment are reviewed. The presented case indicates that fibrodysplasia ossificans progressiva must be considered in the differential diagnosis of neck masses in infancy.***

Key words. Fibroplasia ossificans progressiva; Infant neck mass; Computed tomography

FIBRODYSPLASIA ossificans progressiva (FOP) is a rare disorder in which there is intermittent, progressive ossification of soft tissue structures. This condition has formerly been known as myositis ossificans progressiva. In the great majority of the patients presenting during infancy and childhood, however, there is often a delay in diagnosis because of lack of familiarity with this condition. The combination of clinical and radiologic findings should allow an early diagnosis in most cases.

A case of fibrodysplasia ossificans progressiva diagnosed during infancy is presented. The clinical findings, radiographic characteristics, histologic patterns, and prognosis of this condition are discussed. The presented case indicates that FOP must be considered in the differential diagnoses of neck masses in infancy (Table 1).

From Milwaukee Children's Hospital, Department of Radiology, Milwaukee. Reprint requests to: Robert G Wells, MD, Milwaukee Children's Hospital, 1700 West Wisconsin Ave, PO Box 1997, Milwaukee, Wis 53201 (phone: 414/931-1010). Copyright 1986 by the State Medical Society of Wisconsin.

Case report. A five-month-old white female presented with soft tissue masses in the posterior occipital region and right side of the neck. The parents had noted a 2-cm mass in the lower mid-back at one week of age. The mass spread up the back to the level of the scapulae and then totally disappeared by the age of two months. Subsequently a left occipital mass was noted; it lasted two weeks and then disappeared. The occipital mass reappeared approximately two weeks prior to admission. The mass on the right side of the neck was first noted on the day of admission. The patient was reported to otherwise be healthy.

Physical examination showed the head and neck masses to be firm, nonmoveable, and nontender. The patient was afebrile and the remainder of the physical examination was reported to be within normal limits. Laboratory studies, including a complete blood cell count, sedimentation rate, and urinalysis, were normal. Plain films and computed tomography (Fig 1, 2) demonstrated partially ossified soft tissue masses in the posterior occipital region and the right side of the neck.

The masses eventually decreased in size without specific therapy.

Discussion. An autosomal dominant pattern of inheritance has been determined in fibrodysplasia ossificans progressiva (FOP).[1] Most cases, however, are sporadic and presumably are the result of a parental germ cell mutation. Advanced paternal age has been associated in some cases. One case of possible maternal germ cell mutation associated with phenytoin therapy has been reported.[2] The majority of cases of FOP present before the age of five.[1,3]

The initial presentation is usually that of multiple, small, firm soft tissue masses, most commonly involving the back and neck.[3] Other areas of involvement include the shoulders, chest, hips, elbows, knees, and jaw. The lumps are often warm, red, and painful, and may develop over a period of several hours. Fever and elevated erythrocyte sedimentation rate may be present. The small lumps often coalesce into a large mass. Stiffness and lack of mobility of the affected area usually develop. There is often a history of a predisposing incident such as soft tissue trauma, intramuscular injection, or traumatic venipuncture. Biopsy of the lesions or attempts at surgical excision often result in exacerbation of the condition.[1,3]

Table 1—*Neck masses in infancy*

INFLAMMATORY
Cervical adenitis
Tuberculosis
TRAUMATIC
Congenital wry neck
CONGENITAL
Cysts
Fistulae
Fibrodysplasia ossificans progressiva
NEOPLASTIC
Hemangioma
Lymphangioma (cystic hygroma)
Lipoma, lipoblastoma
Lymphoproliferative disease
Teratoma
Thyroid malignancy
Metastatic disease (neuroblastoma)

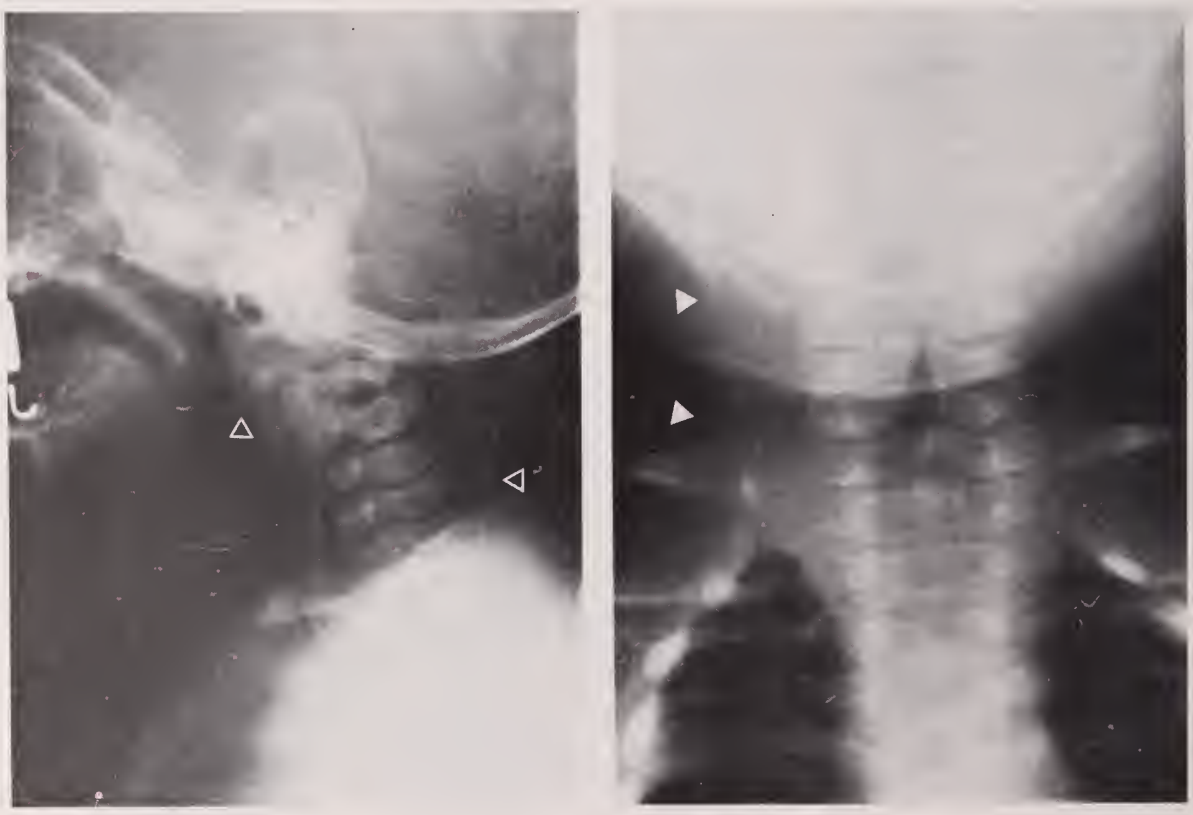
There are several important associated physical findings which aid in confirming the diagnosis.[3] Microdactyly of the great toes, often with halux valgus, is present at birth in the majority of cases. Approximately one half of affected patients have hypoplastic first metacarpals and fifth finger clinodactyly. Broadnecked femurs and ankylosis of the cervical vertebra may also occur. Deafness, baldness, and, rarely, mental retardation have been reported.

Radiographs demonstrate nonspecific soft tissue swelling during the acute phase. As the acute lesion subsides, a cloud-like area of calcification may be detected within the center of the lesion. Eventually, definite ossification is visible, with recognizable cortex and trabeculae. An ossified lesion adjacent to bone may blend with the cortex and have the radiographic appearance of an exostosis.

Computed tomography (CT) is more sensitive and specific than plain radiographs in the evaluation of the masses in FOP.[2] In the acute phase, enlarged, hypodense muscles are usually imaged. Other soft tissue structures also may be involved. If intravenous contrast medium is used with CT, marked nonuniform enhancement is typically present in the involved areas. CT performed during the quiescent phase will clearly demonstrate the areas of soft tissue ossification. Ossification may occur in muscles, tendons, ligaments, joint capsules, and fasciae. Muscle groups that are enlarged and hypodense during the acute phase usually are found to be only slightly enlarged during the quiescent phase. CT attenuation values of involved muscle usually return to normal, except in areas of ossification.

The histologic features[2,4] of FOP during the various stages of involvement correspond to the CT findings. During the acute phase, hemorrhagic edema is detected in the involved muscle. Round cell infiltration and capillary proliferation follow. Histologically distinct multifocal nodules composed of spindle-shaped cells within a connective tissue matrix have been described. Spicules of bone form in the center of these lesions. There is usually progression to formation of mature lamellar bone. FOP may be confused histologically with myositis ossificans, ex-

FIGURE 1—*Anteroposterior and lateral roentgenograms of the neck show areas of ossification in the right occipital region and right side of the neck.*



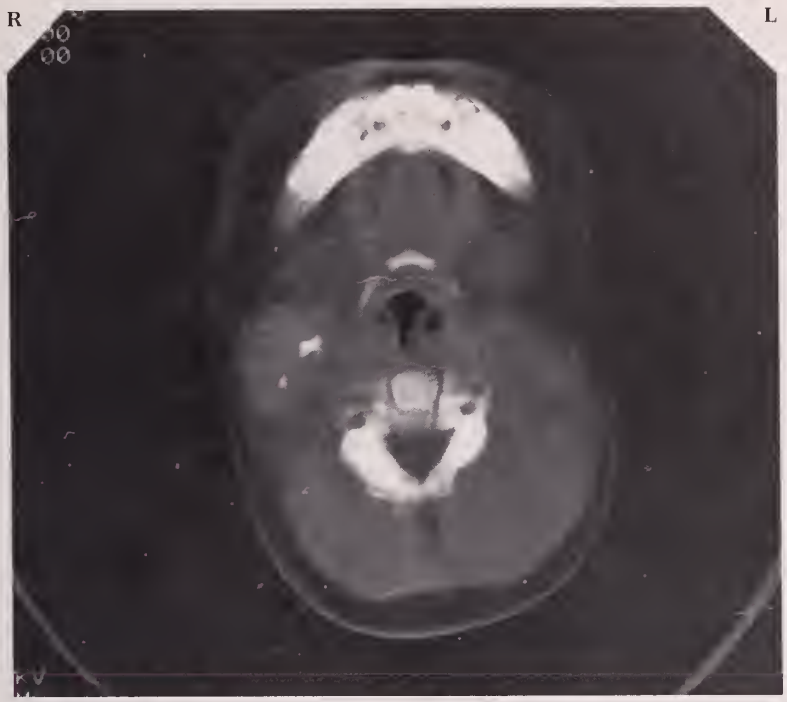


FIGURE 2—*CT scan of the neck demonstrates a soft tissue mass with central areas of ossification in the region of the right sternocleidomastoid muscle.*

traosseous osteosarcoma, and osseous metaplasia.[4]

The course of the disease is typically quite variable.[1,3,5] Long periods of quiescence are not unusual. Most patients survive into adulthood, although progressive disability due to limitation of movement occurs invariably. The most common cause of death appears to be pneumonia secondary to diminished pulmonary reserve with restricted chest wall motion. Medical therapy with high-dose disodium etidronate appears to be of little or no benefit. Trauma, intramuscular injections, biopsies, and surgery should be avoided. Surgical procedures designed to improve mobility may stimulate increased ossification and eventually result in further restriction of motion.

The importance of avoiding iatrogenic trauma makes early diagnosis by clinical and radiographic means essential. The diagnosis may be particularly difficult with presentation in infancy, as in the present case. A palpable mass in the neck and upper back is a fairly common clinical presentation in affected infants and FOP must be included in the differential diagnoses of neck masses in infancy (Table 1). The plain film and CT findings in such infants should help differentiate FOP from other potential masses such as teratoma, cystic hygroma, metastatic neuroblastoma, tuberculo-cervical adenitis, and congenital wry neck. Evaluation of the hands and feet for associated skeletal abnormalities will confirm the diagnosis in most cases and obviate the need for biopsy.

REFERENCES

1. Rogers JG, Geho WB: Fibrodysplasia ossificans progressiva. *J Bone Jt Surg* 1979; 61A: 909-914.
2. Lindhout D, Golding RP, Taets van Amerongen AHM: Fibrodysplasia ossificans progressiva: current concepts and the role of CT in acute changes. *Pediatr Radiol* 1985; 15:211-213.
3. Connor JM, Evans, DAP: Fibrodysplasia ossificans progressiva: the clinical features and natural history of 34 patients. *J Bone Jt Surg* 1982; 64B:76-83.
4. Cramer SF, Ruehl A, Mandel M: Fibrodysplasia ossificans progressiva: a distinctive bone-forming lesion of the soft tissues. *Cancer* 1981; 48:1016-1021.
5. Seiber JJ, Morrissy RT, Fuller J: Radiological case of the month: fibrodysplasia ossificans progressiva. *Am J Dis Child* 1983; 137:77-78.

■

List risks of death by year 2000

More than one percent of persons between 10 and 34 years old today will die of injuries by the year 2000, say Lawrence D Budnick, MD, MPH, of the Centers for Disease Control in Atlanta, and Barry P Chaiken, MD, MPH, of New Level Technologies in Lawrence, Mass, in the December 20, 1985 issue of the *Journal of the American Medical Association*. Furthermore, more than half of the estimated deaths during the next 15 years for white males 5 to 29 years, white females 5 to 19 years, and black males 5 to 29 years today probably will result from injuries. They are the "fourth leading cause of death in the United States, accounting for almost 150,000 deaths annually," the researchers point out. ■

Traumatic bilateral patellar tendon rupture with chronic renal disease

Richard L Sullivan, MD, MS, Milwaukee, Wisconsin

ABSTRACT. ***Bilateral patellar tendon rupture associated with chronic renal failure and secondary hyperparathyroidism is rare. Three cases have previously been reported.[1,2,3] A fourth case is described here. Prompt diagnosis and surgical repair leads to a good result. Failure to immediately recognize tendon rupture leads to later repair and may result in lack of full knee extension.***

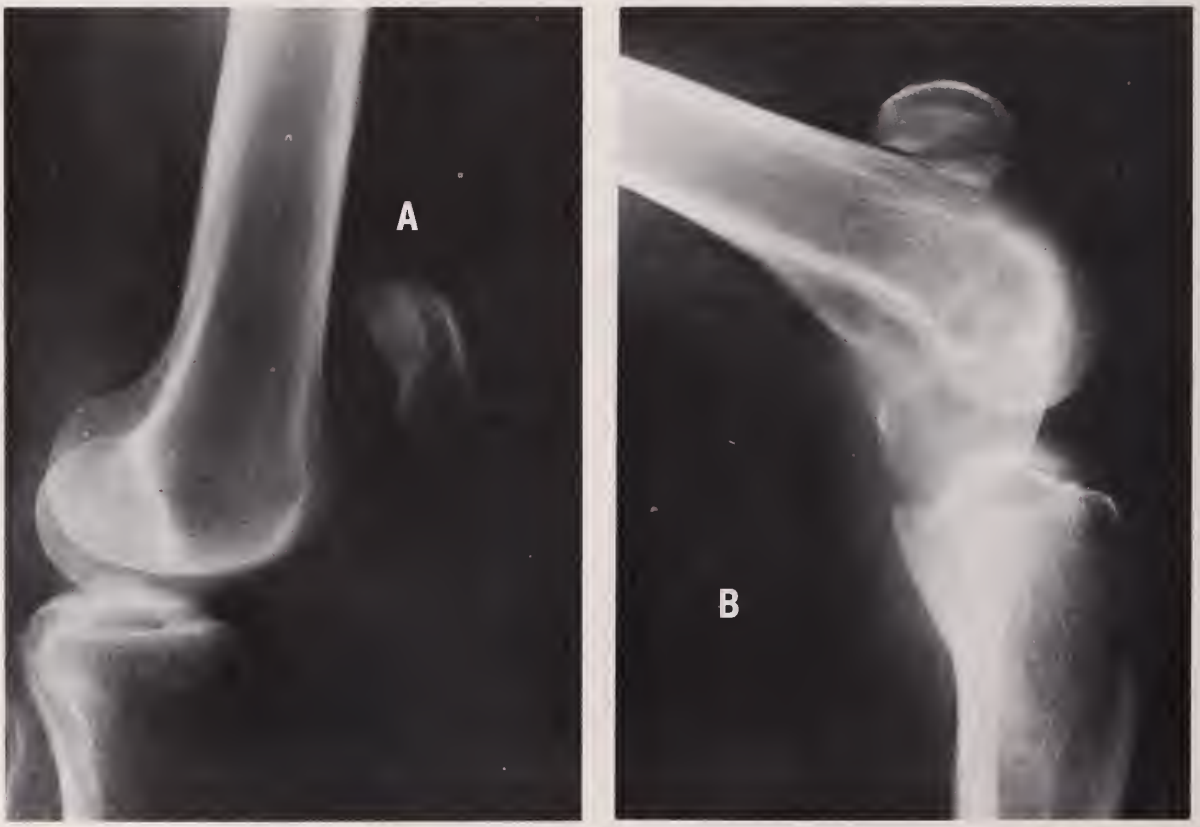
Key **words:** Patellar tendon rupture; Renal disease; Hyperparathyroidism

CASE REPORT. A 40-year-old man on renal dialysis with a history of secondary hyperparathyroidism and renal disease was injured while walking down steps. He slipped, fell forward, and landed on his knees. Radiographs of the knees revealed both patellae to be displaced superiorly and the infrapatellar soft tissues to be disrupted (Fig 1). At surgery, there were bilateral avulsions of the proximal portion of the patellar ligaments from the inferior poles of both patellae. There was no evidence of any deterioration of the ligaments themselves.

Discussion. The knee extensor mechanism consists of the patellar tendon, quadriceps femoris muscles and tendons, and patella. Disruption of the extensor mechanism may result from patellar tendon rupture, quadriceps tendon rupture, tibial tubercle fracture, or patellar fracture. Rupture of the

Reprint requests to: Richard L Sullivan, MD, Dept of Radiology, St Luke's Hospital, 2900 West Oklahoma Ave, Milwaukee, Wis 53215 (phone: 414/649-6424).
Copyright 1986 by the State Medical Society of Wisconsin.

FIGURE 1—*Lateral radiographs of the right (A) and left (B) knees demonstrating patellar tendon ruptures.*



patellar tendon usually occurs at its attachment to the patella,[4] but may occur at the tibial tubercle.

McMaster[5] observed that, unless a disease process was present, rupture did not occur through the body of the tendon due to its great tensile strength. The main portion of the tendon remained intact with the tear occurring at the musculotendinous or osseotendinous junction. Rupture is more frequently unilateral than bilateral. It has been reported in patients with systemic lupus erythematosus,[6] rheumatoid arthritis,[7] in patients without apparent associated disease, and in a national weightlifting championship.[8] Clinically, patellar tendon rupture causes immediate inability to extend the knee.

Radiologically, on a lateral radiograph of the flexed knee, the patella is positioned high and there is obliteration of the tendon outline and disruption of the infrapatellar fat. The radiographic findings of infrapatellar tendon rupture are characteristic; the diagnosis should be obvious when a satisfactory examination is performed.

REFERENCES

1. Kricun R, Kricun ME, Arangio GA, et al: Patellar tendon rupture with underlying systemic disease. *AJR* 1980; 135:803-807.
2. Hughes GNF, Harder JA: Bilateral patellar tendon rupture associated with chronic glomerulonephritis. *Can J Surg* 1979; 22:389.
3. Murphy KJ, McPhee I: Tears of major tendons in chronic acidosis with elastosis. *J Bone Joint Surg (Am)* 1965; 47:1253-1258.
4. Kelikian H, Riashi E, Gleason J: Restoration of quadriceps function in neglected tear of the patellar tendon. *Surg Gynecol Obstet* 1957; 104:200-204.
5. McMaster PE: Tendon and muscle ruptures: clinical and experimental studies on the causes and location of subcutaneous ruptures. *J Bone Joint Surg (Am)* 1933; 15:705-722.
6. Strejcek J, Popelka S: Bilateral rupture of the patellar ligaments in systemic lupus erythematosus. *Lancet* 1969; 2:743.
7. Razzano CD, Wilde AH, Phalen GS: Bilateral rupture of the infrapatellar tendon in rheumatoid arthritis. *Clin Orthop* 1973; 91:158-161.
8. Zernicke RF, Garhammer J, Jobe FW: Human patellar-tendon rupture; a kinetic analysis. *J Bone Joint Surg (Am)* 1977; 59:179-183. ■

NIH Consensus Development Conference

The Integrated Approach to the Management of Pain

May 19–21, 1986—Bethesda, Maryland

Warren Grant Magnuson Clinical Center, National Institutes of Health

Sponsored by the Warren Grant Magnuson Clinical Center and the NIH Office of Medical Applications of Research. Cosponsored by the National Cancer Institute, the National Institute of Neurological and Communicative Disorders and Stroke, and the National Institute of Dental Research.

Health professionals and patients alike are concerned with the optimal approach to pain management. Contemporary perspectives on pain management combine pharmacological and nonpharmacological interventions, and are planned and implemented in a multidisciplinary effort. This conference will focus on such interventions and explore types of professional collaboration designed to provide significant benefit to patients.

The conference will emphasize a broad approach to the challenge of pain management and its magnitude, and present medical, pharmacological, psychological and nursing viewpoints in an integrated approach to the management of pain.

The consensus conference will bring together internists, neurologists, surgeons, nurses, dentists, pharmacologists, and representatives of the public. Following two days of presentations by medical experts and discussion by the audience, a consensus panel will weigh the scientific evidence and formulate a draft statement in response to several key questions.

- How should pain be assessed?
- How should pharmacological agents be used in an integrated approach to pain management?
- How should nonpharmacological interventions be used in an integrated approach to pain management?
- What is the role of the nurse in the integrated approach to pain management?
- What are the directions for future research in pain management?

To register to attend the conference, contact Peter Murphy, Prospect Associates, 2115 East Jefferson Street, Suite 401, Rockville, Maryland 20852, telephone (301) 468-6555.

NIH consensus development conferences bring together medical experts and others to review scientific information and to assess the current status of drugs, devices, and procedures. These conferences differ from standard scientific meetings in that a panel of medical specialists and generalists and the audience consider data presented by experts concerning the specific technology or issue under review. A consensus statement is written by the panel, addressing a set of questions regarding the current status of the issue being evaluated. These statements are circulated widely to the health professions, the public, the lay media, and medical publications. —Michael J Bernstein, Director of Communications, Office of Medical Applications of Research, Department of Health & Human Services, Public Health Service, National Institutes of Health, Bethesda, Maryland 20205.

CLINICAL CANCER: Number 3 of a series

Lumpectomy or mastectomy

William L Donegan, MD, Milwaukee, Wisconsin

BREAST CANCER is a disease that has attracted wide public attention to the extent that several states, including Wisconsin, have passed laws to insure that patients are informed about alternative methods of treatment. The question "lumpectomy or mastectomy" focuses on current alternatives for the local treatment of this cancer, an issue that now almost one in 11 women will eventually face.

On March 14, 1985 an article in the *New England Journal of Medicine* reported the results of a large clinical trial conducted in the United States by the National Surgical Adjuvant Breast Project (NSABP) headed by Dr Bernard Fisher at the University of Pittsburgh in which women with early breast cancer were treated randomly with surgical removal of the entire breast or of only the tumor.[1] The important finding was that after a mean followup of 39 months tumor removal followed by irradiation to the breast provided projected survival at five years that was not significantly different from that of breast removal. This important study, involving over 2000 cases, is the most recent in a series of scientific investigations that have established breast-sparing approaches for the treatment of breast cancer.

For almost 120 years removal of the entire breast has been a standard component of treatment, primarily because cancer promptly recurred in the breast after partial removal. The total mastectomy of Moore (1867) was used first, later the radical mastectomy of Halstead (1894), and most recently the modified radical mastectomy; *ie*, removal of the breast in conjunction with the axillary lymph nodes but not the pectoral muscles. Modified mastectomy provided a cosmetic improvement over radical mastectomy and a more favorable situation for reconstruction of the breast, a procedure in increasing demand.

With the need for breast removal generally conceded, scientific attention concentrated on the treatment of regional lymph nodes, and before turning attention to breast conservation, the NSABP had investigated the value of axillary lymph node removal. The information gained continues to influence treatment strategy. Routine axillary node dissection did not improve survival as had been believed, but it did contribute to staging and to regional disease control. It provided histologic proof of nodal involvement (the prime indication for postoperative adjuvant chemotherapy), revealed the number of involved nodes (still the most accurate index of prognosis), and virtually eliminated recurrence of disease at this site.[2] Irradiation of the axilla was equally effective for disease control but had the disadvantage of providing no information on nodal status. The same observation appeared true for irradiation of the internal mammary and supraclavicular nodes, but it was of less consequence. Efforts to get the desired information on staging while still using irradiation led others to investigate surgical "sampling" of the axilla, but this proved inaccurate, failing to identify 25% of patients with positive nodes, 50% if primaries were located medially in the breast.[3] For this reason, dissection of the axilla, at least the low and mid levels, remains desirable even as interest has turned to breast conservation.

Early experience with breast conservation was abroad. In 1932 Keynes in England used multiple radium implants as a substitute for mastectomy with some success. Later Mustakellio in Finland and in the 1960s Baclesse in France followed by Calle, Pierquin, and others began to report experience with the use of radiation to the breast and regional lymphatics. Similar explorations followed in Toronto and in the

Doctor Donegan is Professor of Surgery, Medical College of Wisconsin, Milwaukee. Reprint requests to: William L Donegan, MD, Dept of Surgery, Mount Sinai Medical Center, 950 North 12th St, Milwaukee, Wis 53201 (phone: 414/289-8022). Copyright 1986 by the State Medical Society of Wisconsin.

Series Coordinator:

Ernest C Borden, MD, Madison

American Cancer Society Professor of Clinical Oncology, University of Wisconsin Clinical Cancer Center, 600 Highland Ave, Madison, Wisconsin 53792

Physicians are encouraged to contact the authors if they wish to discuss these topics further or obtain additional information. Comments or suggestions for topics would be welcome.

Table 1—*Complications of lumpectomy and irradiation*

	Prosnitz-'83[10]	Osborne-'83[11]	Danoff-'83[9]
Followup	(2-12.4 years)	(10-27 years)	(1-4 years)
Total Patients	293	263	27
Rib fractures	11		1
Pneumonitis	7	3	1
Brachial plexus injury	4		
Restricted shoulder motion	5	3	
Arm edema	2	6	6 (22%)
Fibrosis of breast	8		
Chest wall enduration		5	1
Necrotic ulcer		1	
Axillary artery thrombosis		1	
Radionecrosis of head of humerus		1	
Miscellaneous	3		
	40 (13.7%)	20 (7.6%)	

Table 2—*Cosmetic results at 5 years: 243 irradiated breasts**

Excellent (normal appearance)	77%
Good (minimal change)	9%
Fair (significant effects)	9%
Poor (severe retraction)	5%

*Evaluation by physicians Beadle, Hellman, Harris, et al- 84[12]

United States, notably by Hellman and Harris in Boston, Prosnitz at Yale University, and Montague in Houston. The techniques were not uniform and high doses of irradiation to the breast and surrounding tissues were not without complications (Table 1). But the survival of patients was generally comparable to that expected after mastectomy, and cosmetic results were judged excellent in 77% of patients (Table 2). Additional important information was gained from these uncontrolled selected series; it was found that complete removal of gross tumor was advantageous if control in the breast was to be achieved without morbid doses of irradiation, and that irradiation of the axilla after a complete axillary dissection was both unnecessary and undesirable. This combination was followed by a high frequency of breast and arm edema.

These reports exerted pressure for more scientifically controlled studies, eliminating potential biases with randomized assignment of treatment, and the first was initiated in London in 1961 at Guy's Hospital.[4] Three hundred and seventy-six patients aged 50 and over with "operable" breast cancer were assigned to either radical mastectomy with postoperative irradiation to the internal mammary and supraclavicular nodes (the standard management at that time) or to "lumpectomy" followed by comprehensive irradiation to the breast and regional lymphatics. "Tylectomy," the Greek equivalent, was substituted as a more elegant term for this operation. The doses of irradiation used in this trial were low by modern standards and led to disastrous consequences for those treated with lumpectomy. These patients experienced excessive recurrence in the retained breast and regional lymphatics and an excessive loss of life. The trial served amply to demonstrate that limited surgery could not be combined with low-dose irradiation even in early cases.

The lesson learned at Guy's Hospital was not lost on Veronesi who addressed the problem again in 1973 at the Cancer Institute in Milan, Italy using high doses of irradiation.[5] Proceeding cautiously, 701 patients with only the most limited disease were selected; *ie*, with tumors no larger than 2 cm with no axillary adenopathy. They were surgically prepared by removing the entire quadrant of the breast in which the tumor lay and a complete axillary dissection, en bloc when possible. This was followed by 5000 rads of external irradiation limited to the breast as well as an added boost of 1000 rads to the site of tumor removal. Women were assigned randomly to this treatment or to a Halstead radical mastectomy, later replaced by modified radical mastectomy. Initially, patients with involved axillary lymph nodes were randomized to receive no further treatment or to receive postoperative irradiation to the internal mammary and supraclavicular lymph nodes, but as the dubious value of this became plain, it was dropped in favor of systemic adjuvant chemotherapy for all patients with positive nodes. So far at ten years this approach, dubbed "QUART," has provided disease-free survival no less than that of mastectomy and afforded comparable local and regional control. Recurrences in the breast (eight cases) are more frequent than chest wall recurrences (four cases after mastectomy), but the difference is not statistically significant. There has been to date no significant increase of cancers in the second breast (12 versus eight), a matter of some concern since it receives approximately 200-300 rads of irradiation during treatment.

The recent NSABP trial in the United States, which began in 1977, differed from the trial in Milan in reducing the scope of tumor excision to "segmentectomy," *ie*, local excision just sufficient to achieve histologically tumor-free margins, and eliminated the added boost of irradiation to the excision site. As in Milan, irradiation (4500-5000 rads) was confined to the breast, and the comparison was the modified radical mastectomy. All pa-

tients with involved axillary lymph nodes received adjuvant chemotherapy. It is important to mention that a third treatment arm was used in this trial, segmentectomy without breast irradiation, and perhaps predictably it resulted in an unacceptably high frequency (28%) of recurrences in the breast, but contrary to the Guy's Hospital trial the survival of these patients was not compromised. The major accomplishment was in demonstrating that breast conservation could be extended to women with tumors up to 4 cm in diameter and with early clinical evidence of axillary node involvement. No information was forthcoming on cosmetic results, radiation complications, nor the results of salvage surgery.

As a result of these investigations, the feasibility of breast-sparing treatment has been demonstrated for early stages of breast cancer. Suitable patients are those with small, discrete, peripheral tumors ($\leq$4 cm) and with no more than early clinical evidence of axillary metastases. It is possible that larger tumors might be so treated if they occur in a particularly large breast but not those with skin or deep fascial extension. The emphasis on cosmetic results with particular attention to the effect of surgery upon the size and appearance of the breast has necessitated a relearning experience for general surgeons. Whether the operation is called segmentectomy or lumpectomy, excision with tumor-free margins, minimal skin sacrifice, and with minimal distortion of the breast is the objective. Axillary dissection is best performed through a separate incision. As postoperative irradiation to the breast is an integral part of treatment, consultation with an informed radiation therapist is obtained in advance of surgery for concurrence and so that irradiation can be initiated as soon as healing is complete. The technique and quantity of irradiation is important as cutaneous atrophy, breast shrinkage, and overlapping fields detract from the cosmetic results. Whether supplemental irradiation to the tumor bed is necessary or desirable is unsettled.

Patients are not suitable for a conservative approach when the anticipated cosmetic results are poor or high dose irradiation poses a clear hazard (Table 3). For example, surgical removal of central tumors involving the nipple, multiple tumors, or a large tumor in a small breast can be expected to result in substantial distortion of the breast. Irradiation poses a hazard for the fetus of a pregnant patient, and fatty breasts shrink excessively. Anaplastic tumors with a substantial intraductal component have a high recurrence rate after irradiation.[6] Bilateral cancers are not a contraindication, but do pose a challenging technical problem for irradiation.

In comparing lumpectomy and mastectomy, the advantages of modified radical mastectomy are that all cancer in the breast is removed, the remaining tissues are undamaged by irradiation, and the breast can be easily reconstructed. The disadvantage is loss of the breast, and patients often experience disagreeable paresthesias in the denervated areas of the anterior chest, axilla, and inner

Table 3—*Unfavorable for lumpectomy and irradiation*

1) Centrally located tumor
2) Multiple primaries
3) Poorly defined tumor
4) Large tumor in small breast
5) Gross residual tumor
6) Pregnancy
7) Substantial Ca-in-situ component
8) Large, fatty breast

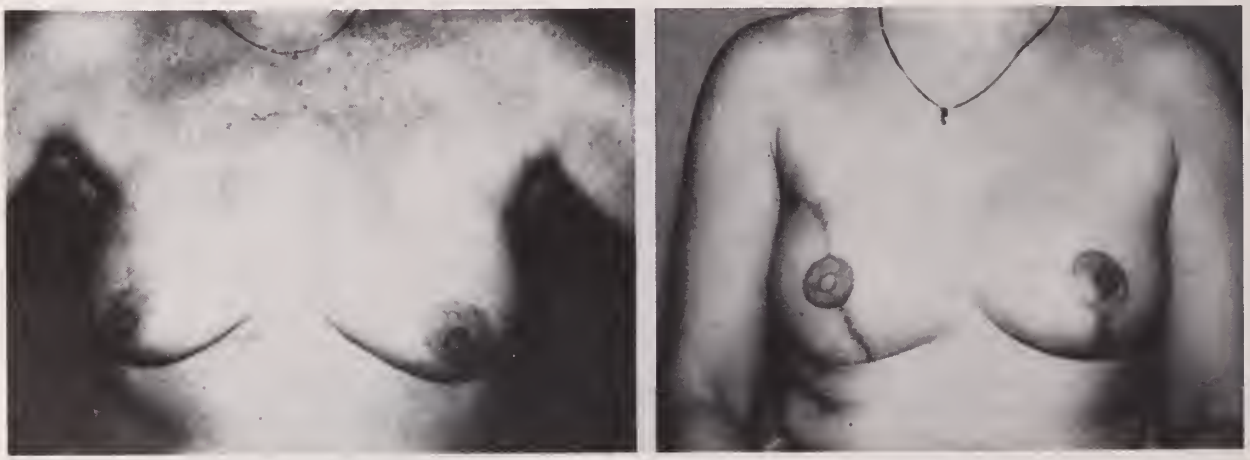


FIGURE 1—*These patients illustrate cosmetic results after two treatment options: On the right: right modified radical mastectomy with breast reconstruction. The patient required a reduction mammoplasty on the opposite side to achieve symmetry. On the left: local excision of a small carcinoma located in the upper inner quadrant of the right breast and axillary dissection followed by irradiation to the breast. The picture was taken 2.5 years following treatment.*

Table 4—*Consecutive patients with breast cancer seen after Fisher's March 14, 1985 report*

I. Total with undisseminated cancer			18 (100%)
II. Not eligible for "lumpectomy"			7 (39%)
Inflammatory cancer	−1		
Pregnant	−1		
In situ predominance	−1		
Involved nipple	−1		
Skin invasion	−1		
Cancer-in-situ	−2		
III. Eligible for "lumpectomy"			11 (61%)
Chose lumpectomy	6	(55%)	
Chose mastectomy	5	(45%)	

arm. These areas can be reduced by sparing the intercosto-brachial nerve, but this is not always possible, and in order to reconstruct the breast additional hospitalization and surgery is necessary.

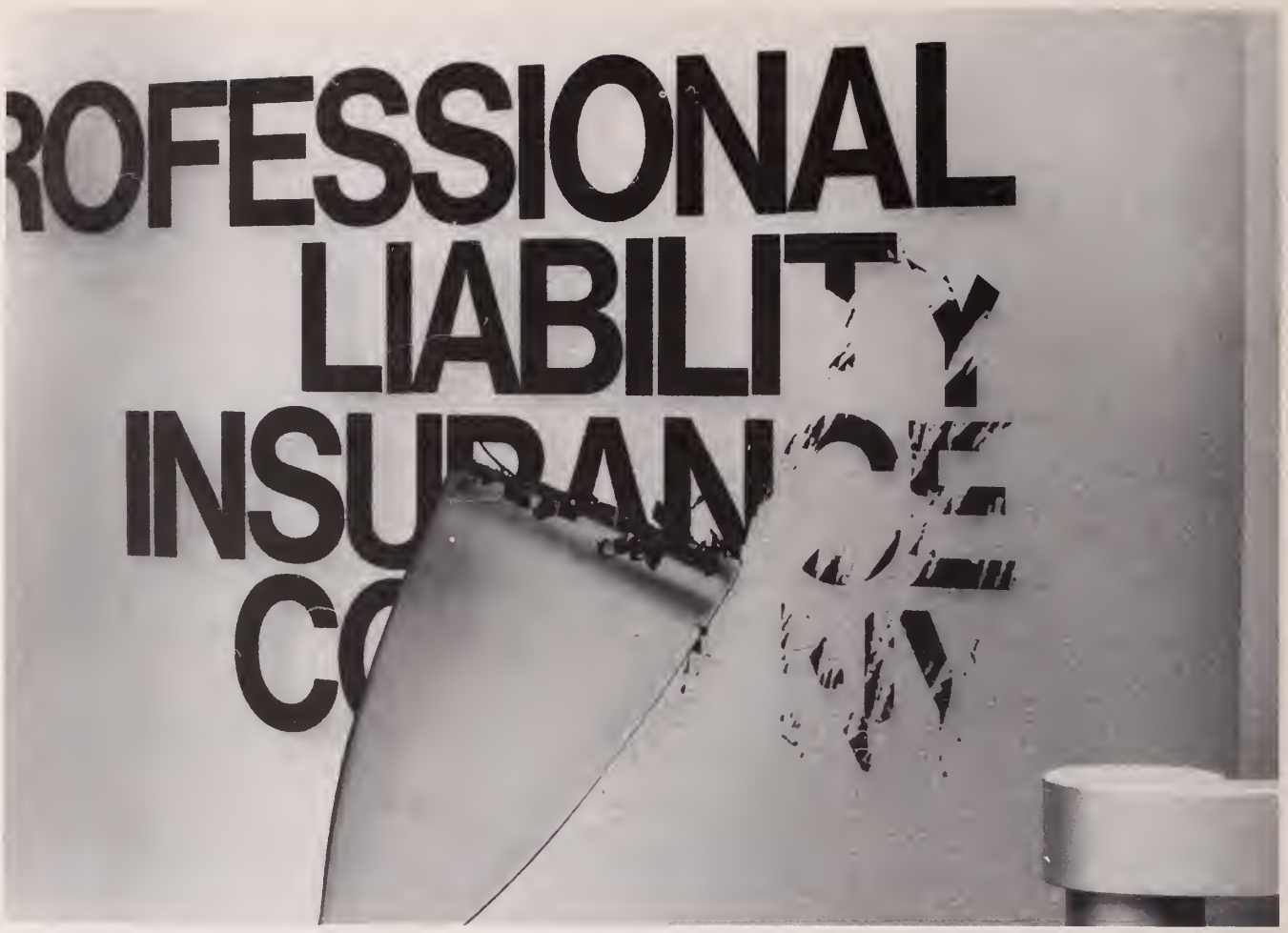
The obvious advantage of lumpectomy and irradiation is preservation of the natural breast. Psychosocial studies indicate that women so treated perceive less loss of "femininity" and are less self-conscious about personal nudity. Furthermore, those who have isolated recurrence in the breast often can be salvaged by mastectomy with little or no loss of expected survival. Five-year survival is about 50 percent in such cases. On the negative side, there is no assurance that the breast can be retained. Up to one third have had to be removed in one early series because of recurrence or adverse results. Some studies show reduced arm mobility, and disagreeable paresthesias can result from axillary dissection. Most liabilities accrue from the high doses of irradiation necessary for effective treatment of the residual breast. Immediate effects include destruction of a small part of the lung with occasional irradiation pneumonitis, spontaneous fracture of weakened ribs, and depigmentation of the areola. Long-term effects may include a thickened and sensitive breast and one that gradually shrinks with time, particularly in the first three to four years. Breast reconstruction is sometimes necessary in these cases and is more difficult after irradiation.[7] For survivors there is reason to anticipate a small frequency (0.5–1.5%) of irradiation induced sarcomas after 15 to 20 years and potentially an increased risk of cancer in the second breast.[8] The combination of adjuvant chemotherapy with irradiation may increase the frequency of complications.[9]

If one compares conservative surgery followed by irradiation with modified mastectomy followed by reconstruction, the cosmetic results can be similar when expertly performed (Fig 1). The cost of treatment is generally higher for the latter. Ipsilateral arm edema is a risk after either treatment.

It must be emphasized that neither lumpectomy nor mastectomy guarantees a cure or represents an easy option, and ultimate results await longer observation. The eligibility for lumpectomy and the personal choices made by the first 18 consecutive patients seen by the author after Fisher's March 1985 report are shown in Table 4. In making a decision the patient deserves, and is entitled to, a fair explanation of the advantages and disadvantages of each alternative; as it is she who lives with the results, her wishes must have priority in making the decision.

References

1. Fisher B, Bauer M, Margolese R, et al: Five-year results of a randomized clinical trial comparing total mastectomy and segmental mastectomy with or without radiation in the treatment of breast cancer. *N Engl J Med* 1985 (Mar 14); 312(11):665-673.
2. Fisher B, Redmond C, Fisher ER, et al: Ten-year results of a randomized clinical trial comparing radical mastectomy and total mastectomy with or without radiation. *N Engl J Med* 1985 (Mar 14); 312(11):674-681.
3. Pigot J, Nichols R, et al: Metastases to the upper levels of the axillary nodes in carcinoma of the breast and its implications for nodal sampling procedures. *Surg Gynec Obst* 1984; 158:255-259.
4. Hayward JL: The Guy's Hospital trials on breast conservation. In *Conservative Management of Breast Cancer. New Surgical and Radiotherapeutic Techniques,* Harris JR, Hellman S, Silen W. Lippincott Co, Philadelphia 1983, pp 77-90.
5. Veronesi U: Quadrantectomy, axillary dissection, and radiotherapy for carcinoma of the breast. *Surgical Rounds,* 1984 (Sept); pp 32-36.
6. Schnitt SJ, Connolly JL, Harris JR, et al: Pathologic predictors of early local recurrence in stage I and II breast cancer treated by primary radiation therapy. *Cancer* 1984; 53:1049-1057.
7. Pearl RM, Wisnicki J: Breast reconstruction following lumpectomy and irradiation. *Plas Reconstr Surg* 1985; 76(1):83-86.
8. Ferguson DF, Sutton HG, Dawson PJ: Late effects of adjuvant radiotherapy for breast cancer. *Cancer* 1985; 54:2319-2323.
9. Danoff BF, Goodman RL, Glick JH, et al: The effect of adjuvant chemotherapy on cosmesis and complications in patients with breast cancer treated by definitive irradiation. *Int J Radiation Oncology Biol Phys* 1983; 9:1625-1630.
10. Prosnitz LR, Goldenberg IS, Harris JR, et al: Radiotherapy for carcinoma of the breast instead of mastectomy; an update. *Front Radia Ther Onc* 1983; 17:69-75.
11. Osborne MP, Ormiston N, Harmer CL, et al: Breast conservation in the treatment of early breast cancer. A 20-year followup. *Cancer* 1984; 53:349-355.
12. Beadle GF, Silver B, Botnick L, et al: Cosmetic results following primary radiation therapy for early breast cancer. *Cancer* 1984; 54:2911-2918. ■



In ten years your malpractice carrier may be just a memory.

Unless it's Medical Protective.

As you consider professional liability insurance, consider this. The coverages stated in the policy are basically a promise — a promise to be here when needed regardless of legal climate or economic conditions. A company's ability to keep this promise is critical because your financial security may depend on it. Unfortunately, too many firms are now finding the task impossible.

Analyze your liability insurance options carefully just as you would any important investment. Go beyond the agent and the policy to the company that stands behind both. How long has it been in operation? Has it weathered some of the tough times? Will it be there for you when you need help?

The Medical Protective Company pioneered professional liability coverage before the turn of the century and has served doctors exclusively ever since. Over 500,000 of them. Through good times and bad. We'll be here when you need us.

Contact The Medical Protective Company through one of our general agents. History shows we keep our promises.

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

Jerome E. Kronsnoble, William E. Herte
850 North Elm Grove Road, Elm Grove, WI 53122, (414) 784-3780

YEARS OF CONFIDENCE

Thank you for your loyal support

DYAZIDE®

25 mg Hydrochlorothiazide/50 mg Triamterene/SKF

SK&F CO.

Everybody deserves a chance to make it on their own.

Everybody.

The National Urban League is dedicated to achieving equal opportunity for all. And you can help. Contact your local Urban League or write:

National Urban League
500 East 62nd Street
New York, N.Y. 10021

Ad Council A Public Service of This Publication

A multidisciplinary team—the physician's perspective

Richard W Edwards, MD, Richland Center, Wisconsin

During the past 15 months, the State Medical Society of Wisconsin's Ad Hoc Committee on Child Abuse and Neglect has been working on ways of increasing the physician's understanding of their responsibilities in the diagnosis and treatment of child abuse and neglect. The January 1985 edition of the* Wisconsin Medical Journal *was the beginning of a series of four articles dealing with incidence, reporting requirements, followup programs, and physician's duty to society when handling cases of suspected abuse and neglect. A wide variety of programs currently exist for handling child abuse and neglect cases. All too often these programs do not work in concert with programs developed by outside agencies. In the following article by Ad Hoc Committee member Doctor Edwards, he explains his view of and participation in development of a multidisciplinary-multiagency team in Richland County.

THE PUBLIC as well as physicians are becoming more aware of the problem of child abuse and neglect. Some individuals have even referred to it as a problem reaching epidemic proportions. Child abuse and neglect is nothing new. Simply stated, it is a tremendous public health problem that has always been present but only now is being recognized because of its magnitude. Between 2000 and 5000 children die every year from injuries received during abuse.

Physicians first became cognizant of the problem "officially" when a landmark article by Kempe,[1] et al, was published in the July 7, 1962 edition of the *Journal of the American Medical Association.* In "The Battered-Child Syndrome," Kempe reported results of a nationwide survey of hospitals. In the survey the hospitals were asked to indicate the incidence of serious physical abuse in young children seen at their institution. Even in this first published article on the subject, Kempe pointed out the variability of the injuries seen compared to the historical data supplied by the parent. Kempe went on to state that, "Physicians, because of their own feelings and difficulty in playing a role that they find hard to assume, may have a great reluctance in believing that parents were guilty of abuse. They may also find it difficult to initiate proper investigation so as to assure adequate management of the case."[2] Even in this historic article on child abuse, it was recognized that reporting is essential for the safety of the involved child, but difficult for the physician.

In April 1985, *American Medical News (AMNEWS)* reported its findings of a survey of 1000 practicing physicians.[3] According to the survey conducted 23 years after Kempe's landmark article and after all 50 states had passed mandatory reporting laws, some physicians still are hesitant or reluctant to report abuse and neglect. Sixty-four percent of the responding physicians surveyed said they had never reported a case of child abuse or neglect. Of those who said they had reported, 52% cited physical abuse as the type reported and only 5.4% cited sexual abuse. None cited emotional abuse. Part of the problem of underreporting could be attributed to physicians trained prior to 1962. Diagnosis and treatment of child abuse and neglect may or may not have been included as part of their residency. Even in this enlightened age, there remains two major reasons for cases of abuse not being reported. These reasons are (1) failure to recognize signs of abuse and (2) lack of understanding the mechanism of reporting. Physicians need to look at these two problems in depth; they are the major concern in dealing with this issue.

The *AMNEWS* survey also asked physicians to identify situations which could be helpful to them in dealing with abuse. Three-fourths of the respondents stated that the availability of an interdisciplinary child abuse consultation team would be the best aid. Richland County has already developed and implemented such a team, and we believe a similar team approach should be available in every county in Wisconsin.

The greatest advantage of a team approach is the knowledge and trust that can develop be-

---

Doctor Edwards (family practitioner) is a member of the Ad Hoc Committee on Child Abuse and Neglect of the SMS Committee on Mental Health. Other members of the ad hoc committee are: Richard Roberts, MD (chair) (family practitioner), Darlington; Pauline Jackson, MD (psychiatrist), La Crosse; Martin Fliegel, MD (child psychiatrist), Madison; Fred Devett, MA, MSSW (psychotherapist), Wausau; June Dobbs, MD (pediatrics), Milwaukee; Sandra Osborn, MD (pediatrician), Madison; Victoria Vollrath, MD (family practitioner), Madison; Ms Teresa Bacchi (Office of Children, Youth & Families), Madison; Ms Elaine Olson (The Children's Trust Fund), Madison; Louise Scott (SMS Auxiliary), Madison; and Margaret Weatherhogg (SMS Auxiliary), Madison.

tween the different professionals involved. All participants on the team have the same goal in mind. Many times in dealing with a disturbed family relationship that affects the entire family (*ie,* job performance of the parents; school and interpersonal relationships of the child), the first goal is to protect the child from further abuse. Work then begins with changing the family's way of dealing with life and its stresses and, if possible, to keep the family intact. In working with the professionals involved on the team, I am able to know how they function and to trust their judgment. The State Medical Society of Wisconsin's Ad Hoc Committee on Child Abuse and Neglect is currently working on establishing a simplified procedure for county medical societies to use in working with local county departments of social services and law enforcement agencies in developing teams.

Physicians are, by nature, independent and free-thinking individuals and are generally comfortable treating a variety of medical conditions. However, the problem with abuse is that this is not only a medical condition but also a legal as well as a social problem.

The reporting requirements are very specific; the statutes do not say that once a doctor confirms abuse it must be reported. They state that if a doctor *suspects* abuse, it must be reported. This is an area where physicians run into trouble. Everyone knows that the hallmark of medicine is a correct diagnosis. The physician will always try to confirm that diagnosis. Once the diagnosis has been made, the physician then tries to treat or resolve the condition, rather than reporting it. This is a trap in which physicians cannot afford to fall—for any reason. The law is specific—a suspected case must be reported. Physicians must deal with the report as an essential part necessary for the welfare of the child. No matter how good the intentions, physicians must recognize that physical and sexual abuse is a potentially fatal disease. Physicians simply cannot assume that responsibility. Even in the most ideal situation, where everything is done right, children still die. For the physician to try to intervene by himself is not only illegal but also could prove to be tragic.

Not every abused child presents in the emergency room with multiple fractures, comatose from a skull fracture, or in shock from internal bleeding. These are the dramatic cases—easily recognized and easily reported. Physicians should be attuned to the more subtle cases where intervention can have an impact *before* the child has a life-threatening injury. Physicians know that abuse and neglect cross all strata of society. However, there are certain conditions that may make a child more vulnerable than others, and physicians must be aware of these. Congenital deficiencies or abnormalities including mental retardation, colic, prematurity, adolescent parents, substance abuse, and some adopted children are at more risk than the natural child.*

Physical abuse of a child is defined as a nonaccidental injury ranging from minor bruises and lacerations to severe neurologic trauma and death. Characteristically, the injuries are more severe than what could reasonably be attributed to the claimed cause. Behavior and physical signs of neglect and abuse are well categorized in the "AMA Diagnostic and Treatment Guidelines Concerning Child Abuse and Neglect" as approved by the AMA House of Delegates in December 1984 and published in 1985 by the AMA. I strongly recommend it to physicians for study.**

Physicians must remember this: the law does not ask you to *prove*, it requires you to *report* if you suspect. Do not look for substantiating evidence unless asked by authorities. Feelings of hurt and anger may surface in these situations, but do not ruin the evidence of the case by attempting to go too far in your search for truth. Other professionals involved are better trained to investigate the case. Continue to be an advocate for the child as well as the family. You may be the only friend the family has in the trying times to come, and it is extremely important for you to keep your perspective. Do not let feelings of anger or hurt get in the way of your professionalism. As a physician, it is important to remember that abuse is a symptom of disease in a family relationship and, like most diseases, it is treatable.

*EDITOR'S NOTE: This is *not* a comprehensive list and should not be construed as such.

**Single copies are available from SMS Headquarters, attention Deborah J Powers.

ACKNOWLEDGMENT: A special thanks to Deborah J Powers of the SMS Staff for assistance in preparation of this manuscript.

REFERENCES

1. Kempe CH, Silverman FN, Stelle, BF, et al: The battered-child syndrome. *JAMA* 1962 (July 7); 181:17-24.
2. Ibid, p 24.
3. *American Medical News,* April 12, 1985. ■

SMS opposes repeal of CME

In testimony presented to the Senate Agriculture, Health & Human Services Committee on January 14, SMS Legislative Coordinator Donald Lord outlined SMS concerns regarding Senate Bill 372 which would repeal the continuing education requirement for physicians.

Proponents of the repeal have argued that no evidence exists that mandatory CME translates into continued competence and some have concluded that the current requirement deceptively enhances public expectations.

In response Mr Lord stated, "The Medical Society makes no contention that state-mandated CME guarantees competence. However, we cannot accept statements that the requirement is a 'rip-off.' Continuing medical education is fundamental to the medical practice of all specialties. New and better treatments evolve rapidly in medicine with the end result being increased quality of care. The only way to keep pace with medical advances is through continuing education."

Mr Lord also noted that "it is ironic that compulsory education is recommended for repeal for one of the same reasons which created it—because the voluntary system provided no public assurance of competence."

SMS continues to believe that CME repeal would be a mistake. CME requirements have provided some degree of increased competence and therefore have benefitted physicians and the patients they serve.■

SMS sponsors public radio programming

As part of the REACH program mounted by SMS to improve physician image in Wisconsin, the Society has become an underwriter of Wisconsin Public Radio. SMS will sponsor portions of "The Morning Edition" and "All Things Considered" throughout 1986.

This sponsorship represents a continuing effort to enhance the visibility of SMS and its members to various groups and individuals throughout the state, in addition to financially assisting public broadcasting in Wisconsin.■

CES Foundation receives grants

The Charitable, Educational & Scientific Foundation of the State Medical Society recently received two separate grants totalling $11,500.

The grants were made by SMS Services, Inc, the for-profit subsidiary of the State Medical Society. The first, in the amount of $1,500 was made to assist in funding the annual SMS Workshop on Health for high school students and educators.

A second grant, totalling $10,000, will provide seed money for an endowment fund. This endowment is designed to help defray Foundation administrative costs.

SMS Services Executive Vice President LeRoy Johnson stated that "it is our hope that others will follow our lead in supporting the important work of the CES Foundation."

Additional information about the endowment program may be obtained by contacting Kristin Bjurstrom at SMS offices in Madison, 1-800-362-9080.■

Board chairman receives national press coverage

Darold A Treffert, MD, Fond du Lac, chairman of the SMS Board of Directors, was featured in *Newsweek's* January 6 issue as a proponent of easing the barriers to involuntary commitment for the mentally ill. His views reflect the Society's position. Doctor Treffert is also quoted in a *Time* magazine article on the same subject.■

24 HOUR Radio dispatched truck fleet for

INDUSTRY, INSTITUTIONS, SCHOOLS, ETC.

AUTHORIZED PARTS AND SERVICE FOR CLEAVER—BROOKS
Throughout Wisconsin and Upper Michigan

SALES
Boiler room accessories
O_2 trims
Cleveland controls
and Car automatic bottom blowdown systems

SERVICE—CLEANING ON ALL MAKES
Complete Mobile Boiler Room Rentals

Stevens Point—715/344-7310
Green Bay—414/494-3675
Madison—608/249-6604

PBBS EQUIPMENT CORP.
5401 N Park Dr
PO Box 365
Butler, WI 53007
Phone: 414/781-9620

Plan now to attend!

1986 ANNUAL MEETING

The State Medical Society of Wisconsin

"Cost-effective Caring for Children & Adolescents"

House of Delegates April 17–18
Scientific Programs April 17–18–19

Milwaukee Exposition & Convention Center & Arena (MECCA)
500 West Kilbourn Avenue
Milwaukee, WI 53203
414/271-4000

HEADQUARTERS HOTEL
Hyatt-Regency Milwaukee
333 West Kilbourn Avenue
Milwaukee, WI 53203
414/276-1234

Presented by the SMS Scientific Program Committee:
Kenneth I Gold, MD, Beloit, Chairman
Kay A Heggestad, MD, Madison, Cochairman

and the Commission on Continuing Medical Education

C William Freeby, MD, Appleton
Chairman
Edwin L Overholt, MD, La Crosse
Vice-chairman
Frank E Berridge, MD, Milwaukee
Martin Z Fruchtman, MD, Waukesha
J David Lewis, MD, West Bend
Joseph J Mazza, MD, Marshfield
Kathy P Belgea, MD, Wausau
Charles L Junkerman, MD, Milwaukee
Charles E Holmburg, MD, Waukesha
Benson L Richardson, MD, Green Bay
Kay A Heggestad, MD, Madison
Bradley G Garber, MD, Osseo
Kenneth I Gold, MD, Beloit
Thomas P Simerson, MD, Merrill

ANNUAL MEETING

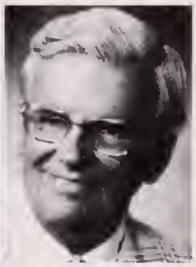
Here is a slate of those candidates chosen for top State Medical Society offices by the Nominating Committee of the House of Delegates. This is the slate on which the House will vote at the Society's Annual Meeting April 17-18 at the MECCA in Milwaukee. The Bylaws provide that additional nominations may be made by members of the House at the time of elections on April 18.

Nominees for SMS offices; election April 18

Doctor Mullooly

Doctor Viste

Doctor Foley



Doctor Griffin

John P Mullooly, MD

President, SMS (1986-87)
Alternate Delegate, AMA (1987 & 1988)

Graduated from Marquette University School of Medicine (now Medical College of Wisconsin), 1960. Completed internship and residency at Milwaukee County General Hospital. In private practice in internal medicine since 1964. Has been assistant clinical professor of medicine, Medical College of Wisconsin since 1966 and is on medical staff of St Joseph's and Milwaukee County hospitals. Is past president of both Milwaukee Academy of Medicine and Catholic Physicians Guild. Editor of *Linacre Quarterly,* 1969 to present; editor of *Marquette Medical Review,* 1957-1958; chairman, Editorial Board of Milwaukee Medical Society *Times,* 1972-1976; and served as editorial associate, *Wisconsin Medical Journal,* 1974-1985. Served on Board of Directors of SMS, 1976-1984, and has been member of SMS Committee on Medicine and Religion since 1970. Received "Meritorious Service Award" from SMS in 1985. Member of The Medical Society of Milwaukee County and served as its president in 1984. Member of Wisconsin Heart Association, American Medical Association, American College of Physicians, and Wisconsin Society of Internal Medicine. Is alternate delegate to AMA, since 1984. In 1984 received the "Addis Costello Internist of the Year Award" from Wisconsin Society of Internal Medicine. Served on Executive Board of International Federation of Catholic Physicians since 1983.

Kenneth M Viste Jr, MD

President-elect, SMS (1986-87)

Graduate Northwestern University Medical School, Chicago, IL, 1966. Rotating internship, Chicago Wesley Memorial Hospital, 1966-1967; NIH fellowship in neurology, 1967-1970 at Northwestern Medical School. Licensed in Wisconsin 1967. Certified in neurology by American Board of Psychiatry and Neurology, 1974. Medical practice in Fox Valley from 1970 to present. An instructor in neurology at Winnebago Mental Health Institute since 1972, and was a clinical assistant professor of neurology, University of Wisconsin Medical School, 1972-1984, and is now a clinical associate professor of neurology. Member of the medical staff of Mercy Medical Center, Oshkosh, and St Agnes Hospital in Fond du Lac. Member of the courtesy medical staffs of Appleton Memorial and St Elizabeth hospitals, Appleton; Theda-Clark Regional Medical Center, Neenah; St Vincent Hospital, Green Bay, Berlin Hospital, Berlin, and University Hospital and Clinics, Madison. Medical director of Oshkosh Care Center, 1980 to present; Neurorehabilitation Unit, Mercy Medical Center, Oshkosh, 1974 to present; Neurorehabilitation Unit, St Agnes Hospital, Fond du Lac, 1983 to present, and was medical director of the Neurorehabilitation Unit, St Elizabeth Hospital, Appleton, 1974-1976. Has been an instructor in neurology at Winnebago Mental Health Institute since 1972. Has served as president, Wisconsin Neurological Society, 1977-1978. He has been a member of the SMS House of Delegates since 1982; delegate to SMS, Winnebago County, 1972 to present; alternate delegate, 1971-1972; and alternate delegate to AMA since 1982. Chairman of Nominating Committee, 1982-1983 and member since 1975; chairman of the SMS Physicians Alliance Commission from 1978-1985; chairman, WISPAC, 1978-1980. Served on the Medical Advisory Board, Wisconsin Epilepsy Society, 1974-1980; chairman, Medical Advisory Committee, Wisconsin Multiple Sclerosis Society, 1976-1981; Medical Advisory Board, State of Wisconsin Multiple Sclerosis Society, 1983 to present; member, Committee on Rehabilitation and Disability, American Academy of Neurology, 1984 to present; Governor's appointee to State Health Policy and Planning Council, 1974-1976; member of State Department of Transportation, Medical Review Board on Epilepsy, 1974 to present; member of WINNEFOX Regional Library Board, Oshkosh, 1978 to present; Health Advisory Committee; Winnebago County, 1975-1980; and member of Community Options Committee, Fond du Lac County, 1984-1985. Member of the American Academy of Neurology; American Congress of Rehabilitation Medicine; American Medical Association; American EEG Society; Central Neuropsychiatric Association; Wisconsin Neurological Society; Chicago Neurological Society; Clinical Sleep Society; Winnebago and Fond du Lac County Medical Societies; State Medical Society of Wiscon-

Doctor Scott

Doctor Stuff

Doctor Williams

Doctor Hetsko

Doctor Riesch

sin; Fox Valley Academy of Medicine; Wisconsin Association of Nursing Homes, and American Clinical Sleep Society.

Vernon M Griffin, MD

Vice-speaker, House of Delegates (1986–88)

Graduated from University of Oregon Medical School, Portland, 1938. Member honor societies of Phi Beta Kappa, Sigma Xi, and Alpha Omega Alpha. Interned at Ancker Hospital, St Paul, Minn, and served surgical preceptorship in Grand Forks, North Dakota. Served in the United States Army Medical Corps, 1941–1946. Licensed in Wisconsin, 1946. Member of active medical staff, Hess Memorial Hospital, Mauston, 1946 to present and served on various committees and also past chief-of-staff. President and chairman of board of directors, Hess Memorial Hospital, 1962–1981. Member and one year as chairman Reference Committee on Credentials SMS House of Delegates, 1976–1977; member 1978 and chairman Reference Committee on Finance of SMS House of Delegates, 1979; and member and one year as chairperson Nominating Committee of SMS House of Delegates, 1977–1981. Member of Juneau County Medical Society and delegate to the State Medical Society since 1950. Vice-speaker House of Delegates 1982 to present.

John J Foley, MD

Treasurer (1986–1987)

Graduated from Stritch School of Medicine, Chicago, 1956. Internship and residency completed at Milwaukee County General Hospital, 1956–1957 and 1959–1963. Served in the United States Air Force, 1957–1959. Licensed to practice medicine in Wisconsin, 1959. Certified by American Board of Surgery and fellow, American College of Surgeons. Is assistant clinical professor of surgery, Medical College of Wisconsin, Milwaukee. Past president, Milwaukee Academy of Surgery, 1984. Served as SMS Councilor (now Director) from District I, 1972–1981, and as treasurer of SMS, 1981–1985. Serves as *ex officio* member of SMS Finance Committee of the Board of Directors. Also member of the Board of Directors of SMS Services, Inc.

John Kimball Scott, MD

Delegate, AMA (1987 & 1988)

Graduate of Ohio State University College of Medicine, 1954. Completed internship at White Cross Hospital, Columbus, Ohio, 1954–1955. Otolaryngology residency completed at University Hospitals, Columbus, Ohio, 1955–1958. Licensed to practice medicine in Wisconsin, 1958. Certified by American Board of Otolaryngology, 1959. Clinical Professor of Surgery (Otolaryngology) at the University of Wisconsin Medical School, Madison. On the medical staff of St Marys, Madison General, Methodist, and University hospitals, Madison. Preceptor for fourth year residency program, Madison General Hospital. President of Dane County Medical Society, 1975. Delegate from Dane County Medical Society to the State Medical Society of Wisconsin, 1972 to present. Alternate delegate to the AMA, 1977–1978; delegate to the AMA, 1979–1984. Vice Chairman of Wisconsin Delegation to AMA; member and chairman of AMA Reference Committee 1981 and 1982. Member of State Medical Society Reference Committee 1971 and 1982. Reference Committee Chairman, 1972 and 1973. Chairman of the State Medical Society Committee on Cancer since 1971. Member of SMS Committee on Medicine and Religion. Secretary-treasurer of WISPAC 1980 to present. National delegate to American Cancer Society since 1972; President, American Cancer Society, Wisconsin Chapter, 1972. President of the Wisconsin Otolaryngology Society, 1974. Fellow, American College of Surgeons, 1962; President, Wisconsin Chapter of the American College of Surgeons, 1977. Member of American Academy of Ophthalmology and Otolaryngology since 1961. Chairman Commission on Cancer, Wisconsin Chapter of American College of Surgeons. Member, Society of Head and Neck Surgeons since 1963. Member, American Laryngological, Rhinological, and Otological Society since 1972. President WisPRO, 1976–1981. Team physician (ENT), West High School, Madison, and the University of Wisconsin. President of North Central Medical Conference, 1983–1984. Is Hospital Section member to AMA/Madison General Hospital. Was president-elect, SMS, 1984–1985, and served as president in 1985–1986. Served AMA House of Delegates as member of reference committee on "miscellaneous issues" at Interim Meeting in Washington, DC, December 1985 and also was named in 1985 to AMA's Council on Long Range Planning and Development.

Patricia J Stuff, MD

Delegate, AMA (1987 & 1988)

Graduate of Woman's Medical College. Completed internship at St Luke's Hospital, Chicago, IL, 1955 to 1956. Served residency at Sacred Heart Hospital, Yankton, SD, 1956 to 1957. Received license to practice medicine in Wisconsin in 1957. Began general practice of medicine in Bonduel same year. Has been delegate to State Med-

ical Society of Wisconsin from Shawano County Medical Society, 1966–1973 and alternate delegate in 1977–1978. Became vice-speaker of House of Delegates in 1973 and speaker of House of Delegates, 1975–1977. Also has served as member of State Medical Society's Nominating Committee and of House of Delegates reference committees. Organized citizens' committee to form Wolf River Mental Health Clinic. On Board of Directors of Unified Health Services Board of Shawano and Waupaca Counties. Is chairman of credentials committee of Shawano Community Hospital. Was recipient of "Woman of the Year" award by Shawano County Business and Professional Women's Association in 1971 and is listed in Who's Who of American Women. Serves as Adjunct Professor, University of Wisconsin-Oshkosh, 1975 to present. Member of SMS Ad Hoc Committee on Women's Health Issues, 1979. AMA alternate delegate 1976–1978 and AMA delegate 1979 to present. Appointed to chair AMA Ad Hoc Committee on Women Physicians in Organized Medicine, September 1979. Chairman of SMS Committee on Women Physicians 1981 to present. Served AMA House of Delegates as Reference Committee chairman, member, and Chief Teller, 1979–1983.

DeLore Williams, MD

Delegate, AMA (1987 & 1988)

Graduate of the former Marquette University School of Medicine (now Medical College of Wisconsin). Interned at Milwaukee's Columbia Hospital, 1948–1949, with residency training at VA Hospital, Milwaukee, 1949–1951 and 1953–1954. Licensed to practice medicine in Wisconsin, 1949. Prior to completing residency, served in the US Air Force. Certified by American Board of Internal Medicine, 1957. Practices in West Allis and is clinical instructor at Medical College of Wisconsin. Was chairman of SMS Ad Hoc Committee on Quackery. Served as 12th District and 1st District SMS Councilor (now Director), 1971–1977. Served on former Commission on Public Policy as regular member between 1971 and 1972 and *ex officio* member between 1972 and 1978. Was member of Council's Finance Committee, 1971–1977. Also member of Wisconsin Society of Internal Medicine, American College of Physicians, and American Society of Internal Medicine. Delegate to State Medical Society since 1972. Delegate to AMA, 1977–1986. Member of The Medical Society of Milwaukee County and served on its Legislative Policy Committee, chairman for four years; served on county society's Editorial Board and Medical School Liaison Committee; and also served on Long-range Planning Committee three years. Member of Board of Directors 1983–1985. Served as member of West Allis Memorial Hospital's Board of Directors, and member of Finance Committee, Public Relations Committee, Quality Care Committee and Long Range Planning Committee; also chairman of its Development Council. Served as member of West Allis Chamber of Commerce Board of Directors from 1962–1974 and was president of Chamber of Commerce, 1963. Member of Board of Directors of Central Bank, West Allis, 1973 to present. Member of Southeastern Wisconsin Health Systems Agency Facilities Review Committee, 1982 to present. Representative of Medical Society of Milwaukee County Jobs Bill Task Force and Provider Task Group in formation of ShareCare (now WisconCare), a program of healthcare for the temporarily unemployed, 1983 to present. Appointed in 1985 to the State Medical Society Committee on WisconCare. Member of Board of Directors of original WISPAC (PACE) and current WISPAC continuously since formation, excepting a two-year hiatus. A sustaining member of AMPAC since appointment to Board of WISPAC. Member of the SMS Physicians Alliance Commission and currently chairman of the Physicians Alliance Committee of Milwaukee County (1984 & 1985). Served on SMS President's Task Force on Medical Care in 1984 & 1985.

Cyril M Hetsko, MD

Alternate Delegate, AMA (1987 & 1988)

Graduated from University of Rochester Medical School, Rochester, New York, 1968. Internship and residency completed at University of Wisconsin Hospitals, Madison. Served in United States Army Medical Corps from 1972–1975 at US Army Medical Research Institute of Infectious Diseases, Fort Detrick, Frederick, Maryland. Board-certified in Internal Medicine. Private practice from 1975 to present at Dean Medical Center, Madison. Clinical Associate Professor of Internal Medicine, University of Wisconsin Medical School, Madison, June 1975 to present. Served as councilor of the Wisconsin Society of Internal Medicine from 1982–1985 and currently secretary-treasurer. Chairman of Department of Medicine, St Marys Hospital Medical Center, Madison, 1985 to present. In 1981, recipient of the Presidential Award of the Dane County Medical Society, Madison, for "exceptional devotion in the development and the functioning of the Dane County Health Maintenance Program." Served as chairman of Public Relations and Prepaid Health Plan Committees of Dane County Medical Society. Elected from 2nd District to Board of Directors of State Medical Society of Wisconsin, 1979–1988. Member of SMS Finance Committee since 1979 and chairman, 1984 to present. Elected alternate delegate to

House of Delegates 1985–1986 Nominating Committee

District	
1	Jerome W Fons, Jr, MD Cudahy
1	Robert F Purtell, Jr, MD Milwaukee
1	John D Riesch, MD Menomonee Falls
1	Raymond E Skupniewicz, MD Racine
2	Sandra Osborn, MD Madison
2	James J Tydrich, MD Richland Center
3	Stephen B Webster, MD La Crosse
4	John E Thompson, MD Nekoosa
5	James S Basiliere, MD Oshkosh
6	Rolf S Lulloff, MD Green Bay
7	Merne W Asplund, MD Bloomer
8	Charles R Longstreth, MD Ashland
Specialty Sections	Philip J Dougherty, MD Menomonee Falls

AMA in 1983 for an unexpired term through 1984 and reelected 1985 & 1986.

John D Riesch, MD
Alternate Delegate, AMA (1987 & 1988)

Graduate of University of Wisconsin Medical School in 1958. Internship and residency at Milwaukee County General Hospital, 1958–1963. Is assistant clinical professor of surgery, Medical College of Wisconsin. Hospital affiliations as a general surgeon: Community Memorial, Menomonee Falls (chief of staff, 1969–1970; chief of surgery, 1971–1972); Elmbrook Memorial, Brookfield; St Joseph's, Hartford (consulting staff); Waukesha Memorial, Waukesha (associate staff); and West Allis Memorial, West Allis. Received Distinguished Alumni Award of Whitewater University, 1972; and became a member of its Hall of Fame, 1973. Served as president of Waukesha County Medical Society in 1973–1974; member of Milwaukee Academy of Surgeons; Wisconsin Surgical Society; Medical Society of Milwaukee County (associate member); American College of Surgeons, president of Waukesha Cancer Society, 1969–1970, and member of Wisconsin Board of Medical Examiners in 1969. Certified by American Board of Surgery in 1965; received fellowship in American College of Surgeons, 1966. Member of SMS Commission on Mediation and Peer Review and House of Delegates Nominating Committee. Member of Wisconsin Review Foundation. Appointed board examiner for American College of Surgeons, on medical panel of Menomonee Falls Police and Fire Commission, and on disaster committee of Community Memorial Hospital.■

SUMMARY OF EVENTS: 1986 Annual Meeting, Thursday-Friday-Saturday, April 17-18-19

Thursday, April 17

7:00 am
District I Caucus

8:00 am
SMS Specialty Section Delegates Caucus

8:00 am
Registration, House of Delegates

8:00 am
First Session, House of Delegates

12:00 noon
Nicotine addiction (luncheon program)

1:00 pm
Reference committees

1:30-3:30 pm
Tourette syndrome (panel)

2:00-4:00 pm
Children and nuclear weapons: past, present and future (panel)

3:30-5:00 pm
Socioeconomics (panel)

Friday, April 18

7:00 am
Medicine and religion breakfast

8:30-11:15 am
Physical medicine and rehabilitation program

9:00-11:30 am
Family Physicians program

9:00 am
District I Caucus

9:00-11:30 am
The benefits and costs of genetic services (panel)

11:00 am-12:00 noon
Wisconsin Academy of Ophthalmology Board of Directors meeting

11:45 am
Socioeconomics/WISPAC luncheon

1:00 pm
House of Delegates registration

1:00-5:00 pm
Plastic Surgery program

1:30-5:30 pm
Ophthalmology program

1:30 pm
Wisconsin Academy of Ophthalmology and SMS Section on Ophthalmology business meeting

1:30-5:30 pm
Surgery program

1:45-5:00 pm
Second and Third Sessions, House of Delegates

2:00-4:00 pm
Otolaryngology-Therapeutic Radiology Sections program

2:00-4:00 pm
Perinatology (panel)

3:45 pm
Wisconsin Society of Plastic Surgeons business meeting

6:00 pm
Past Presidents' reception and dinner

6:00 pm
Wisconsin Society of Pathologists, Board of Directors dinner meeting

6:00 pm
Wisconsin Society of Plastic Surgeons dinner

6:30 pm
Women Physicians' dinner and program

6:30 pm
Wisconsin Society of Otolaryngology-Head and Neck Surgery dinner

6:30 pm
Wisconsin Society of Internal Medicine (dinner)

Saturday, April 19

8:00 am
SMS Board of Directors breakfast meeting

8:00 am-1:00 pm
Surgery program

8:30 am-4:00 pm
Otolaryngology program

Saturday, April 19
continued

8:30 am-12:00 noon
Internal Medicine program

9:00 am-12:00 noon
Recognizing child abuse as a disease (panel)

9:00 am-2:00 pm
Therapeutic Radiology (Radiation Oncology) program

9:00 am-12:00 noon
Preventive Medicine program

9:30 am-4:30 pm
Pathology program

11:30 am
Surgery luncheon

12:00 noon-4:30 pm
Dermatology program

12:15-3:45 pm
Allergy and Clinical Immunology program

12:15 pm
Anesthesiology program

12:15 pm
Plastic Surgery program

12:15 pm
Psychiatry program

12:15 pm
Wisconsin Psychiatric Association business meeting following luncheon

12:30 pm
Otolaryngology luncheon

12:30 pm
Wisconsin Society of Internal Medicine Council luncheon and meeting

12:30 pm
Wisconsin Society of Pathologists business luncheon

12:30 pm
Wisconsin Society of Radiation Oncologists luncheon and business meeting

1:00-5:00 pm
Emergency Medicine program

1:15 pm
Wisconsin Society of Otolaryngology-Head and Neck Surgery business meeting

1:15 pm
Wisconsin Society of Pathologists business meeting

1:30-5:00 pm
Surgery program

3:00 pm
Wisconsin Allergy Society business meeting

4:30 pm
Wisconsin Surgical Society business meeting

4:30-5:00 pm
Wisconsin Chapter, American College of Emergency Physicians and SMS Section on Emergency Medicine business meeting

6:00 pm
Wisconsin Surgical Society dinner ■

Resolution summaries in March issue

Summaries of resolutions submitted to the Secretary's Office by the February 17 deadline will appear in the March issue.■

Occupational Health Guide available

An updated and expanded *Occupational Health Guide* for medical and nursing personnel is now available through the State Medical Society's CES Foundation.

The manual was first published by the SMS in the 1960s and has achieved respect around the state and nation as an authoritative source for nurses and physicians in the commercial and industrial setting.

The manual, in a three-ring binder, covers the subjects ranging from "abdominal injuries" to "wounds." Spaces are provided for specific written instructions from the occupational physician. The Guide contains over 250 pages of instructional material, suggested procedures and references to other occupational health literature.

Cost of 1-5 copies of the guide is $45 plus 5% sales tax. Cost for more than 5 is $40 each plus 5% tax. Postage is included in the price.

Orders can be mailed to: CES Foundation, State Medical Society of Wisconsin, Box 1109, Madison, Wisconsin 53701.■

THE NAVY SEARCH FOR EXCELLENCE

The United States Navy Medical Command desires physicians who want to practice medicine . . . not be business managers. The Navy offers specialists quality clinical experience and professional growth, a very comfortable lifestyle without financial and administrative worries, and the valuable time to spend with family and friends while planning the future.

- Pediatrics
- Flight Surgery
- Anesthesiology
- Diagnostic Radiology
- Otolaryngology
- Neurology
- Psychiatry
- OB/GYN
- Cardiovascular
- Preventive Medicine: General and Occupational
- Plastic Surgery
- General Surgery
- Neurosurgery
- Undersea Medicine
- Critical Care: Emergency Room
- Thoracic

LOCATIONS: 23 modern medical facilities located along the east and west coast, as well as nine hospitals overseas, including those in Japan, Spain, Italy and the Philippines.

BENEFITS: Varied clinical experience; 30 days annual vacation; world travel benefits; full malpractice, medical/dental coverage; net starting salaries from $40,000 to $55,000; non-contributive retirement package which yields approximately $20,000 a year after 20 years of service, or $30,000 a year after 30 years.

MINIMUM QUALIFICATIONS: State license; US citizen; excellent professional references.

For complete details, call or send Curriculum Vitae to: Lt Nancy Hill, Henry S Reuss Federal Plaza, 310 W Wisconsin Ave, Suite 450, Milwaukee, WI 53203; ph 800-242-1569 (toll-free).

SMS to study healthcare for the uninsured

A special subcommittee of the Physicians Alliance Commission has been appointed to study the problems of healthcare for the uninsured and indigent in Wisconsin. It will have the additional responsibilities of evaluating various proposals being advanced in the state to deal with these problems and defining the appropriate role for SMS.

Healthcare for the uninsured is under extensive review by such diverse groups as the Wisconsin Department of Health and Social Services, the Hospital Rate Setting Commission, and the Center for Public Representation.

Member physicians appointed to this subcommittee include: Peter Parthum, MD, Milwaukee; Charles Steidinger, MD, Platteville; John Thompson, MD, Nekoosa; DeLore Williams, MD, West Allis; Charles Pechous, MD, Kenosha, and Roland Liebenow, MD, Lake Mills. ■

Executive Assistant Joan Pyre retires

After 35 years of service to the State Medical Society Joan Pyre retired at the end of January. She was executive assistant to the SMS Secretary, Earl Thayer, as well as secretary to commissions and committees and to the AMA Delegation.

Joan began her career with the Society in 1951 as secretary to Roy Ragatz; in succeeding years she served as secretary to Charles Crownhart and Earl Thayer.

In recognition of her loyal and dedicated service to the Society, the Board of Directors gave her a trip to Europe and the AMA Delegation gave her a silver tray with the members' names engraved on it.

Joan Pyre

Joan also was the guest of honor at the SMS staff post holiday dinner in late January. An avid golfer, Joan was presented with a steel-headed driving club and gift certificates, as well as a number of personalized gifts.

In making the presentation of a trip to Europe, Dr Darold Treffert, chairman of the Board, made these remarks which illustrate the high regard accorded Joan:

"Having received mountains of mailings and memos from you these 35 years, it now comes time for us to send a memo to you. A memorandum of appreciation and gratitude for those many years of exceedingly capable, affable, and patient work on behalf of the organization. The hours of discussion which you so accurately condensed must have seemed interminable—but that complaint, if felt, never surfaced. The days of meetings must have seemed repetitive but that observation, if there, was never voiced. The hours of committee and commission meetings, if boring, never showed.

"Behind every successful organization there is a secretary who somehow keeps it organized, knows where everything is, and remembers the discussion of years past when the organization made a pace-setting policy which everyone remembers but no one can find. She finds it. You always did. You kept us organized and consistent and did so with equanimity, with humor, with poise, and with the patience of Job. While you must have felt, at times, like tying our mittens to a string around our neck so we wouldn't lose them again, that too never surfaced.

"For all the patient service, and in small repayment for all the trips, conventions, and conferences you attended on our behalf, we would like to send you on a trip for yourself—no medical jargon, no stenopad, no lengthy discussions, no handouts, no after-dinner speeches, and no banquet food . . . The pleasure is ours because we feel it such a privilege and uncommon good fortune to have had such dedicated services for such a long period."■

New computer service available to members

SMS Services, Inc has announced a new computer supplies purchasing program for member physicians.

This unique program offers a wide variety of computer supplies from diskettes to computer furniture which can be purchased by mail through SMS Services, Inc. The program offers extremely competitive prices, and quick turnaround time on orders.

As an introductory offer, BASF diskettes (double-sided, double density), are available for $12.50 per box of ten diskettes, or in large quantities for as little as $10 per box.

Further information, an order form and a complete catalogue of products may be obtained by contacting Bill Wendle at SMS offices in Madison (1-800-362-9080 or 1-608-257-6781).■

THE BROAD SPECTRUM SOLUTION TO MEDICAL DATA MANAGEMENT

If you're thinking about automating your medical records management, you may be overwhelmed by the range of software packages available today, each purporting to be the solution for medical data control.

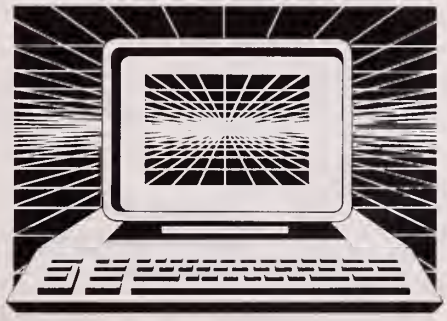
The trouble is, even the most sophisticated package may have nothing to do with the needs of your practice.

This is why Advanced Technology Associates wants you to investigate MDX, the clinical management system that's flexible enough to meet almost any physician's or clinic's needs.

Of course, MDX maintains your patients' medical records accurately, giving you quick and easy access to all the information you need and letting you search for records meeting a full range of specified criteria.

But our software takes you beyond these basics.

MDX allows you to define your own record formats, for example, and change them as your practice evolves.



MDX helps you organize your records in the way that makes sense for your specialty, using time or problem oriented structures, for instance.

When you consider that MDX also lets you automate everything from appointment scheduling to accounting to correspondence, and has the unique distinction of being endorsed by the State Medical Society Services Inc., you'll see why it's clearly the system of choice for you.

For a *free videotape on MDX, please call us, toll free at 1-800-242-4280 or 1-414-445-4280

*Qualified callers only.

ATA

ADVANCED TECHNOLOGY ASSOCIATES

4710 WEST NORTH AVENUE MILWAUKEE, WI 53208 414/445-4280

We know you.
We've talked with you.
We have a continuing commitment to serve you.

For professional liability insurance, the stakes are too high to depend on anyone else.

That's why the State Medical Society has endorsed a professional liability plan which has been developed especially for Wisconsin physicians.

Available only to members of the SMS—and offered through SMS Services, Inc.—this medical malpractice policy has superior features including:

- Consent of the physician is required before settlement of any claim.
- Availability of legal counsel, experienced in defendant medical liability.
- All members of claims and underwriting committees are Wisconsin physicians.
- Occurrence coverage provided for claims arising during the policy period, even if claim is reported at a later time.

For the best in professional liability coverage, contact SMS Services, Inc. at (608) 257-6781 or toll-free 1-800-362-9080

Endorsed by the
State Medical Society
of Wisconsin

We know how vital it is to safeguard the present... and to protect the future.

Underwritten by:

THE PROFESSIONALS
INSURANCE COMPANY

A respected leader in coverage for preferred markets.

Membership Directory—Update

The following information is being provided from Membership reports and from individual members for updating the 1985 Membership Directory as published in the July 1985 issue of the *Wisconsin Medical Journal*. Because of space limitations address changes and phone numbers will not be included in this Update; however, they will be changed in Membership records. County transfers will be included when processing has been completed by the Membership Department.

Changes in practice specialties (as used by the AMA) and changes in **Board-certified specialties** as listed by the American Board of Medical Specialties.

(changes only with member's name; practice specialties appear before the slash (/) and Board-certified specialties appear after the slash.)

CHIPPEWA

FP / FP
Clifford T Bowe MD
PO Box 35
Cadott WI 54727

OPH / OPH
Jeffrey F Brown MD
2505 County Trunk I
Chippewa Falls WI 54729

IM / IM
Les Harrison MD
2503 County Trunk I
Chippewa Falls WI 54729

GS / GS
Bernard F Herzog MD
218 Island St
Chippewa Falls WI 54729

IM / IM
Steven G Paulson MD
2503 County Trunk I
Chippewa Falls WI 54729

FP EM
William R O'Shields MD
347 Prairie View Rd
Chippewa Falls WI 54729

DANE

IM
William D Clapp MD
720 Clark Court
Madison WI 53715

John W Ingalls
905 D Eagle Heights
Madison WI 53705

FP EM / FP
Brian E Lochen MD
1102 Mohican Pass
Madison WI 53711

IM
Victoria Near MD
706 Emerson St
Madison WI 53715

Sandra Orfgen
2005 Monroe St, #1
Madison WI 53711

Paul J Scherer
2121 University Ave, #24
Madison WI 53705

FP / FP
William Schwab MD
3209 Dryden Dr
Madison WI 53704

FOND DU LAC

PD
Jose T Lloren Jr MD
PO Box 1534
Fond du Lac WI 54935

PD / PD
Judith Pruski MD
80 Sheboygan St
Fond du Lac WI 54935

FP / FP
Gary F Steele MD
PO Box 157
Brownsville WI 53006

PD
Donald C Steward MD
80 Sheboygan
Fond du Lac WI 54935

MILWAUKEE

Todd M Albinger
7335 Maple Terr
Wauwatosa WI 53213

Martin J Andrews
1311 E Randolph Ct, #C
Milwaukee WI 53212

ORS
Dale E Bauwens MD
2600 N Mayfair Rd
Wauwatosa WI 53226

GS
Jonathan L Bayba MD
7121 Chestnut St
Wauwatosa WI 53213

Sandra Billingsley
2720 Hyde Park
Waukegan IL 60085

Patricia Blair
2092 S 102nd St, #308A
West Allis WI 53227

Paul A Boeder
2569 N 53rd St
Milwaukee WI 53210

Sharon A Bremer
8025 W Wisconsin Ave
Wauwatosa WI 53213

Teresa D Brock
11943 W Burdick Ave
West Allis WI 53227

William B Burns
162 N 78th St
Milwaukee WI 53213

Ruth Burstrom
2849 N 76th St, #1
Milwaukee WI 53222

Glenn B Burt III MD
1554 South 60th
West Allis WI 53214

IM
Francis G Buto MD
1925 N 166th St
Brookfield WI 53005

Laura Carbone
8404 Watertown Pk Rd
Wauwatosa WI 53226

Richard Cathey
2113 N Hi Mount Blvd, #A
Milwaukee WI 53208

Laura Chong
8344 Portland Ave
Wauwatosa WI 53213

Donato Ciaccia
315 N 95th St, #150
Milwaukee WI 53226

Joel A Damiani
146 S 84th St, #3
Milwaukee WI 53214

Robert Dietz
414 N 92nd St
Milwaukee WI 53226

Michael P Doyle
4803A N 66th St
Milwaukee WI 53218

Donald A Drew
710 N 76th St
Milwaukee WI 53213

Caryn A Ernster
7355 N Bethmourl
Milwaukee WI 53209

David R Field
309 N 95th St, #105
Milwaukee WI 53226

Kevin M Foley
1147 N Kavanaugh Pl
Wauwatosa WI 53213

David K Gaffney
1218 N 72nd St
Wauwatosa WI 53213

Shari Lynn Galster
5180 N Lover's Lane,#2
Milwaukee WI 53225

Timothy J Gavin
305 N 95th St, #126
Milwaukee WI 53226

Daniel J Geenen
6220 W Wisconsin Ave
Wauwatosa WI 53213

Lynn M Gilles
5886 Hwy 22 West
Lena WI 54139

Mary K Gingrass
7808 Warren Ave
Wauwatosa WI 53213

CDS IM / IM
Thomas H Good MD
2901 KK River Parkway
Milwaukee WI 53215

Roger J Gong
361 Pinecrest St
Milwaukee WI 53208

IM
Ernest Gresham MD
6730 N Sidney Pl, #101
Glendale WI 53209

continued next page

MILWAUKEE *continued*

Diane M Gronski
6001 S Robert Ave
Cudahy WI 53110

Roseann Gumina
317 N 95th St, #156
Milwaukee WI 53226

Richard D Hanna
1922 E Belleview
Milwaukee WI 53211

Jaylynn L Kao
2906 N Downer Ave
Milwaukee WI 53211

Ann Mei-Har Khong
307 N 95th St, #120
Milwaukee WI 53226

IM PUD / IM
S Brian Kim MD
8700 W Wisconsin Ave
Milwaukee WI 53226

John R Kirkeide
6703-A W Moltke Ave
Milwaukee WI 53210

Penelope Koeppel
5315 W Wisconsin Ave, #3
Milwaukee WI 53208

Thomas G Korkos
1425 Woodlawn Circle
Elm Grove WI 53122

IM / IM
Arthur Z Krasnow MD
1018 E Congress St
Milwaukee WI 53211

IM
Michael E Krohn DO
9010 W Waterford Sq S
Greenfield WI 53228

Maureen A Leahy
618 N 90th St, #7
Milwaukee WI 53226

Evan S Lederman
2560 N 124th St
Wauwatosa WI 53226

Catherine Le Galley
1317 W Orchard St
Milwaukee WI 53204

GS
Marlon F Levy MD
8825 W Hawthorne Ave
Wauwatosa WI 53226

R ON / R
Howard J Lewis MD
2900 W Oklahoma Ave
Milwaukee WI 53229

FP / FP
Richard L London MD
9721 N Lake Dr
Bayside WI 53217

FP
Janis A Lowell MD
1859 Ludington Ave
Wauwatosa WI 53226

EM
Paul R Lund MD
1937 N 73rd St
Wauwatosa WI 53213

Jane M Machi
4921 W Washington Blvd
Milwaukee WI 53208

FP / FP
James J Magnino MD
2260 N Summit
Milwaukee WI 53202

IM
Thomas J Maher Jr MD
4348 N Wilson Dr, #2
Shorewood WI 53211

IM
Sylvia A Mamby MD
12011 W North Ave
Wauwatosa WI 53226

Ross S Mangiamele
9401 W Wisconsin Ave
Milwaukee WI 53226

AN
Judith A May MD
2210 N 71st St
Wauwatosa WI 53213

James P Maynard
630 S Hawley Rd, #205
Milwaukee WI 53214

Timothy A Mc Gillivray
7900 Harwood Ave, #104
Wauwatosa WI 53213

Michael R Miller
305 N 95th St, #226
Milwaukee WI 53226

FP
Rita D Mody MD
2243 E Montana Ave
Oak Creek WI 53154

Jeffrey Mueller
7219-B Milwaukee Ave
Wauwatosa WI 53213

Lori Mueller
3620 W Kilbourn Ave, #16
Milwaukee WI 53208

Ednan Mushtaq
710 N 76th St
Milwaukee WI 53213

Lonzetta Neal
1212 East Chambers
Milwaukee WI 53212

Rebekha Neu
2016 Carter St
Racine WI 53402

Jeffrey G Nicholson
619 N 78th St
Wauwatosa WI 53213

FP / FP
John R Nordin MD
6080 S 108th St
Hales Corners WI 53130

EM
Robert Perchik MD
2715 N Shepard Ave
Milwaukee WI 53211

James E Petre
5305 West Center, #C
Milwaukee WI 53210

Jeffery S Postles
8536 Watertown Pk Rd, #3
Milwaukee WI 53226

Gregory Powell
12580 W Wilber Dr
New Berlin WI 53151

Lucia M Ricci
11374 Arrowhead Trail
Hales Corners WI 53130

Barry J Roseman
10416 Fisher Parkway
Milwaukee WI 53226

Laura B Roseman
9112 West Dixon, #103
Milwaukee WI 53214

Laurel Rudolph
9446 W Mitchell Ave, #3
West Allis WI 53214

Lucy Runde
309 N 95th St, #205
Milwaukee WI 53226

EM
James A Russell MD
N28 W28545 Peninsula
Pewaukee WI 53072

David J Salama
315 N 95th St, #244
Milwaukee WI 53226

FP
Edward P Schelonka MD
166 N 123rd St
Milwaukee WI 53226

Henry J Schnitzler Jr
7335 Maple Terr
Wauwatosa WI 53213

J Anthony Shaheen
6406 W Lincoln Ave, #36
West Allis WI 53219

Randy A Shelerud
315 N 95th St, #244
Wauwatosa WI 53226

U GS
Ricardo R Sinense MD
6001 W Center St
Milwaukee WI 53210

Jeffery R Smale
N106 W16608
Old Farm Road
Germantown WI 53022

Margaret M Spoerl
9021 W Wisconsin Ave
Milwaukee WI 53226

Paula Aquitieri
2520 N 124th St, #107
Wauwatosa WI 53226

IM
David A Stampfl MD
2014 S 102nd St, #304
West Allis WI 53227

Edward Styschinger
1138-A N 46th St
Milwaukee WI 53208

IM ID / IM
Thomas A Taft MD
2658 Pasadena Blvd
Wauwatosa WI 53226

Sue Ellen Ten Hoor
2092 S 102nd St, #308A
West Allis WI 53227

EM IM
Ranjan Kumar Thakur MD
1246 N 68th St, #106
Wauwatosa WI 53213

Judene M Thome
317 N 95th St, #156
Milwaukee WI 53226

David Toivonen
315 N 95th St, #244
Wauwatosa WI 53226

Sharon D Washington
2325 N 50th St, #508
Milwaukee WI 53210

Kathryn J Wisialowski
5050 S Guerin Pass
New Berlin WI 53151

FP
Thomas G Wittmann MD
2400 W Villard Ave
Milwaukee WI 53209

Anthony G Yug
13795 Forest Grove Rd
Brookfield WI 53005

Lori S Zetlau
2942 N 77th St
Milwaukee WI 53222

MONROE

GS
Rolando R Buan MD
812 Brandon
Tomah WI 54660

FP / FP
James R Deming MD
1200 Mc Lean Ave
Tomah WI 54660

FP / FP
Michael C Stark DO
325 Butts Ave
Tomah WI 54660

RACINE

OBG AP
Lenora M Brockman MD
2405 Northwestern Ave
Racine WI 53404

AN / AN
Shailesh G Joshi MD
3804 Warren Ct
Racine WI 53405

EM
Mitchell H Leavitt MD
806 Waters Edge
Racine WI 53402

AN
Mark J Polewski MD
39 S Vincennes Circle
North Bay WI 53402

FP / FP
Mahmood S Shaikh MD
1244 Wisconsin Ave
Racine WI 53403

EM IM / IM
Lewis A Sierra MD
3801 Spring St
Racine WI 53405

ROCK

N
Charles P Benedict MD
807 NE Sherwood Dr
Beloit WI 53511

CDS IM / IM
Donald T Bishop MD
5629 Highland Way
Middleton WI 53562

OPH
Michael J Black MD
104 Glenview Ct
Janesville WI 53545

EM
Kevin G Derus MD
1969 West Hart Rd
Beloit WI 53511

FP / FP
Robert W Dibble MD
2000 East Racine
Janesville WI 53545

EM / EM
Mark W Francis MD
1969 West Hart Rd
Beloit WI 53511

GP
Timothy A Manning MD
1904 Huebbe Parkway
Beloit WI 53511

FP / FP
James P Long MD
1904 Huebbe Parkway
Beloit WI 53511

EM
John J Maher MD
1969 West Hart Rd
Beloit WI 53511

GP
Robert R Schwaegler MD
704 Park Ave
Beloit WI 53511

SAWYER

GP
Jennifer Daniels MD
Rte 2, Box 2750
Hayward WI 54843

FP EM / FP
Dorothy A Novak MD
Rte 3, Box 3999
Hayward WI 54843

SHEBOYGAN

FP
Mary E Arenberg MD
210 Selma St
Plymouth WI 53073

OS
Noel T Carlson DO
PO Box 275
Elkhart Lake WI 53020

RHU IM / RHU IM
Robert H Ehrhart MD
1226 N 8th St
Sheboygan WI 53081

AN
Bradley C Fry MD
600 Erie Ave
Sheboygan WI 53081

AN
Charles J Gehring Jr MD
3118 N 25th St
Sheboygan WI 53081

FP
Scott R Peschke MD
1000 Eastern Ave
Plymouth WI 53073

FP / FP
George S Schroeder MD
210 Selma St
Plymouth WI 53073 ■

Are you ready for your future?

At Gaarder Miller we are experts at managing the business aspect of medical practices. Our professional consultants will tailor solutions to your special needs . . . solutions that result in increased productivity, optimal patient services and maximized income for today — and tomorrow.

WE OFFER: • Financial projections • Office management • Organizational planning • Facilities planning • Tax preparation • Personal financial planning • Billing service • Computer billing . . .

All the value of a full-time business manager at a part-time cost.

GM
Gaarder Miller Milwaukee Ltd.
12778 W. North Ave.
Brookfield, WI 53005
(414) 784-9559

Planning today . . . for a secure tomorrow.

AMERICAN PHYSICIANS LIFE

Serving All Your Life Insurance Needs.

American Physicians Life's comprehensive and competitively priced line of insurance products is now being offered exclusively through SMS Services Inc., to State Medical Society members.

APL is a majority-owned subsidiary of Physicians Insurance Company of Ohio (PICO) and a sister company of The Professionals Insurance Company, the carrier of the SMS-endorsed Professional Liability Insurance Plan.

APL coverages available to you through SMS Services Inc., and its authorized insurance representatives include:

- Innovative Universal Life coverages
- Low Cost Graded Premium Whole Life plan
- Yearly Renewable and Convertible Term Life protection
- Non-cancellable Disability Income programs
- Single and Flexible Premium Annuities
- Comprehensive Office Overhead Expense protection

Why not contact SMS Services Inc., today to find out how American Physicians Life can solve all your life insurance needs.

CONTACT:

STATE MEDICAL SOCIETY OF WISCONSIN
SMS SERVICES INC.
SUBSIDIARY

SMS SERVICES INC.
330 EAST LAKESIDE STREET
P.O. BOX 1109
MADISON, WISCONSIN 53701
(608) 257-6781 OR TOLL FREE
1-800-362-9080

BALANCED CALCIUM CHANNEL BLOCKADE!

Low incidence of side effects
CARDIZEM® (diltiazem HCl) produces an incidence of adverse reactions not greater than that reported with placebo therapy, thus contributing to the patient's sense of well-being.

*Cardizem is indicated in the treatment of angina pectoris due to coronary artery spasm and in the management of chronic stable angina (classic effort-associated angina) in patients who cannot tolerate therapy with beta-blockers and/or nitrates or who remain symptomatic despite adequate doses of these agents.

References:
1. Strauss WE, McIntyre KM, Parisi AF, et al: Safety and efficacy of diltiazem hydrochloride for the treatment of stable angina pectoris: Report of a cooperative clinical trial. Am J Cardiol 49:560-566, 1982.
2. Pool PE, Seagren SC, Bonanno JA, et al: The treatment of exercise-inducible chronic stable angina with diltiazem: Effect on treadmill exercise. Chest 78 (July suppl):234-238, 1980.

Reduces angina attack frequency*
42% to 46% decrease reported in multicenter study.[1]

Increases exercise tolerance*
In Bruce exercise test,[2] control patients averaged 8.0 minutes to onset of pain; Cardizem patients averaged 9.8 minutes ($P<.005$).

CARDIZEM®
(diltiazem HCl)

THE BALANCED CALCIUM CHANNEL BLOCKER

Please see full prescribing information on following page.

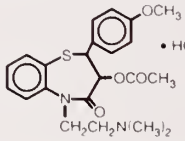
2/84

PROFESSIONAL USE INFORMATION

cardizem®
(diltiazem HCl)
30 mg and 60 mg tablets

DESCRIPTION

CARDIZEM® (diltiazem hydrochloride) is a calcium ion influx inhibitor (slow channel blocker or calcium antagonist). Chemically, diltiazem hydrochloride is 1,5-Benzothiazepin-4(5H)one,3-(acetyloxy) -5-[2-(dimethylamino)ethyl]-2,3-dihydro-2-(4-methoxyphenyl)-, monohydrochloride,(+) -cis-. The chemical structure is:



Diltiazem hydrochloride is a white to off-white crystalline powder with a bitter taste. It is soluble in water, methanol, and chloroform. It has a molecular weight of 450.98. Each tablet of CARDIZEM contains either 30 mg or 60 mg diltiazem hydrochloride for oral administration.

CLINICAL PHARMACOLOGY

The therapeutic benefits achieved with CARDIZEM are believed to be related to its ability to inhibit the influx of calcium ions during membrane depolarization of cardiac and vascular smooth muscle.

Mechanisms of Action. Although precise mechanisms of its antianginal actions are still being delineated, CARDIZEM is believed to act in the following ways:

1. Angina Due to Coronary Artery Spasm. CARDIZEM has been shown to be a potent dilator of coronary arteries both epicardial and subendocardial. Spontaneous and ergonovine-induced coronary artery spasm are inhibited by CARDIZEM.
2. Exertional Angina. CARDIZEM has been shown to produce increases in exercise tolerance, probably due to its ability to reduce myocardial oxygen demand. This is accomplished via reductions in heart rate and systemic blood pressure at submaximal and maximal exercise work loads.

In animal models, diltiazem interferes with the slow inward (depolarizing) current in excitable tissue. It causes excitation-contraction uncoupling in various myocardial tissues without changes in the configuration of the action potential. Diltiazem produces relaxation of coronary vascular smooth muscle and dilation of both large and small coronary arteries at drug levels which cause little or no negative inotropic effect. The resultant increases in coronary blood flow (epicardial and subendocardial) occur in ischemic and nonischemic models and are accompanied by dose-dependent decreases in systemic blood pressure and decreases in peripheral resistance.

Hemodynamic and Electrophysiologic Effects. Like other calcium antagonists, diltiazem decreases sinoatrial and atrioventricular conduction in isolated tissues and has a negative inotropic effect in isolated preparations. In the intact animal, prolongation of the AH interval can be seen at higher doses.

In man, diltiazem prevents spontaneous and ergonovine-provoked coronary artery spasm. It causes a decrease in peripheral vascular resistance and a modest fall in blood pressure and, in exercise tolerance studies in patients with ischemic heart disease, reduces the heart rate-blood pressure product for any given work load. Studies to date, primarily in patients with good ventricular function, have not revealed evidence of a negative inotropic effect, cardiac output, ejection fraction, and left ventricular end diastolic pressure have not been affected. There are as yet few data on the interaction of diltiazem and beta-blockers. Resting heart rate is usually unchanged or slightly reduced by diltiazem.

Intravenous diltiazem in doses of 20 mg prolongs AH conduction time and AV node functional and effective refractory periods approximately 20%. In a study involving single oral doses of 300 mg of CARDIZEM in six normal volunteers, the average maximum PR prolongation was 14% with no instances of greater than first-degree AV block. Diltiazem-associated prolongation of the AH interval is not more pronounced in patients with first-degree heart block. In patients with sick sinus syndrome, diltiazem significantly prolongs sinus cycle length (up to 50% in some cases).

Chronic oral administration of CARDIZEM in doses of up to 240 mg/day has resulted in small increases in PR interval, but has not usually produced abnormal prolongation. There were, however, three instances of second-degree AV block and one instance of third-degree AV block in a group of 959 chronically treated patients.

Pharmacokinetics and Metabolism. Diltiazem is absorbed from the tablet formulation to about 80% of a reference capsule and is subject to an extensive first-pass effect, giving an absolute bioavailability (compared to intravenous dosing) of about 40%. CARDIZEM undergoes extensive hepatic metabolism in which 2% to 4% of the unchanged drug appears in the urine. In vitro binding studies show CARDIZEM is 70% to 80% bound to plasma proteins. Competitive ligand binding studies have also shown CARDIZEM binding is not altered by therapeutic concentrations of digoxin, hydrochlorothiazide, phenylbutazone, propranolol, salicylic acid, or warfarin. Single oral doses of 30 to 120 mg of CARDIZEM result in detectable plasma levels within 30 to 60 minutes and peak plasma levels two to three hours after drug administration. The plasma elimination half-life following single or multiple drug administration is approximately 3.5 hours. Desacetyl diltiazem is also present in the plasma at levels of 10% to 20% of the parent drug and is 25% to 50% as potent a coronary vasodilator as diltiazem. Therapeutic blood levels of CARDIZEM appear to be in the range of 50 to 200 ng/ml. There is a departure from dose-linearity when single doses above 60 mg are given; a 120-mg dose gave blood levels three times that of the 60-mg dose. There is no information about the effect of renal or hepatic impairment on excretion or metabolism of diltiazem.

INDICATIONS AND USAGE

1. **Angina Pectoris Due to Coronary Artery Spasm.** CARDIZEM is indicated in the treatment of angina pectoris due to coronary artery spasm. CARDIZEM has been shown effective in the treatment of spontaneous coronary artery spasm presenting as Prinzmetal's variant angina (resting angina with ST-segment elevation occurring during attacks).
2. **Chronic Stable Angina (Classic Effort-Associated Angina).** CARDIZEM is indicated in the management of chronic stable angina. CARDIZEM has been effective in controlled trials in reducing angina frequency and increasing exercise tolerance.

There are no controlled studies of the effectiveness of the concomitant use of diltiazem and beta-blockers or of the safety of this combination in patients with impaired ventricular function or conduction abnormalities.

CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic).

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt). Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients.
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury.** In rare instances, patients receiving CARDIZEM have exhibited reversible acute hepatic injury as evidenced by moderate to extreme elevations of liver enzymes. (See PRECAUTIONS and ADVERSE REACTIONS.)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.

Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS).

Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%.

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats.

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers. It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, exercise caution when CARDIZEM is administered to a nursing woman if the drug's benefits are thought to outweigh its potential risks in this situation.

Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded.

In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy.

The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences, as well as their frequency of presentation, are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%), AV block (1.1%). In addition, the following events were reported infrequently (less than 1%) with the order of presentation corresponding to the relative frequency of occurrence.

Cardiovascular:	Flushing, arrhythmia, hypotension, bradycardia, palpitations, congestive heart failure, syncope.
Nervous System:	Paresthesia, nervousness, somnolence, tremor, insomnia, hallucinations, and amnesia.
Gastrointestinal:	Constipation, dyspepsia, diarrhea, vomiting, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH.
Dermatologic:	Pruritus, petechiae, urticaria, photosensitivity.
Other:	Polyuria, nocturia.

The following additional experiences have been noted:

A patient with Prinzmetal's angina experiencing episodes of vasospastic angina developed periods of transient asymptomatic asystole approximately five hours after receiving a single 60-mg dose of CARDIZEM.

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: erythema multiforme; leukopenia; and extreme elevations of alkaline phosphatase, SGOT, SGPT, LDH, and CPK. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established.

OVERDOSAGE OR EXAGGERATED RESPONSE

Overdosage experience with oral diltiazem has been limited. Single oral doses of 300 mg of CARDIZEM have been well tolerated by healthy volunteers. In the event of overdosage or exaggerated response, appropriate supportive measures should be employed in addition to gastric lavage. The following measures may be considered:

Bradycardia	Administer atropine (0.60 to 1.0 mg). If there is no response to vagal blockade, administer isoproterenol cautiously.
High-Degree AV Block	Treat as for bradycardia above. Fixed high-degree AV block should be treated with cardiac pacing.
Cardiac Failure	Administer inotropic agents (isoproterenol, dopamine, or dobutamine) and diuretics.
Hypotension	Vasopressors (eg, dopamine or levarterenol bitartrate).

Actual treatment and dosage should depend on the severity of the clinical situation and the judgment and experience of the treating physician.

The oral LD_{50}'s in mice and rats range from 415 to 740 mg/kg and from 560 to 810 mg/kg, respectively. The intravenous LD_{50}'s in these species were 60 and 38 mg/kg, respectively. The oral LD_{50} in dogs is considered to be in excess of 50 mg/kg, while lethality was seen in monkeys at 360 mg/kg. The toxic dose in man is not known, but blood levels in excess of 800 ng/ml have not been associated with toxicity.

DOSAGE AND ADMINISTRATION

Exertional Angina Pectoris Due to Atherosclerotic Coronary Artery Disease or Angina Pectoris at Rest Due to Coronary Artery Spasm. Dosage must be adjusted to each patient's needs. Starting with 30 mg four times daily, before meals and at bedtime, dosage should be increased gradually (given in divided doses three or four times daily) at one- to two-day intervals until optimum response is obtained. Although individual patients may respond to any dosage level, the average optimum dosage range appears to be 180 to 240 mg/day. There are no available data concerning dosage requirements in patients with impaired renal or hepatic function. If the drug must be used in such patients, titration should be carried out with particular caution.

Concomitant Use With Other Antianginal Agents:

1. **Sublingual NTG** may be taken as required to abort acute anginal attacks during CARDIZEM therapy.
2. **Prophylactic Nitrate Therapy**—CARDIZEM may be safely coadministered with short- and long-acting nitrates, but there have been no controlled studies to evaluate the antianginal effectiveness of this combination.
3. **Beta-blockers.** (See WARNINGS and PRECAUTIONS.)

HOW SUPPLIED

Cardizem 30-mg tablets are supplied in bottles of 100 (NDC 0088-1771-47) and in Unit Dose Identification Paks of 100 (NDC 0088-1771-49). Each green tablet is engraved with MARION on one side and 1771 engraved on the other. CARDIZEM 60-mg scored tablets are supplied in bottles of 100 (NDC 0088-1772-47) and in Unit Dose Identification Paks of 100 (NDC 0088-1772-49). Each yellow tablet is engraved with MARION on one side and 1772 on the other.

Issued 4/1/84

Another patient benefit product from
PHARMACEUTICAL DIVISION
MARION LABORATORIES, INC.
KANSAS CITY, MISSOURI 64137

Motrin® 800 mg TABLETS

ibuprofen

Extra strength
Convenience
Economy

Upjohn

A Century of Caring

1886·1986

©1986 The Upjohn Company

J-6138 January 1986

Before prescribing, see complete prescribing information in SK&F CO. literature or *PDR*. The following is a brief summary.

* **WARNING**

This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

Contraindications: Concomitant use with other potassium-sparing agents such as spironolactone or amiloride. Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. Associated widened QRS complex or arrhythmia requires prompt additional therapy. Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available. Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma. Possible exacerbation or activation of systemic lupus erythematosus has been reported with thiazide diuretics.

Precautions: The bioavailability of the hydrochlorothiazide component of 'Dyazide' is about 50% of the bioavailability of the single entity. Theoretically, a patient transferred from the single entities of Dyrenium (triamterene, SK&F CO.) and hydrochlorothiazide may show an increase in blood pressure or fluid retention. Similarly, it is also possible that the lesser hydrochlorothiazide bioavailability could lead to increased serum potassium levels. However, extensive clinical experience with 'Dyazide' suggests that these conditions have not been commonly observed in clinical practice. Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids, and during concurrent use with amphotericin B or corticosteroids or corticotropin [ACTH]). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Cumulative effects of the drug may develop in patients with impaired renal function. Thiazides should be used with caution in patients with impaired hepatic function. They can precipitate coma in patients with severe liver disease. Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic and hemolytic anemia have been reported with thiazides. Thiazides may cause manifestation of latent diabetes mellitus. The effects of oral anticoagulants may be decreased when used concurrently with hydrochlorothiazide; dosage adjustments may be necessary. Clinically insignificant reductions in arterial responsiveness to norepinephrine have been reported. Thiazides have also been shown to increase the paralyzing effect of nondepolarizing muscle relaxants such as tubocurarine. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. Triamterene has been found in renal stones in association with the other usual calculus components. Therefore, 'Dyazide' should be used with caution in patients with histories of stone formation. A few occurrences of acute renal failure have been reported in patients on 'Dyazide' when treated with indomethacin. Therefore, caution is advised in administering nonsteroidal anti-inflammatory agents with 'Dyazide'. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine. Hypokalemia is uncommon with 'Dyazide', but should it develop, corrective measures should be taken such as potassium supplementation or increased dietary intake of potassium-rich foods. Corrective measures should be instituted cautiously and serum potassium levels determined. Discontinue corrective measures and 'Dyazide' should laboratory values reveal elevated serum potassium. Chloride deficit may occur as well as dilutional hyponatremia. Concurrent use with chlorpropamide may increase the risk of severe hyponatremia. Serum PBI levels may decrease without signs of thyroid disturbance. Calcium excretion is decreased by thiazides. 'Dyazide' should be withdrawn before conducting tests for parathyroid function.

Thiazides may add to or potentiate the action of other antihypertensive drugs.

Diuretics reduce renal clearance of lithium and increase the risk of lithium toxicity.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances; postural hypotension (may be aggravated by alcohol, barbiturates, or narcotics). Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and respiratory distress including pneumonitis and pulmonary edema, transient blurred vision, sialadenitis, and vertigo have occurred with thiazides alone. Triamterene has been found in renal stones in association with other usual calculus components. Rare incidents of acute interstitial nephritis have been reported. Impotence has been reported in a few patients on 'Dyazide', although a causal relationship has not been established.

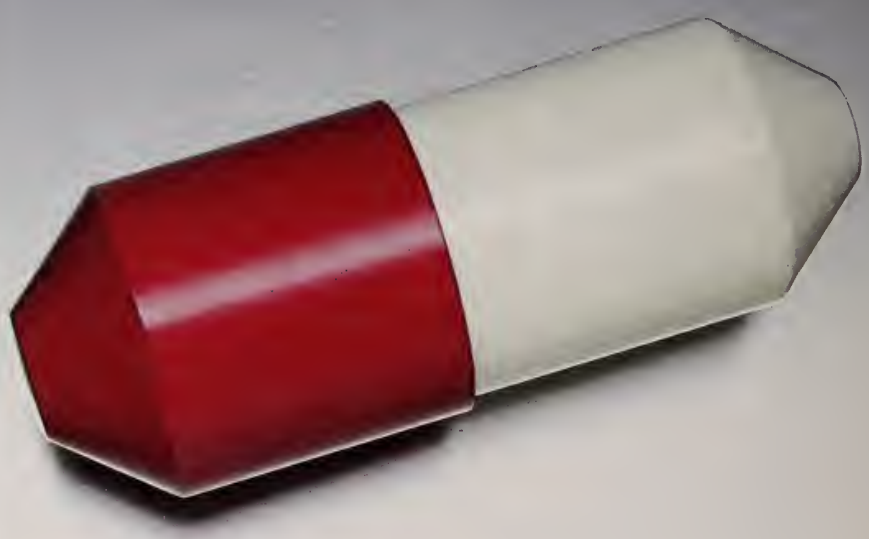
Supplied: 'Dyazide' is supplied as a red and white capsule, in bottles of 1000 capsules; Single Unit Packages (unit-dose) of 100 (intended for institutional use only); in Patient-Pak™ unit-of-use bottles of 100.

BRS-DZ:L39

In Hypertension*... When You Need to Conserve K^+

Remember the Unique Red and White Capsule: Your Assurance of SK&F Quality

Serum K^+ and BUN should be checked periodically (see Warnings and Precautions)



Potassium-Sparing

DYAZIDE®

25 mg Hydrochlorothiazide/**50 mg** Triamterene/SKF

Over 19 Years of Confidence

The unique red and white Dyazide® capsule: Your assurance of SK&F quality.

a product of

SK&F CO.

Carolina, P.R. 00630

©SK&F Co., 1983

Joan L Mueller, MD,* Fond du Lac, recently became associated with the Consultant's Laboratory of Fond du Lac and the medical staff of St Agnes Hospital, Fond du Lac. She most recently worked with the Pathology Institute of Middle Georgia and is certified by the American Board of Pathology. Doctor Mueller graduated from the University of Wisconsin Medical School, Madison, and completed her internship and residency at the Milwaukee County Medical Complex.

Milton Ropes, DO, Ashland, has joined the medical practice of Kenneth Krutsch, MD* in Ashland. Doctor Ropes graduated from the University Osteopathic Medicine and Health Services in Des Moines, Iowa, and completed his internship at the Naval Regional Medical Center, Camp LeJeune Jacksonville, NC. His residency was completed at the Naval Regional Medical Center, Portsmouth, VA. Board certified in urology, Doctor Ropes served as a member of the Urology Department medical staff at the Naval Regional Medical Center in Portsmouth until he became the Chief of Urology at the Naval Hospital, Agana, Guam.

Arthur P Greenberg, MD, Marshfield, has joined the medical staff of the Marshfield Clinic and the Joint Venture Laboratory, cosponsored by the Clinic and St Joseph's Hospital. A pathologist, Doctor Greenberg graduated from Georgetown University Medical School, Washington, DC, and completed his residency at Georgetown University Hospital, as well as Brookdale and Beth Israel Hospital in New York. He was an assistant professor of pathology at the New Jersey Medical School, and was on the medical staff of the Freehold Area Hospital serving as director of Laboratories. Prior to joining the Clinic, Doctor Greenberg was on the medical staff with the Medical Center Hospital in Punta Gorda, FL.

Larry E Brown, MD,* Eau Claire, has joined the Emergency Medical and Trauma Center at Sacred Heart Hospital in Eau Claire. Doctor Brown graduated from the Loyola-Stritch School of Medicine and completed his residency at West Suburban Hospital Medical Center, Oak Park, IL. Certified by the American Board of Family Practice, Doctor Brown was on the medical staff at the Stratford Urgent Care Center, Bloomingdale, IL, and at Central Dupage Hospital in Winfield, IL.

Chris Peterson, MD, Eau Claire, has joined the Emergency Medical and Trauma Center at Sacred Heart Hospital in Eau Claire. Doctor Peterson graduated from the University of Wisconsin Medical School, Madison, and completed his residency in family practice at Sacred Heart and Luther hospitals in Eau Claire. Doctor Peterson is certified by the American Board of Family Practice.

Margie H Peterson, MD, Eau Claire, joined the Group Health Cooperative of Eau Claire at its Riverview Clinic. Doctor Peterson graduated from the University of Minnesota School of Medicine and completed her residency training at the Eau Claire Family Medicine Clinic.

Bruce R Krygowski, MD,* Stevens Point, has opened his medical practice at Doctors Park. He graduated from the Autonomous University of Guadalajara in Mexico and completed a Fifth Pathway Program at William Beaumont Hospital, Royal Oak, MI. He completed a residency at Henry Ford Hospital, Detroit, MI in plastic surgery, and at Straith Clinic in Southfield, MI in cosmetic surgery. Doctor Krygowski also completed a residency in plastic surgery at Kettering Medical Center in Kettering, OH.

Robert E Urbanek, MD,* Beaver Dam, recently retired from his medical practice with Medical Associates of Beaver Dam, SC. Doctor Urbanek had practiced medicine in Beaver Dam for over 35 years, first being associated with the Hoyer Clinic, which became Medical Associates in 1961.

Michael K Augustson, MD, has become associated with Medical Associates of Beaver Dam, SC. Doctor Augustson graduated from Michigan State University, College of Human Medicine and completed his family practice residency at Rush-Presbyterian-St Luke's Medical Center in Chicago, IL. Prior to coming to Beaver Dam, Doctor Augustson was on the medical staff at Lawn Medical Center in Oak Lawn, IL.

Thomas F Kling, MD, Madison, recently was appointed associate professor of orthopedic surgery at the University of Wisconsin Medical School, Madison. Doctor Kling graduated from the Rochester School of Medicine, Rochester, NY, and completed his residency in orthopedic surgery at University Hospitals of Cleveland and a fellowship in pediatric orthopedics at Newington Children's Hospital, Newington, Conn. Prior to joining the UW Medical School faculty, Doctor Kling served five years as an assistant professor of orthopedic surgery at the University of Michigan Medical School.

Jameel S Mubarak, MD,* Tomah, has had the Gundersen Clinic-Tomah branch clinic named after him. Doctor Mubarak, a general practitioner and surgeon, began practicing medicine in Tomah in 1947 and remained in practice by himself until the clinic he established became a Gundersen Clinic branch in 1981. The Gundersen Clinic Board of Directors announced that the Clinic has been renamed the Gundersen-Mubarak Clinic in honor of Doctor Mubarak. Sigurd B Gundersen Jr, MD,* president of the Gundersen Clinic said, "For nearly 40 years now he has worked conscientiously and tirelessly to serve the medical needs of the people of Tomah and surrounding area." Doctor Mubarak is presently serving as president of the Monroe County Medical Society.

Bonnie-Jo Grieve Bates, MD,* Fox Point, recently joined the medical staff of the Ozaukee Rehabilitation Clinic, Mequon. She graduated from the University of Utah College of Medicine and is Board certified in pediatrics and medical genetics. She also is a member of the medical staff at the Milwaukee Medical Clinic.

Alka Kohli, MD,* Brown Deer, has become a member of the medical staff of the Ozaukee Rehabilitation Clinic in Mequon. Doctor Kohli, who is Board certified in physical medicine and rehabilitation, completed her residency at the Medical College of Wisconsin, and a fellowship in spinal cord service at the Veterans Administration Hospital.■

NEWS HIGHLIGHTS

*Physician members of the State Medical Society of Wisconsin

Elmbrook Memorial Hospital's medical staff, Brookfield, recently chose five new officers at the annual meeting. Robert S Pavlic, MD* is the new chief of staff; Robert O Buss, MD,* chief of staff-elect; and Robert H Sewell, MD,* secretary-treasurer. Stephen R Bielke, MD* is chairman of the department of medicine and John R Park, MD* is chairman of the department of surgery. Continuing in their present duties as members of the Medical Staff Executive Committee are James A Stadler II, MD,* chairman of the department of Obstetrics/Gynecology; Lawrence L Foster, MD,* chairman, department of orthopedic surgery, and Herbert C White, DO,* chairman of the department of family practice.

Memorial Hospital, Oconomowoc, recently announced its officers for 1986–87. They are Calman S Pruscha, MD,* chief-of-staff; Michael J Rietbrock, MD,* vice-chief-of-staff; and Michael G O'Mara, MD,* secretary/treasurer. Doctor Pruscha replaces Irwin Hoeft, DO.* Departmental chiefs of service elected were MDs Paul J Novacek,* anesthesiology; Timothy J Helz, emergency medicine; Dennis K Iglar, family practice; Dan T Cleary,* medicine; John L Claude,* obstetrics and gynecology; Arnold A Effron,* pathology; Mark R Wessling,* pediatrics; Donald K Shaw,* radiology; and Thomas A Schroeder,* Surgery.

Health Science Library of Good Samaritan Medical Center, Milwaukee, was renamed and dedicated recently to Kenneth Jamron, retiring chief executive officer and president-emeritus, in recognition of his nearly 20 years of service, leadership, and innovation in healthcare. Mr Jamron came to Milwaukee from New Orleans and became the first lay president of Deaconess Hospital. In 1980 he established the first hospital-based independent practice model HMO in the state, Samaritan Health Plan, and he also led the way in healthcare consolidation with the merger of two hospitals, Deaconess and Lutheran. He recently was honored by the Wisconsin Hospital Association with a lifetime membership and recognized by the Hospital Council of Greater Milwaukee.■

Impaired Physician Program

Persons interested in the Impaired Physician Program may call 608/257-6781 or toll-free in Wisconsin: 1-800-362-9080 and explain their concern to Mr John LaBissoniere or Mr H B Maroney of the State Medical Society staff. The caller's identity will be kept in complete confidence.

Referral care doesn't have to be inconvenient.

Referring a patient can be a hassle when you don't know the right person or phone number to call. Now there's one phone number which will do all the work for you.

You can call PRN, Physician Resource Network.

PRN gives you one-phone-call access, toll-free, to Medical College of Wisconsin (MCW) specialists and services, 24 hours a day. We have more than 300 full-time faculty providing care in more than 40 specialties and subspecialties.

It only takes one phone call to PRN to get what you need. PRN can:

- Identify a specialist for your patient's needs.
- Connect you by phone with an MCW faculty specialist.
- Arrange for inpatient or outpatient services from MCW faculty specialists.
- Obtain patient or medical information from MCW faculty.

Our physicians and services are conveniently located just off I-94 in suburban Milwaukee. We're on the campus of the Milwaukee Regional Medical Center, a comprehensive academic medical center encompassing three tertiary care hospitals and three specialty institutions.

Now you can call PRN.

One-phone-call access to
Medical College of Wisconsin faculty specialists.

Toll-Free: 1-800-472-3660
From Milwaukee: 259-3660

PRN
PHYSICIAN RESOURCE NETWORK™

Raimunds Pavasars, MD, 82, Appleton, died Apr 27, 1985 in Appleton. Born May 10, 1902 in Lejasciems, Latvia, Doctor Pavasars graduated from Latvian University Medical School and served his internship at University Hospital, Riga, Latvia. His residency was completed at the Veterans Administration Hospital in Rocky Hill, Conn. He was a member of the Outagamie County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are three children.

Richard O Bauman, MD, 73, Fox Point, died Sept 27, 1985. Born Mar 30, 1912 in New York City, Doctor Bauman graduated from New York State University College of Medicine and served his internship at City Hospital, Newark, New Jersey. Doctor Bauman served in the United States Air Force from July 1942-March 1946. He was a member of The Medical Society of Milwaukee County, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are three sons, Rick and Scott of Roanoke, Va, and Roc of Chapel Hill, NC.

William A Hilger, MD, 77, Brookfield, died Nov 9, 1985 in Milwaukee. Born Aug 25, 1908 in St Cloud, Minn, Doctor Hilger graduated from Marquette University School of Medicine in 1935 and served his internship and residency at St Mary's Hospital in Milwaukee. Surviving are his widow, Joan and a son, Richard William Hilger.

Esther C Kurtz, MD, 81, Madison, died Nov 9, 1985 in Madison. Born Aug 17, 1904 in Ridgeland, Wis, Doctor Kurtz graduated from the University of Wisconsin Medical School, Madison, and served her internship and residency at Hurley Hospital in Flint, Mich. She was a member of the Dane County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association. Surviving is a son, John C Kurtz of Littleton, Colo.

John D Hurley, MD, 58, Germantown, died Nov 27, 1985 in Milwaukee. Born Apr 19, 1927 in Milwaukee, Doctor Hurley graduated from the University of Wisconsin Medical School, Madison, in 1952 and served his internship and residency at Milwaukee County General Hospital. He also completed a rotating internship at the C T Miller Hospital, St Paul, Minn. He had been an associate professor of surgery at the Medical College of Wisconsin, Milwaukee, since 1973. He had been chief of the department of surgery and Good Samaritan Medical Center and at Deaconess Hospital in Milwaukee. Doctor Hurley also served as director of the Tumor Clinic at St Mary's and Milwaukee County General hospitals. He was a member of The Medical Society of Milwaukee County, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow, Ann; his children, David (Enid) of Pennsylvania; Dennis (Marie), Waukesha; Timothy of Ohio; Eileen (David) Volejnicek of Illinois; Maureen (Tom) Wakeen, Madison; Elizabeth (Chuck) Strauss, Milwaukee; Kevin, Milwaukee; and Sean, Magdalyn, and Andrew all of Germantown.

Doctor Landis

Charles W Landis, MD, 65, Milwaukee, President-elect of the State Medical Society of Wisconsin, 1985–86, died Jan 13, 1986 in Milwaukee. Born Sept 16, 1920 in Logansport, Ind, Doctor Landis graduated from Indiana University School of Medicine and served his internship at the University of Oregon and his psychiatric residency at Indiana University. In 1958 he became certified by the American Board of Psychiatry and Neurology. Doctor Landis was medical director and chief-of-staff, St Mary's Hill Hospital, Milwaukee, and also had a private practice of psychiatry. He served as president of The Medical Society of Milwaukee County in 1981 and had been a member of its Board of Directors since 1980. He had served on the mediation, ethics, and health planning committees of the Milwaukee Society, and also the Impaired Physician Program of Milwaukee County. He had been a member of the House of Delegates of the State Medical Society in 1962–63 and 1982–84 and had been a member of the Board of Directors since 1984. Doctor Landis had been a member of the SMS Committee on

Mental Health since 1978 serving as chairman from 1978–81, and also was a member of the Committee on Alcoholism and Other Drug Abuse. He had been a delegate to the Hospital Medical Staff Section of the AMA since 1983, and a member of the Steering Committee of the First Congress on Mental Health in 1962. Doctor Landis had been an associate clinical professor of psychiatry at the Medical College of Wisconsin since 1971 and associate professor of psychiatry and chairman of the Section of Community Psychiatry at the College from 1968–71. He received the Distinguished Service Award of The Medical Society of Milwaukee County in 1983; received the Certificate of Commendation of the American Psychiatric Association; and the Certificate of Appreciation for Leadership, Milwaukee County Mental Health Association in 1963, and also received the Milwaukee County Executive Proclamation honoring community service in 1983. Doctor Landis was a member and past president of the Wisconsin Psychiatric Association as well as a member of the American Psychiatric Association, Milwaukee Neuropsychiatric Society, and the American College of Psychiatry. He also was a member of the American Medical Association. Surviving are his widow, Mary; a son, Matthew of Menomonee Falls, and a daughter, Rita of Muskego.■

AMA Physician's Recognition Award Recipients

LISTED BELOW are those physicians in Wisconsin who have earned the AMA Physician's Recognition Award in recent months. The State Medical Society of Wisconsin congratulates these physicians who have distinguished themselves and their profession by their commitment to continuing education:

DECEMBER 1985

*Atamdede, Yasar I, Milwaukee
*Baker, Homer P, Wonewoc
*Becker, Dean B, Oshkosh
*Beier, James J, Mosinee
*Bodemer, Steven E, Wausau
*Burrill, Raymond E, Marshfield
*Chen, Hong Mo, Marshfield
Chock, Ronald Yet S, Milwaukee
*Connors, Dean M, Madison
Crane, Louis B, Eagle River
*Dlesk, Andrea, Marshfield
*Dortzbach, Richard K, Madison
Doty, John W, Ashland
Engber, William D, Madison
*Funcke, William E, Beaver Dam
Gani, Kosasih S, Marshfield
*Garcia, Arthur F, Thiensville
Green, Joseph M, Madison
*Green, Scott M, Lancaster
Green, William H, Milwaukee
*Hoehn, James L, Marshfield
*Houlihan, James T, Woodruff
*Houlihan, LF Ploszek, Woodruff
*Jochimsen, Earl H, Sheboygan
*Knepel, Donald, Janesville
*Koppa, John F, Madison
*Lechmaier, Timothy E, Madison
*Malinowski, Rodney W, Racine
*Mohammad-Zadeh, Ali A, Green Bay
Puig, Rafael A, Milwaukee
*Rademacher, Ruth M, Milwaukee
Roney, Wayne M, Tomah
*Rugowski, James A, Eau Claire
Schmidt, Robert A, Elm Grove
Stengel, Bruce F, Wood
*Swamy, Pandy G, Marshfield
*Sweet, David F, Fond du Lac
*Trader, Joseph E, Manitowoc
*Veranth, Jerome J, Racine
*Vondrell, John J, Brookfield
*Vrabec, Andrew P, Beaver Dam
*Weir, Gordon J, Marshfield
*Weygandt, James L, Kohler
*Winemiller, Robert H, Marshfield■

*Members of the State Medical Society of Wisconsin

Wisconsin Society of Medical Assistants

an affiliate of the American Association of Medical Assistants is sponsoring

Professional Development and Advancement Seminar

Sat., March 8

The Welcome Inn
Watertown

• **Hepatitis**—Anthony Tazill, MD, Cleveland Metropolitan General Hospital

• **Neonatology**—Robert Perelman, MD, University of Wisconsin/Madison General Hospital Perinatal Program

• **Worker's Compensation Insurance**—Carol Lobes, Dept of Industry, Labor, and Human Relations, State of Wisconsin

• **Blood transfusions, type and crossmatching**—A J Snyder, MD, American Red Cross

0.6 CEUs applied for

Registration fee: $10 members and students; $30 nonmembers

Doctors are urged to consider sending their staff for this day of education.

Registration fee is tax-deductible

Further info:
Laura Hillman
Education Chairman
Rt 1, Box 389
Fox Lake, WI 53933
414/885-5576

Corinne Boushon, CMA
Co-chairman
1007 Sawyer Drive
Marshfield, WI 54449
715/384-4129

Sylvia Neumann, CMA
Financial Chairman
400 North Street
Beaver Dam, WI 53916
414/885-6077

Acme Laboratories, Inc.

Qualified, competent professionals are the trademark of Acme Laboratories. For 35 years, our certified orthotists and prosthetists have earned a reputation for excellence, helping people improve their lives.

Acme Laboratories serves Wisconsin from offices in Milwaukee, Green Bay, Fond du Lac and Woodruff. We're pleased to be a designated HMO facility for southeastern Wisconsin. Acme Laboratories accepts all insurance, including Medicare and Medicaid.

10702 W. Burleigh St., Milwaukee, WI 53222
414-259-1090

GREEN BAY ORTHOPEDIC
Division of Acme Laboratories, Inc.
428 S. Adams St., Green Bay, WI 54301
414-435-1461

525 E. Division St., Fond du Lac, WI 54935
414-923-6676

Affiliated with Northwoods Rehabilitation
Box LOA, Woodruff, WI 54568
715-356-8000 Ext. 8872

Acme Laboratories — where quality of life is our main concern

american orthotic & prosthetic association

YOU CAN HELP STOP BEDWETTING

For a large majority of your Enuretic patients

- Ethical — prescription only
- Professional — you supervise treatment
- Approximately 90 percent effective
- Proven reliable and dependable bell, pad, and light system
- Low cost rental service — $14.00 per week (avg. 6-week treatment)
- Convenient mail order service to the 48 states

For more information, call or write:

S. & L. SIGNAL COMPANY

Helping Enuretic Clients
Since 1950
1142 Fleetwood Ave. Madison, WI 53716
Phone: 608-222-7939

Accepted for advertising in the AMA Journal

Peppino's

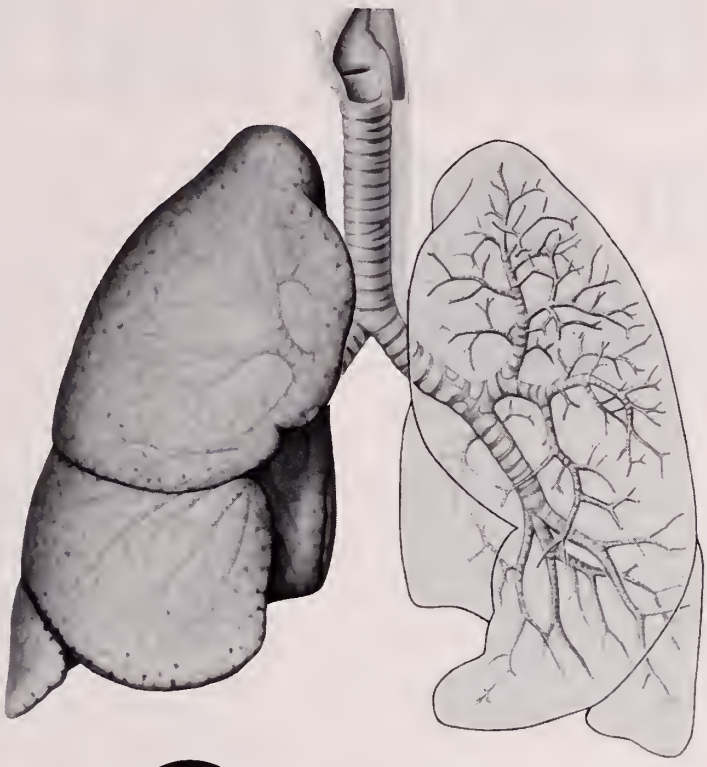
CLASSICAL ITALIAN RESTAURANT

5518 UNIVERSITY AVENUE
MADISON (608) 233-2200

ELEGANT DINING • FINE WINES • INTIMATE COCKTAIL LOUNGE • OPEN DAILY AT 5:00 PM

"For an elegant night of Italian dining." —PROF HERBERT KUBLY, *Milwaukee Journal* writer

Consider the causative organisms...



Ceclor®
cefaclor

250-mg Pulvules® t.i.d.

offers effectiveness against the major causes of bacterial bronchitis

H. influenzae, *H. influenzae*, *S. pneumoniae*, *S. pyogenes*
(ampicillin-susceptible) (ampicillin-resistant)

Brief Summary Consult the package literature for prescribing information.

Indications and Usage: Ceclor® (cefaclor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

Lower respiratory infections, including pneumonia caused by *Streptococcus pneumoniae (Diplococcus pneumoniae)*, *Haemophilus influenzae*, and *S. pyogenes* (group A beta-hemolytic streptococci).

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Ceclor.

Contraindication: Ceclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

Warnings: IN PENICILLIN-SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS, INCLUDING ANAPHYLAXIS, TO BOTH DRUG CLASSES.

Antibiotics, including Ceclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics (including macrolides, semisynthetic penicillins, and cephalosporins); therefore, it is important to consider its diagnosis in patients who develop diarrhea in association with the use of antibiotics. Such colitis may range in severity from mild to life-threatening.

Treatment with broad-spectrum antibiotics alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is one primary cause of antibiotic-associated colitis.

Mild cases of pseudomembranous colitis usually respond to drug discontinuance alone. In moderate to severe cases, management should include sigmoidoscopy, appropriate bacteriologic studies, and fluid, electrolyte, and protein supplementation. When the colitis does not improve after the drug has been discontinued, or when it is severe, oral vancomycin is the drug of choice for antibiotic-associated pseudomembranous colitis produced by *C. difficile*. Other causes of colitis should be ruled out.

Precautions: *General Precautions* — If an allergic reaction to Ceclor® (cefaclor, Lilly) occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids.

Prolonged use of Ceclor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs' tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs' testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs' test may be due to the drug.

Ceclor should be administered with caution in the presence of markedly impaired renal function. Under such conditions, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Ceclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinitest® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.

Usage in Pregnancy — Pregnancy Category B — Reproduction studies have been performed in mice and rats at doses up to 12 times the human dose and in ferrets given three times the maximum human dose and have revealed no evidence of impaired fertility or harm to the fetus due to Ceclor® (cefaclor, Lilly). There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers — Small amounts of Ceclor have been detected in mother's milk following administration of single 500-mg doses. Average levels were 0.18, 0.20, 0.21, and 0.16 mcg/ml at two, three, four, and five hours respectively. Trace amounts were detected at one hour. The effect on nursing infants is not known. Caution should be exercised when Ceclor is administered to a nursing woman.

Usage in Children — Safety and effectiveness of this product for use in infants less than one month of age have not been established.

Adverse Reactions: Adverse effects considered related to therapy with Ceclor are uncommon and are listed below.

Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70).

Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment. Nausea and vomiting have been reported rarely.

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbiliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions (erythema multiforme or the above skin manifestations accompanied by arthritis/arthralgia and, frequently, fever) have been reported. These reactions are apparently due to hypersensitivity and have usually occurred during or following a second course of therapy with Ceclor. Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.

Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

Causal Relationship Uncertain — Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

Hepatic — Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

Hematopoietic — Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

Renal — Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

[0617B2R]

Note: Ceclor® (cefaclor, Lilly) is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

© 1984, ELI LILLY AND COMPANY

Additional information available to the profession on request from Eli Lilly and Company Indianapolis, Indiana 46285

Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630

400441

PrimeCare — The HMO That's Importantly Different.

It's no longer a question of whether or not there will be controls on medical care and medical care payments. It is now a matter of what form those controls will take. Who will set the guidelines? Who will determine the rates? Who will say what is provided for and what is not?

Will it be the government? Will it be insurance company executives in far-off cities dictating rules that may or may not fit well with this particular area? Will it be hospitals and administrators? Will it be corporate executives? Or, will it be physicians themselves?

Physicians In Control

At PrimeCare we believe it's important for physicians to control their own destinies – to call the shots and make decisions that are based not just on economics but also on providing quality health care. That's why our HMO is designed that way. Owned by doctors, run by doctors, and continually reviewed by doctors to make certain it's working the way it should.

We've all heard of the reported abuses, neglect, errors, and inadequacies involving various HMOs. While no health plan can be totally free of errors, PrimeCare has been able to keep them under control through its system of constant monitoring and its ability to adjust to rapidly changing needs and demands. The PrimeCare Health Plan is flexible. It acts as well as reacts. Physicians associated with PrimeCare believe it works and that it most closely matches "the model HMO."

Federally Approved

PrimeCare is established, professional, and recognized. It was the first HMO in Wisconsin and the ninth in the country to be approved by the federal government as a Competitive Medical Plan.

If you're a physician in southeastern Wisconsin and not already part of PrimeCare, PrimeCare would like to tell you more about itself. We want you to see that you don't have to sit back and let the whole medical care delivery system change without your input. In the medical care structure, the physician is still paramount. At PrimeCare, we believe that and want it to continue that way.

Contact PrimeCare. Let us tell you our story. It's a story you'll want to hear. It's a story you need to hear.

PrimeCare – the Physician's HMO.

PrimeCare
HEALTH PLAN OF WISCONSIN

1233 N. Mayfair Road Milwaukee, WI 53226 Phone: 453-9070

IT PAYS TO BE A MEMBER

SMS Services, Inc.

SMS SERVICES . . . A wholly-owned subsidiary of the State Medical Society of Wisconsin has as its primary function the development and offering to SMS members of tangible benefits and services which are of professional, business, and personal advantage.

Insurance Programs

Professional Liability
Group and Individual Health
Disability Income
Auto, Homeowners, Personal Umbrella
Life, A D & D

*Worker's Compensation
Insured Medical Reimbursement
Business Overhead
General Business Liability
Universal Life
Other Life Lines

More on the way!

SMS Services is the Agent of Record for SMS and its endorsed programs.

Other Endorsed Programs

Uniform Claim Forms
Seminars
Printing Services
*Medical Equipment Leasing
*Auto Rental/Leasing

*Computers—Software and Hardware
*Home/Office Security Systems
*Debt Collection Services
*Credit Cards
Computer Supplies and Furniture

And more of these on the way too!

*Programs not administered by SMS Services

We are here to serve you in any way we can

P.O. BOX 1109, MADISON, WI 53701 • PHONE 608/257-6781 OR TOLL-FREE 1-800-362-9080

PHYSICIANS EXCHANGE

East Range Clinics, Ltd seeks physicians in the following specialties: Orthopedic Surgery, Ophthalmology, and Internal Medicine (with special interest in cardiology, pulmonary medicine, or intensive care). Opportunity to join established practice with progressive multispecialty group of 27 physicians; unlimited opportunity for outdoor recreation. Contact: Gary Lishinski, Administrator, East Range Clinics, Ltd, 910 North Sixth Ave, Virginia, MN 55792; ph 218/741-0150. p12/85;1-5/86

Family Practice. 35-physician multispecialty group in Beloit, Wisconsin seeks Board certified/eligible family practitioner for satellite location. Salary guarantee plus full benefit package. Excellent family community with good access to Chicago, Milwaukee, and Madison. Contact J F Ruethling, Administrator, Beloit Clinic, 1905 Huebbe Parkway, Beloit, WI 53511; ph 608/364-2200. 1-3/86

Family Practitioner needed to join a community sponsored health care facility in Rosholt, a small community in central Wisconsin. This opportunity includes an established full patient panel currently served by three young Board certified family physicians with primary offices in Stevens Point; lab, x-ray and in-house pharmacy. Guaranteed first year salary, early ownership, malpractice insurance, four-way call schedule. Send CV to P A Sanderson, MD, Rosholt Area Clinic, 247 Depot St, Rosholt, WI 54473; ph 715/677-3522. 1-3/86

Wanted. Qualified physician to practice emergency medicine in Southeastern Wisconsin beginning July 1986. Ours is a small group covering two hospital emergency rooms, maintaining secure professional contracts. Flexible scheduling and competitive salary guaranteed. Interested parties should send CV to Associated Emergency Room Physicians, SC, 1131 Sherwood Lane, Caledonia, WI 53108; ph 414/835-4889. 12/85;1-6/86

RATES: 50¢ per word, with a minimum charge of $20.00 per ad. BOXED AD RATES: $25.00 per column inch. *All ads must be prepaid.*

DEADLINE: Copy must be received by the 15th of the month preceding month of issue; e.g., copy for the August issue is due July 15. Send copy to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 800/362-9080.

Family Practitioner. An opportunity to join seven Board-certified FPs and a general surgeon. Excellent clinic facilities adjacent to a progressive 105-bed hospital in a beautiful recreation area. Located only 40 miles from Madison and 110 miles from Milwaukee. Contact: Richard S Matthews, Mgr, Medical Associates, SC, 703 14th St, Baraboo, WI 53913 or call 608/356-8394. p2/86

Obstetrician-Gynecologist, Board-certified or eligible to join 17-physician multispecialty clinic with 2-physician OB/GYN department. Located in beautiful Wisconsin lakeshore community of 35,000. Competitive salary, complete fringe benefits, liberal vacation. Send CV to Administrator, Manitowoc Clinic, SC, PO Box 3008, Manitowoc WI 54220. 2-5/86

Internal Medicine, Board-eligible/certified, for hospital guaranteed, solo practice. Presently five family practitioners, one internist, general surgeon, radiologist and part-time pathologist. Young, mostly residency-trained staff. Thirty-six bed Iron County General Hospital, Iron River, Michigan, JCAH accredited for last ten years. Office/consultation work for many older adults in 15,000 population area. Hospital desires stronger geriatric, medical services. Peaceful, small-town life in beautiful Upper Peninsula of Michigan. CV requested. Contact Bryan Hehemann, Administrator, 906/265-6121. 2/86

Wisconsin. Pediatric allergist or other pediatric subspecialty to join multispecialty clinic in city of 150,000. Send CV to Dept 577 in care of the Journal. p2-4/86

Family Practitioner position available with 25-member multispecialty group. Excellent benefits and competitive salary. Contact W J Mommaerts, Administrator, West Side Clinic sc, 1551 Dousman St, Green Bay, WI 54303; ph 414/494-5611. 2-5/86

Appleton, Wisconsin seeking physicians for weekend coverage at family practice clinic affiliated with local hospital. Flexible hours and attractive compensation. Submit resume to Emergency Consultants, Inc, 2240 South Airport Rd, Traverse City, MI 49684; 1-800/253-1795 or in Michigan 1-800/632-3496. p2/86

Twenty-nine physician multispecialty clinic located in desirable east central Wisconsin location is seeking Board certified or Board qualified orthopedic surgeon to round out its services. Lab, x-ray, excellent hospital. Liberal guarantee and benefits. If interested contact D R Weber, MD, Fond du Lac Clinic, SC, 80 Sheboygan St, Fond du Lac, WI 54935. p1-3/86

Emergency Medical Physicians needed for a 24-hour emergency service in an accredited acute care facility. Emergency Room is not overly busy, but need the availability of a physician on an immediate basis for our patients. This beautiful northeastern Wisconsin community offers ideal family living with year-round recreational activities. Send curriculum vitae to C Vincent Cassiani, Executive Vice President, Clintonville Community Hospital, 35 N Anne St, Clintonville, WI 54929. 2/86

Physician wanted to join 5-man Family Practice Group in Appleton, Wisconsin and staff satellite clinic in adjacent Kimberly, 3 miles from main office/office. Call-vacation coverage with goal of partnership after one year. Send inquiries and CV to: R O Haight, MD, 1523 S Madison St, Appleton, WI 54915; ph 414/731-9121. p2-3/86

Internal Medicine. Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 2tfn/86

General Internist sought for progressive six-person clinic in northern Wisconsin. Special interest in Critical Care desired. Enjoyable and well-established practice in stable community. Send curriculum vitae to: Don Evans, MD, 1205 O'Day St, Merrill, Wisconsin 54452. p2-3/86

Family Practitioner. River Valley Medical Center is seeking two family practice Board eligible/certified physicians for its multispecialty group of 16 physicians in Northwest Wisconsin. Excellent starting salary and comprehensive fringe benefit package the first year with full group membership after one year. Attached to a progressive 90-bed hospital. We are within 45 minutes of the St Paul-Minneapolis area. Please contact Dr Carl Hansen, Recruitment Chairman or Tom Halverson, Clinic Manager, 208 Adams St, South, St Croix Falls, WI 54024; ph 715/483-3221. p11/85;12tfn/85

Family practitioner needed to join 11-physician expanding multispecialty practice in upper midwest. Board certified or eligible. Clinic adjoins JCAH hospital. Rural location with abundant outdoor recreational opportunities, small four-year college. Excellent salary and benefits. Call collect 715/532-6651 or send curriculum vitae with names of references to: Howard Chatterton, MD, 906 College Ave, West, Ladysmith, WI 54848. 12/85;1-2/86

PHYSICIANS EXCHANGE

continued

Pediatrics/Neonatology: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits, and early ownership. Neonatology skills needed for Level II Nursery. Please send curriculum vitae to R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Family practice opportunity—very busy five-physician practice being covered by four physicians. Pleasant South Central Wisconsin community of 15,000; close to Milwaukee and Madison. Excellent recreational area. First-year guaranteed salary. Excellent benefits. Contact: C Burchardt, Medical Associates, 1200 N Center, Beaver Dam, WI 53916; ph 414/887-7101. 10tfn/85

Physicians needed full or part-time to perform light physicals. Milwaukee area. Professional liability provided. Phone 414/344-2100, Ms Jenkins. 10tfn/84

Family Practitioner needed to join two FPs at the Ellsworth, Wisconsin office of a progressive eleven-physician group. Liberal fringes and financial package. Forty miles from metropolitan Minneapolis/St Paul. Contact R M Hammer, MD, River Falls, WI 54022; ph 715/425-6701 or 612/436-8809. 4tfn/85

West Bend, Wisconsin, General Clinic, a (18) physician multispecialty group, is seeking physicians in the specialties of Internal Medicine, Family Practice, OB/GYN, and Pediatrics. First-year salary guaranteed. Corporate membership possible after one year. Excellent fringe benefits. Located in scenic, recreational area with close proximity to Milwaukee. Please contact Hans W Schmelzling, Administrator, General Clinic, 279 S 17th Ave, West Bend, WI 53095; ph 414/338-1123. 6tfn/85

Wanted Board Certified Otolaryngologist. Head and neck surgeon. Join active one-man practice. General otolaryngology, head and neck surgery, facial plastic surgery, nasal allergy. Computerized office with x-ray, audiologist, and hearing aid dispensing. Northern Wisconsin near Apostle Islands National Lakeshore. Contact James A Hamp, MD, ENT Professional Associates, SC, 2101 Beaser Ave, Suite 1, Ashland, WI 54806; ph 715/682-9311. 10-12/85;1-3/86

OB/GYN: BC/BE to join three OB-GYNs in 31-physician multispecialty group. Beautiful lakefront community of 90,000 located between Milwaukee and Chicago offers a wealth of cultural, educational, and recreational opportunities. Well-equipped clinic and two local hospitals; salary guarantee with incentive bonus; excellent fringe benefits and early partnership. Send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Wisconsin, expanding and innovative group of residency-trained board certified emergency physicians is seeking ABEM certified/prepared emergency physicians for staff and administrative positions at Columbia Hospital in Milwaukee and Kenosha Memorial Hospital. Excellent patient populations, medical and administrative staffs, and medical school affiliation. Equity positions available. Send CV to: Thomas A Reminga, MD, Dept of Emergency Medicine, Columbia 2025 East Newport Ave, Milwaukee, WI 53211; ph 414/961-3508. 12/85;1-2/86

ORTHOPEDIC SURGEON

Mid-Michigan community seeks orthopedic surgeon for service area of 90,000. Guaranteed first year income $150,000. Office space available in medical office building adjacent to the hospital. 214-bed hospital provides excellent diagnostic capabilities and new surgical facilities. Excellent opportunity for a physician seeking busy private practice opportunity with guaranteed success. Contact Vice President of Professional Service—517/723-5211, ext 1823.

p11-12/85;1-2/86

PHYSICIANS EXCHANGE

continued

Wisconsin: Pediatrician with subspecialty interest to join multispecialty clinic that includes general pediatricians, pediatric hematologist, oncologist and neonatologist in city of 150,000. Send CV to Dept 561 in care of the Journal. 8tfn/85

Primary Care—Union Grove opportunity. Physician with background in general practice, pediatrics or internal medicine sought for full-time position with Department of Health and Social Services at Southern Wisconsin Center. This state facility, 20 miles south of Milwaukee, is engaged in the care of the developmentally disabled. Contact John F Brown, MD; Medical Director; c/o Southern Wisconsin Center, 21425 Spring St, Union Grove, WI 53182; ph 414/878-2411, ext 362. 1-2/86

Solo internist desiring general internist to help in rapidly growing practice. Located on shore of Lake Michigan in Michigan's Upper Peninsula. New 107-bed acute care hospital. Campus for Michigan State College of Human Medicine. Call or write Dennis Spender, MD, PC, 218 South 10th St, Escanaba, MI 49829; ph 906/786-1563. p12/85;ltfn/86

Primary care physicians—Family Practice, General Practice, or ER experience desirable. To staff clinics for industrial, walk-in, after hours and satellite medicine. Excellent opportunity—guaranteed salary, profit-sharing, great fringes. Send CV to: Administrator, Manitowoc Clinic, PO Box 3008, Manitowoc, WI 54220. 1-2/86

Ophthalmologist. BC/BE, to join 25-member multispecialty group. Excellent benefits, competitive salary. Call or write: W J Mommaerts, Administrator, West Side Clinic, sc, 1551 Dousman St, Green Bay, WI 54303; ph 414/494-5611. 2-5/86

Cardiologist. Excellent opportunity for a Board certified or eligible cardiologist to associate with a progressive cardiology group in north central Wisconsin. Modern single community hospital offering all varieties of comprehensive cardiology and cardiovascular/thoracic surgery services. Position available now. If interested, send CV to and/or contact D Joe Freeman, MD, FACC, North Central Heart Clinic 425 Pine Ridge Blvd, Suite 204, Wausau, WI 54401; ph 715/845-NCHC (6242). p1-2/85

Family Practice, Internal Medicine, Urology, & ENT. Practice medicine in beautiful northern Wisconsin with established medical group. Call or write: Lakeland Medical Associates, Ltd, Attn: R J Sloan, MD, President, PO Box 549, Woodruff, WI 54568; ph 715/356-3292. 1-3/85

FAMILY PRACTITIONERS INTERNISTS, OB/GYN

The UW Office of Rural Health is seeking primary care specialists for more than 50 communities throughout Wisconsin. Opportunities are available throughout Wisconsin for Board certified physicians trained in US medical schools and residencies.

CONTACT:
Laurie Glowac or Fred Moskol
New Physicians for Wisconsin
University of Wisconsin
Department of Family Medicine
777 S Mills St, Madison, WI 53715
Phone 608/263-4095 7/85-6/86

ORTHOPEDIC OPPORTUNITY NOW

Northern Wisconsin—Two primary care clinics join hospital to recruit full-time orthopedic surgeon. Coverage/relief available from nearby orthopedic group. Community 10,000, service area 22,000.

Call collect
Kevin J Keighron, Executive Director
Langlade Memorial Hospital
Antigo, Wisconsin
Phone 715/623-2331

2/86

PHYSICIANS EXCHANGE

continued

Wanted—Board qualified—board certified obstetrician-gynecologist as an associate. Modern well equipped facility. Excellent starting salary and benefits including profit sharing plan. Please contact Elizabeth Allen Steffen, MD, 734 Lake Ave, Racine, Wis 54303. 9tfn/83

OB/GYN, Family Physician, Pediatrician Board certified/eligible. Full-time to join an established busy group practice in Milwaukee. Send curriculum vitae to Avenue Medical Center, SC, 2711 W Wells St, Milwaukee, WI 53208; ph 414/342-3000. 1-3/86

Pediatrician. Excellent opportunity to join four pediatricians in a very active practice. Growing community, excellent hospital with teaching opportunities available. Close to Milwaukee. Contact John R Guy, MD, 1111 Delafield St, Waukesha, WI 53188; ph 414/542-2536. 1-3/86

Family Practitioner wanted to share existing practice and fully-equipped medical office in Waushara County. Salary plus incentives and opportunity for eventual purchase of practice. Excellent recreational area, a great place to live and raise a family. Send inquiries to Roy Grunwaldt, Administrator, Wild Rose Hospital, PO Box 243, Wild Rose, WI 54984; ph 414/622-3257, ext 212. p11-12/85;1-2/86

Family Practice and Urgent Care. Full and part-time opportunities available at Medic East, Madison's first and only independent walk-in clinic. Very competitive compensation. Contact D A Goodman, MD, 2810 East Washington, Madison, WI 53704; ph 608/244-1213.1tfn/86

Emergency Physicians needed to maintain 12-24 hours ER coverage in Wisconsin hospitals. Candidates must have emergency medicine experience. Excellent salaries. Send CV with letter of interest to: Dept 576 in care of the Journal. 1-3/86

Family Practitioners needed to associate with two-physician practice in resort area satellite of 30-physician multi-specialty group practice. Excellent clinic and hospital facilities. Generous salary, benefits, and relocation. Call clinic manager collect at 701/852-4121 or write Medical Arts Clinic, PC, Box 1489, Minot, North Dakota 58702-1489. 1-3/86

Position for Board certified family practitioner in rural Dodgeville, 50 miles southwest of Madison, Wisconsin; to join a group of three Board certified family practitioners. This opportunity includes call-sharing, modern local hospital, Madison consultants, guaranteed salary, and paid malpractice and health insurance. Contact Dr Jonathan Morey (608)935-3301 (office) or (608)987-3743 (home). 1-3/86

Milwaukee, WI. Full-time Family Practitioner to practice in profitable Urgent Care Center; also to develop an ongoing family practice including admissions; long-term commitment including partnership buy-in. Send CV to Joan Gennrich, MD, Redi-Med, Ltd, 10804 W Capitol Dr, Milwaukee, WI 53222; ph 414/466-2002. pl-2/86

Family Practice: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary gaurantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Internist or Family Practitioner to join two Internists and General Surgeon in growing, established, Green Bay area practice. Send CV to John Brusky, MD, 1203 South Military Ave, Green Bay, WI 53404. 7tfn/84

MEDICAL FACILITIES

General and surgical solo practice for sale. Gross in excess of $300,000. Growing desirable midwestern university city with population 25,000. One very well-equipped hospital in county of 60,000 a few blocks away. Owner will remain to introduce. Contact Dept 563 in care of the Journal. 9tfn/85

Beaver Dam Wisconsin. New medical office space available. Excellent opportunity for Dermatology, ENT or Neurology practice. Call 414/887-8887 or write PO Box 678, Beaver Dam, WI 53916. 1-6/86

Rural Family Practice. Well established. Building, x-ray, and EKG laboratory included. Excellent opportunity for solo practice or satellite office near Madison. Netting $60,000 per year for 6 hours per week. Contact Dept 575 in care of the Journal. 1-6/86

Busy OB/GYN practice for sale immediately. Selling physician may continue practicing to acquaint new physician to his patients. Also will finance. Contact Dept 578 in care of the Journal. 2-5/86

MISCELLANEOUS

HOLTER MONITOR

Quality Scanning for reel or cassette type recorders by qualified technicians and certified cardiologists' interpretations, scan price $35.00 with UPS speedy delivery. Recorders loaned, leased, or purchase new dual-channel Holter recorders, $1295.00, with one-year warranty. For more information call Advance Medical and Research Center 1-800/552-6753. 11tfn/85

ADVERTISERS

Acme Laboratories 46
Advanced Technology Associates, Inc 31
Medical Computer Systems
American Physicians Life 36
Dista Products Co (Div of Eli Lilly & Co) 47
Ceclor®
Gaarder Miller Milwaukee Ltd 35
House of Bidwell 6
Marion Laboratories 37, 38
Cardizem®
Medical College of Wisconsin 43
Physician Resource Network
Medical Protective Company 18
Navy Medicine 29
PBBS Equipment 23
Peppino's 46
PrimeCare 48
Professionals Insurance Company, The 32
Roche Laboratories ..... 57, BC
Dalmane®
SK&F Company 19, 40
Dyazide®
S&L Signal Company 46
SMS Services, Inc 49
Upjohn Company, The 39
Motrin® ■

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

continued

MARCH 21, 1986: *Treating the Mentally Ill/Developmentally Disabled Adult.* John J McGee, PhD, Department of Psychiatry, University of Nebraska, presenter. Quality Inn South, 4916 E Broadway, Madison. Application made for 6 hours AMA Category I credit. Fee: $35.00. Info: Training Department, Mendota Mental Health Institute, 301 Troy Dr, Madison, WI 53704; ph 608/244-2411. 2/86

APRIL 4, 1986: *The Heart and the Brain (Clinical Interrelationships).* Sponsored by the University of Wisconsin School of Medicine and Continuing Medical Education Department. Wisconsin Center, Madison. AMA Category I credit, 7 hours; AAFP prescribed, 6 hours; CEUs, 7 hours. Info: Ann Bailey, CME, 454 WARF Bldg, 610 Walnut Bldg, Madison WI 53705; ph 608/263-2854. 2-3/86

APRIL 4, 1986: *Suicide in the Elderly.* Nancy Osgood, PhD, faculty. Conference Center, Mendota Mental Health Institute. AMA Category I, 6 hours credit applied for. Fee: $35.00. Info: Training Department, Mendota Mental Health Institute, 301 Troy Dr, Madison, WI 53704; ph 608/246-9498. 2/86

THIS LISTING is compiled by the State Medical Society of Wisconsin in cooperation with others who wish to maintain a centralized schedule of meetings and courses of interest to Wisconsin physicians and to avoid scheduling programs in conflict with others. Hospitals, Clinics, Specialty Societies, and Medical Schools are particularly invited to utilize this listing service. There is a nominal charge for listing of Continuing Medical Education courses at the following rates: 50¢ per word, with a minimum charge of $20.00 per listing.

BOXED LISTINGS: $25.00 per column inch. Listings of other scientific meetings will be included at the discretion of the editors.

COPY DEADLINE for listings is 15th of the month preceding the month of publication; e.g., copy for the August issue is due by July 15. Address communications to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 800/362-9080.

FOR LISTING of other meetings see the January 4, 1985 issue of the *Journal of the American Medical Association:* Continuing Education Opportunities for Physicians for period January 1985 through December 1985.

APRIL 10-12, 1986: *10th Annual Ophthalmology Current Concepts Seminar '86.* The Concourse, Madison. Sponsored by the Departments of Ophthalmology and Continuing Medical Education, School of Medicine, University of Wisconsin-Madison. AMA Category I credit and University of Wisconsin CEUs—both approximately 18 hours. Contact; Sarah Aslakson, Continuing Medical Education, 610 Walnut St, 465B WARF, Madison, WI 53705; ph 608/263-2856. 1-3/86

APRIL 11–12, 1986: Wisconsin Urological Society, Edgewater Hotel, Madison. g11-12/85;1-3/86

APRIL 25, 1986: *Outpatient Surgery Symposium: Administration and Clinical Applications.* University of Wisconsin, Clinical Science Center, Madison. Sponsored by the Department of Surgery and Continuing Medical Education, School of Medicine, University of Wisconsin; and University of Wisconsin Hospital and Clinics. AMA Category I, AAFP elective, AOA Category 2-D, and University of Wisconsin CEUs—all 7 hours. Contact: Sarah Aslakson, CME, 465B, WARF, 610 Walnut St, Madison, WI 53705; ph 608/263-2856. 2/86

MAY 17-18, 1986: Wisconsin Chapter of the American Acadamy of Pediatrics, Pioneer Inn, Oshkosh. g1-4/86

MAY 30–31, 1986: Wisconsin Radiological Society, American Club, Kohler. g12/85;1-4/86

JUNE 11–14, 1986: Wisconsin Academy of Family Physicians, Telemark Lodge, Cable. g11-12/85;1-5/86

JULY 17–19, 1986: Wisconsin Society of Obstetrics & Gynecology, Embassy Suites, Green Bay. g11-12/85;1-6/86

AUGUST 1–3, 1986: Wisconsin Dermatological Society, The Abbey, Lake Geneva. g11-12/85;1-7/86

SEPTEMBER 5–7, 1986: Wisconsin Anesthesiologists, The Abbey, Lake Geneva. g12/85;1-8/86

SEPTEMBER 11–13, 1986: Wisconsin Society of Internal Medicine, The Edgewater Hotel, Madison. g12/85;1-8/86

OCTOBER 3–4, 1986: Wisconsin Radiological Society, The Concourse Hotel, Madison. g12/85;1-9/86

OTHERS

FEBRUARY 28-MARCH 6, 1986 (California): 21st Annual Marquette-MCW Medical Alumni Association Clinical Conference at La Quinta Hotel, Palm Springs. Sponsored by the Marquette-MCW Medical Alumni Association and the Medical College of Wisconsin. Info: Marquette-MCW Medical Alumni Association, 8701 Watertown Plank Rd, Milwaukee, WI 53226; ph 414/257-8367. p1-2/86

MARCH 20-22, 1986 (Florida): Leukemia Society of America, Second National Medical Meeting, in Saddlebrook, Wesley Chapel (Tampa). Approved 17.5 hours in Category I of the AMA/PRA. Info: Leukemia Society of America, Inc, 733 Third Ave, New York, NY 10017; ph 212/573-8484. g2/86

MARCH 24-28, 1986 (Florida): *Physician in Management Seminars I & II,* at the Belleview Biltmore, Clearwater. Info: Sherry Mason, American Academy of Medical Directors, 4830 W Kennedy Blvd, Suite 648, Tampa, FL 33609; ph 813/873-2000. g2/86

MARCH 31-APRIL 4, 1986 (Colorado): Spring Ski Conference, Keystone Lodge, Dillon. Sponsored by the Marquette-MCW Medical Alumni Association and

LA CROSSE EXERCISE AND HEALTH PROGRAM 1986 SCHEDULE OF WORKSHOPS

Cardiac Rehabilitation: Apr 14-18; June 16-20; July 16-20; July 21-25
Cardiac Rehabilitation for Children: June 27-28
Development of Corporate and Industrial Wellness Programs by Health Care Providers: June 3-6 (La Crosse); Nov 4-6 (Chicago)
Electrocardiographic Interpretation: July 14-18
Fitness and Weight Control: June 9-13; Nov 3-7
Graded Exercise Testing (GXT): June 23-26
Marketing Strategies for Corporate and Public Wellness Programs: June 16-19
Teaching Stress Management and Relaxation Skills: June 2-6; July 14-18; Nov 10-14

Info: Philip K Wilson, Executive Director, La Crosse Exercise & Health Program, 221 Mitchell Hall, University of WI-La Crosse, La Crosse, WI 54601; ph 608/785-8686. 2/86

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

continued

the Medical College of Wisconsin. Info: Marquette-MCW Medical Alumni Association, 8701 Watertown Plank Rd, Milwaukee WI 53226; ph 414/257-8367. p1-3/86

APRIL 10–13, 1986 (California): American College of Physicians 67th Annual Session, San Francisco Moscone Center, San Francisco, Calif. g12/85;1-3/86

WEEKLY SEMINARS

Most major ski areas, Club Med, Disney World, Cruising aboard Sailboats in the Virgin Islands or a Mississippi Paddlewheeler. Topic: ***Medical-legal issues.*** Accredited Category 2 by AMA.

Current Concept Seminars, Inc (since 1980). 3301 Johnson St, Hollywood, FL 33021; ph 800/428-6069. $175. p9-12/85; 1-2/86

State Medical Society of Wisconsin

Dates and locations of ANNUAL MEETINGS 1986–1992

All meetings will be held in Milwaukee at the Milwaukee Exposition and Convention Center and Arena (MECCA) and the new Hyatt Regency as the headquarters hotel.

1986—April 17–19
1987—March 26–28
1988—April 28–30
1989—April 13–15
1990—April 26–28
1991—April 18–20
1992—April 23–25

Meeting days will be Thursday and Friday; the first session of the House of Delegates will convene on Thursday, the second and third on Friday. Scientific programming will be on Friday and Saturday.

Further information: Commission on Continuing Medical Education, State Medical Society of Wisconsin, Box 1109, Madison, Wis 53701. Local telephone: 257-6781; toll-free in Wisconsin: 1-800/362-9080.

APRIL 11–13, 1986 (Illinois): AMA's Seventh National Conference on the Impaired Physician, Hilton Hotel and Towers, Chicago. (see further details in this section) g12/85;1-3/86

APRIL 11-12, 1986 (Kentucky): *Aggressive Management of Diabetes and Obesity,* sponsored by the University of Kentucky College of Medicine. Hyatt Regency Hotel, Lexington. Approved 11 hours Category I of AMA and AAFP prescribed hours. Info: University of Kentucky College of Medicine, CME, 132 COM Office Bldg, Lexington, KY 40536; ph 606/233-5161. p2/86

APRIL 18-19 (Kentucky): *Contemporary Pediatrics for the Practicing Physician,* Hyatt Regency Hotel, Lexington. Sponsored by University of Kentucky College of Medicine. 10 AMA Category I and AAFP prescribed hours. Info: UK College of Medicine, CME, 132 COM Office Bldg, Lexington, KY 40536; ph 606/233-5161. p2/86

Wisconsin Specialty Society Meetings 1986

- Wisconsin Urological Society, Apr 11-12, 1986, Edgewater Hotel, Madison
- Wisconsin Radiological Society, May 30-31, 1986, American Club, Kohler
- Wisconsin Society of Anesthesiologists, Sept 5-7, 1986, The Abbey, Lake Geneva
- Wisconsin Academy of Family Physicians, June 11-14, 1986, Telemark Lodge, Cable
- Wisconsin Society of Obstetrics & Gynecology, July 17-19, 1986, Embassy Suites, Green Bay
- Wisconsin Dermatological Society, Aug 1-3, 1986, The Abbey, Lake Geneva
- Wisconsin Society of Internal Medicine, Sept 11-13, 1986, The Edgewater Hotel, Madison
- American College of Physicians: Wisconsin Chapter, Sept 11-13, 1986, Edgewater, Madison
- Wisconsin Surgical Society, Sept 19-20, 1986, St Mary's Hospital, Madison
- Wisconsin Radiological Society, Oct 3-4, 1986, The Concourse Hotel, Madison
- Wisconsin Neurological Society, Oct 10-11, 1986, The Heidel House, Green Lake

1986 CME Cruise/Conferences on Selected Medical Topics. Caribbean, Mexican, Hawaiian, Alaskan, Mediterranean. 7-12 days year-round. Approved for 20-24 CME Category I credits (AMA/PRA) & AAFP prescribed credits. Distinguished professors. *FLY ROUNDTRIP FREE ON CARIBBEAN, MEXICAN, MEDITERRANEAN, ALASKAN CRUISES.* Excellent group fares on finest ships. Registration limited. Prescheduled in compliance with present IRS requirements. Information: International Conferences, 189 Lodge Ave, Huntington Station, NY 11746; ph 516/549-0869. p2-3/86

AMA

JUNE 21–25, 1987: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 6–9, 1987: Interim AMA House of Delegates, Atlanta, GA.

JUNE 26–30, 1988: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 4–7, 1988: Interim House of Delegates, Dallas, TX. ■

Discount prices on typewriters and copiers

SMS Services, Inc has negotiated an agreement with Modern Business Machines in Madison to provide SMS members with a discount on IBM Wheelwriter 3 Electronic and IBM Wheelwriter Selectronic typewriters (7K memory), with options. Also available is a discount on the Xerox Model 1020 and 1025 copiers with options.

For further information contact Noreen Krueger at SMS Offices in Madison at 608-257-6781 or 1-800-362-9080, extension 141.

THE MONEY MYTH. Doctors, lawyers and corporate executives may hold "prestigious" jobs, but "as a rule they aren't making the most money," says *US News & World Report* in its January 13 issue. "Twice as many salesmen as doctors will be millionaires by age 60," *USNWR* contends in a feature on "How Ordinary People Get Rich." Wealthy doctors are the ones who invested well early on in their careers. Incomes in Wisconsin: Wisconsin's per capita income in 1984 was $12,474. That's a 43% increase in the last five years. The average for surrounding states (Minnesota, Iowa, Illinois, and Michigan) was $12,954 and the US average was $12,789. Source: DILHR, US Department of Labor.■

DHSS TO REPEAT AMBULATORY MEDICAL CARE SURVEY. Wisconsin's Department of Health and Social Services will conduct a statewide ambulatory care survey beginning in April 1986. The survey, similar to one conducted in 1983–84, is designed to develop a comprehensive data source for patient and visit characteristics, physician information, and outpatient morbidity. DHSS will contact Wisconsin physicians, randomly selected by specialty, in March 1986 to request their participation. Participants will be asked to choose 30–40 patients at random and complete a comprehensive questionnaire for each. Demographic information, as well as diagnosis and procedure information, will be collected. The SMS Physicians Alliance Commission has reviewed preliminary reports from the previous study and is once again encouraging Wisconsin physicians to participate in the 1986 survey if requested.■

WISCONSIN FARED WELL IN 1985 AMA SURVEY. A 1985 public opinion survey conducted by the American Medical Association, with statewide and national breakdowns, shows both Wisconsin and the entire East-North-Central region of the United States to have a better-than-average opinion of the medical community. Larry Freshnock, a researcher with the Houston, Texas firm of V Lance Tarrance and Associates, which conducted the study, said it shows a "strong liability profile" in this region. There is, he said, a general belief on the part of the public that "most suits (against physicians) are not justified" and that there is "a growing crisis" in medical liability. He made those remarks during the AMA's National Communications Workshop late last year in Chicago. The Wisconsin survey was made of 400 individuals, interviewed by telephone. Because of the nationwide concern over medical liability suits, Freshnock focused on that issue, but also noted other positive characteristics of the physician image. For instance, the survey showed the public believes physicians are "very involved in the local community" and, in the case of the State of Wisconsin, data show physicians here faring 14 percentage points above their peers nationwide. A major weakness characteristic of this state and the entire region, Freshnock said, is that "doctors don't discuss their fees." Besides malpractice, the survey contained several questions within the general categories of physician-patient relationships and economics. A question unto itself deals with ethics. In response to the query, "How do you rate these professionals as to ethical standards?", these were the results nationwide and in Wisconsin:

	% High and Very High			*% High and Very High*	
	National '84	*Wisconsin '85*		*National '84*	*Wisconsin '85*
Pharmacists	69	69	Medical Doctors	59	58
Clergy	68	66	TV Newscasters	*	33
Dentists	61	64	Lawyers	25	25

*Question not asked in 1984; no data available.

In answer to the question, "Are people who sue physicians justified?", of those polled in Wisconsin, 26% said "yes." Nationwide, 43% said "yes." Asked to rate the amount of money awarded by juries in malpractice cases—the actual question being, "Do you think the amount of money awarded to patients by juries in malpractice suits is usually too much, not enough or about right?"—58% of 400 Wisconsin residents believe the awards were too high. Nationally, the figure was 41%. In Wisconsin and elsewhere, 61% of those polled said they believe there should be a standard limit placed on the amount of malpractice awards. (Note: All figures are comparisons of 1984 national data with 1985 Wisconsin figures.)■

EXCERPTS FROM A SYMPOSIUM
"THE TREATMENT OF SLEEP DISORDERS"[8]

"... highly effective for both sleep induction and sleep maintenance"

Sleep Laboratory Investigator
Pennsylvania

"... onset of action is rapid... provides sleep with no rebound effect to agitate the patient the following day"

Psychiatrist
California

"... appears to have the best safety record of any of the benzodiazepines"

Psychiatrist
California

After 15 years, the experts still concur about the continuing value of Dalmane (flurazepam HCl/Roche). It provides sleep that satisfies patients... and the wide margin of safety that satisfies you.

The recommended dose in elderly or debilitated patients is 15 mg. Contraindicated in pregnancy.

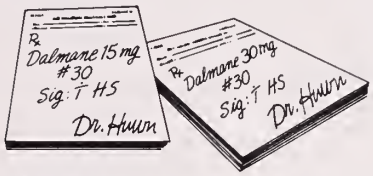
DALMANE®

flurazepam HCl/Roche ⓘⓥ

sleep that satisfies

15-mg/30-mg capsules

References: **1.** Kales J, *et al: Clin Pharmacal Ther 12* 691-697, Jul-Aug 1971. **2.** Kales A, *et al: Clin Pharmacol Ther 18*:356-363, Sep 1975. **3.** Kales A, *et al. Clin Pharmacal Ther 19*:576-583, May 1976. **4.** Kales A, *et al: Clin Pharmacal Ther 32*:781-788, Dec 1982. **5.** Frost JD Jr, DeLucchi MR. *J Am Geriatr Sac 27*:541-546, Dec 1979. **6.** Dement WC, *et al: Behav Med*, pp. 25-31, Oct 1978 **7.** Kales A, Kales JD: *J Clin Psychapharmacal 3*:140-150, Apr 1983. **8.** Tennant FS, *et al*: Symposium on the Treatment of Sleep Disorders, Teleconference, Oct 16, 1984. **9.** Greenblatt DJ, Allen MD, Shader RI: *Clin Pharmacal Ther 21*:355-361, Mar 1977.



DALMANE®
flurazepam HCl/Roche ⓘⓥ

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening, in patients with recurring insomnia or poor sleeping habits, in acute or chronic medical situations requiring restful sleep. Objective sleep laboratory data have shown effectiveness for at least 28 consecutive nights of administration. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended. Repeated therapy should only be undertaken with appropriate patient evaluation.

Contraindications: Known hypersensitivity to flurazepam HCl, pregnancy. Benzodiazepines may cause fetal damage when administered during pregnancy. Several studies suggest an increased risk of congenital malformations associated with benzodiazepine use during the first trimester. Warn patients of the potential risks to the fetus should the possibility of becoming pregnant exist while receiving flurazepam. Instruct patients to discontinue drug prior to becoming pregnant. Consider the possibility of pregnancy prior to instituting therapy.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. An additive effect may occur if alcohol is consumed the day following use for nighttime sedation. This potential may exist for several days following discontinuation. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Potential impairment of performance of such activities may occur the day following ingestion. Not recommended for use in persons under 15 years of age. Withdrawal symptoms rarely reported, abrupt discontinuation should be avoided with gradual tapering of dosage for those patients on medication for a prolonged period of time. Use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated patients, it is recommended that the dosage be limited to 15 mg to reduce risk of oversedation, dizziness, confusion and/or ataxia. Consider potential additive effects with other hypnotics or CNS depressants. Employ usual precautions in severely depressed patients, or in those with latent depression or suicidal tendencies, or in those with impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported: headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins, and alkaline phosphatase; and paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity.

Dosage: Individualize for maximum beneficial effect. *Adults*: 30 mg usual dosage, 15 mg may suffice in some patients. *Elderly or debilitated patients*: 15 mg recommended initially until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.

ROCHE®
Roche Products Inc.
Manati, Puerto Rico 00701

#1 FOR SLEEP

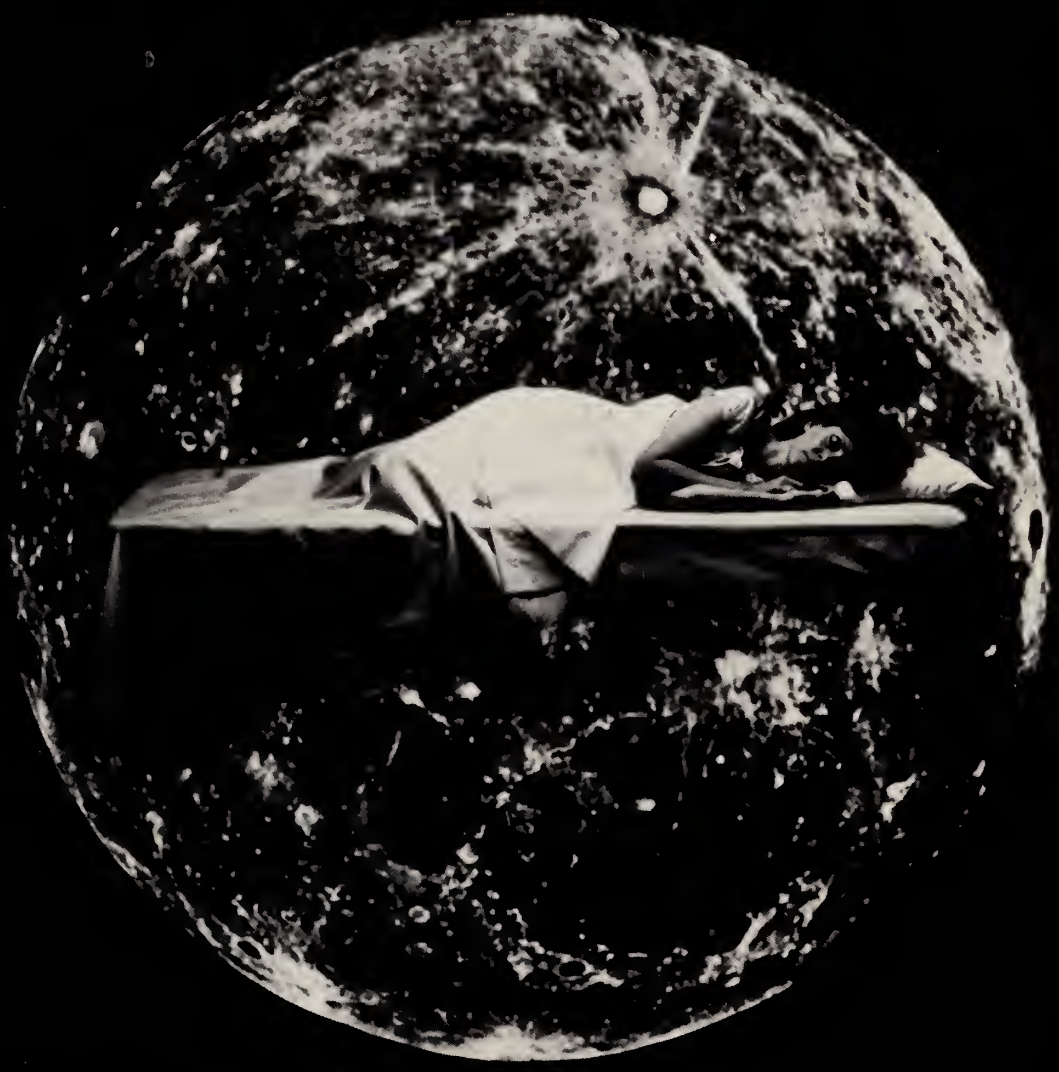
After more than 15 years of use, it's #1 for sleep that satisfies. Patients are satisfied because they fall asleep fast and stay asleep till morning.[1-8] And *you're* satisfied by the exceptionally wide margin of safety.[7-9] As always, caution patients about driving or drinking alcohol.

Please see references and summary of product information on reverse side.

DALMANE®

flurazepam HCl/Roche ⓋⅣ

sleep that satisfies



ROCHE®

Copyright © 1985 by Roche Products Inc All rights reserved

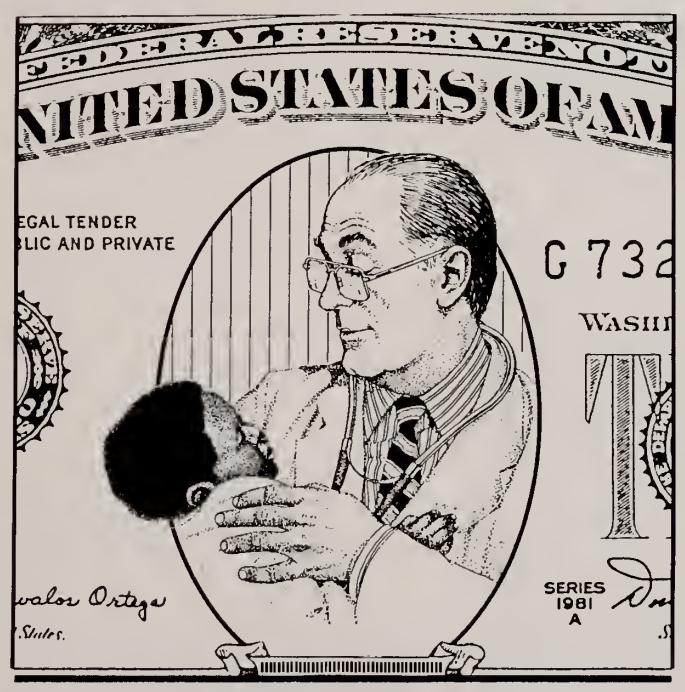
Official Publication of the State Medical Society of Wisconsin

WISCONSIN MEDICAL JOURNAL

V.85 no.3

LIBRARY OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA
APR - 7 1986

Cost-Effective Caring for Children & Adolescents



SMS Annual Meeting April 17–19, 1986
MECCA/Hyatt Regency Hotel Milwaukee, Wisconsin

MARCH
1986

WISCONSIN MEDICAL JOURNAL

ISSN 0043-6542 / Established 1903

Owned and published by
State Medical Society of Wisconsin

Medical Editor
Victor S Falk MD, Edgerton

Editorial Board
Victor S Falk MD, Edgerton *Chairman*
Melvin F Huth MD, Baraboo
M C F Lindert MD, Milwaukee
Andrew B Crummy Jr MD, Madison
Richard D Sautter MD, Marshfield
Dean M Connors MD, Madison
George W Kindschi MD, Monroe
Charles H Raine MD, Racine
Darrell L Witt MD, Wausau
Garrett A Cooper MD, Madison *Emeritus*

Editorial Director
Wayne J Boulanger MD, Milwaukee

Editorial Associates
R Buckland Thomas MD, Monroe
Russell F Lewis MD, Marshfield
Raymond A McCormick MD, Green Bay
Victor S Falk MD, Edgerton
Medical Editor

Staff
Earl R Thayer, Madison
Secretary-General Manager
State Medical Society of Wisconsin

H B Maroney II, Madison
Assistant Secretary-Corporate Counsel
State Medical Society of Wisconsin

Mrs Mary Angell, Madison
Managing Editor

Mrs Marjorie Stafford, Madison
Publications Assistant

NATIONAL ADVERTISING REPRESENTATIVE: State Medical Journal Advertising Bureau, Inc, 711 South Blvd, Oak Park, Ill 60302. Ph 312/383-8800.

LOCAL (WISCONSIN) ADVERTISING: Contact: Mrs Mary Angell, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701. Ph 608/257-6781

SUBSCRIPTION RATES: Members, $12.50 per year (included in dues); nonmembers, $25.00. Single copy: current year, $2.00; previous years, $3.00. SPECIAL RATES: Foreign and Canada, $30.00. Blue Book issue, $8.00. Membership Directory issue, $15.00.

SECOND CLASS POSTAGE PAID at Madison, Wisconsin, and at additional mailing offices.

PUBLISHED MONTHLY. "Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized August 7, 1918." Address all communications to THE WISCONSIN MEDICAL JOURNAL. Street address: 330 East Lakeside Street. Mailing address: Box 1109, Madison, Wis 53701.

POSTMASTER: Send address changes to Wisconsin Medical Journal, PO Box 1109, Madison, Wis 53701.

COPYRIGHT 1986
State Medical Society of Wisconsin

CONTENTS

March 1986

SPECIAL FEATURES

President's Page

5 The hopes of the "young physician," by *John K Scott, MD,* Madison

Editorials

8 HMOs and Medicaid, by *Wayne J Boulanger, MD,* Milwaukee

8 The heat's on, by *Victor S Falk, MD,* Edgerton

8 It's perplexing, by *Victor S Falk, MD,* Edgerton

9 Raw milk, by *Victor S Falk, MD,* Edgerton

Letters

11 Maloccurrence awards—a new approach, by *Howard Mauthe, MD,* Watsonville, California

11 Physical therapist, by *Paul Abler, PT,* Milwaukee

12 A possible partial factor in an eventual solution to the medical malpractice problem, by *Clifton E Peterson, MD,* Kenosha

13 Deliver us, by *Christal Gordon, MD* and *Gary Bridgwater MD,* Madison

13 Doctor Landis: a commitment, by *Linda Reivitz,* Secretary, Department of Health and Social Services, Madison

Socioeconomics

43 Medicaid reimbursement rates frozen; part of budget cuts

43 Tax alert!

43 Clinic managers group elects new officers

Miscellaneous

50 AMA Physician's Recognition Award Recipients

News you can use

58 Medical Examining Board elects new officers

58 Medicare Participating Program Opposition Statement

58 AMA reports available

SCIENTIFIC MEDICINE

15 Liver transplantation at the University of Wisconsin-Madison, by *Munci Kalayoglu, MD; Mark Deierhoi, MD; Raymond Laravuso, MD;* and *Folkert O Belzer, MD;* Madison

18 ABSTRACT: Reappraisal of Delorme's procedure for rectal prolapse, by *Adolf L Gundersen, MD et al,* La Crosse

WISCONSIN MEDICAL JOURNAL (ISSN 0043-6542) is the official publication of the State Medical Society of Wisconsin, devoted to the interests of the medical profession and health care in Wisconsin. Its affairs are handled by the Editorial Board, subject to policy direction of the Society's Board of Directors. The Managing Editor is responsible for the production, business operation, and coordination of contents as well as the final responsibility of the entire publication. The Editorial Director is responsible for Editorials. Unsigned Editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed Editorials express personal views of the author for which the Society takes no responsibility. Neither the Editors nor the State Medical Society will accept responsibility for statements made or opinions expressed in the pages of the Journal. Indexed in "Index Medicus," "Hospital Literature Index," and "Cambridge Scientific Abstracts."

Vol. 85 No. 3

CONTENTS

STATE MEDICAL SOCIETY OF WISCONSIN

19 Neutropenia induced by short-term oral trimethoprim-sulfamethoxazole therapy; case report, by *Gary J Harris, MD* and *Timothy R Franson, MD,* Milwaukee

21 CLINICAL CANCER: Colorectal cancer: Primary management, by *James L Weese, MD,* Madison and Philadelphia, Pennsylvania (Number 4 of a series)

ORGANIZATIONAL

25 SMS selects DC lobbyist as Secretary/GM-designate

25 Auxiliary to survey physician spouses

25 Physicians Alliance director resigns; other staff changes

26 ANNUAL MEETING: Medical liability and the drunk driving/legal drinking age are key issues for '86 House action

28 SMS membership posts record high in 1985

28 Additional seats for House of Delegates, SMS Board

30 House of Delegates: 1986

32 Membership Directory—Update

52 OBITUARIES:
Esther White Goldberger, MD Milwaukee
Martin H Klein, MD Chilton
Richard F Mattingly, MD Milwaukee
Clarence M Strand, MD Sun City, Arizona (Westby)
George O Gundersen, MD Waterloo
Frederick T Mansell, MD Green Bay

DEPARTMENTS

45 PHYSICIAN BRIEFS

46 NEWS HIGHLIGHTS

50 SPECIAL SOCIETIES

50 COUNTY SOCIETIES

53 MEDICAL YELLOW PAGES: Physicians exchange . . . Medical facilities . . . Announcements . . . Medical meetings/continuing medical education . . . Advertisers ■

THE STATE MEDICAL SOCIETY OF WISCONSIN, created by the Territorial Legislature in 1841, represents over 6200 member physicians in Wisconsin, comprising 55 county medical societies and 26 medical specialty sections. The purpose of the Society is to "bring together the physicians of the State of Wisconsin to advance the science and art of medicine and the better health of the people of Wisconsin, and to secure the enactment and enforcement of just medical laws." The major activities of the Society include continuing medical education, peer review, legislation, community health education, scientific affairs, socioeconomics, health planning, services for physicians, operation of a Charitable, Educational and Scientific Foundation, and publication of the *Wisconsin Medical Journal.*

Officers

PRESIDENT: *John K Scott, MD,* Madison
PRESIDENT-ELECT: *John P Mullooly, MD,* Milwaukee
SECRETARY-GENERAL MANAGER: *Earl R Thayer,* Madison
TREASURER: *John J Foley, MD* Menomonee Falls

Board of Directors

CHAIRMAN: *Darold A Treffert, MD* Fond du Lac
VICE CHAIRMAN: *Roger L von Heimburg, MD,* Green Bay

FIRST DISTRICT
Jerome W Fons Jr, MD, Cudahy
Carl S Eisenberg, MD, Milwaukee
Thomas A Hofbauer, MD, Menomonee Falls
Wayne H Konetzki, MD, Waukesha
Fredrick Wood Jr, MD, Kenosha
William L Treacy, MD, Milwaukee
Richard D Fritz, MD, Milwaukee
William J Listwan, MD, West Bend
Glenn H Franke, MD, Milwaukee
Lucille B Glicklich, MD, Milwaukee

SECOND DISTRICT
J D Kabler, MD, Madison
Cyril M Hetsko, MD, Madison
James J Tydrich, MD, Richland Center
Alwin E Schultz, MD, Madison
Kenneth I Gold, MD, Beloit

THIRD DISTRICT
Pauline M Jackson, MD, La Crosse

FOURTH DISTRICT
John J Kief, MD, Rhinelander
Jung K Park, MD, Wisconsin Rapids
W George Locher, MD, Wausau

FIFTH DISTRICT
Darold A Treffert, MD, Fond du Lac
Kenneth M Viste Jr, MD, Oshkosh
C William Freeby, MD, Appleton

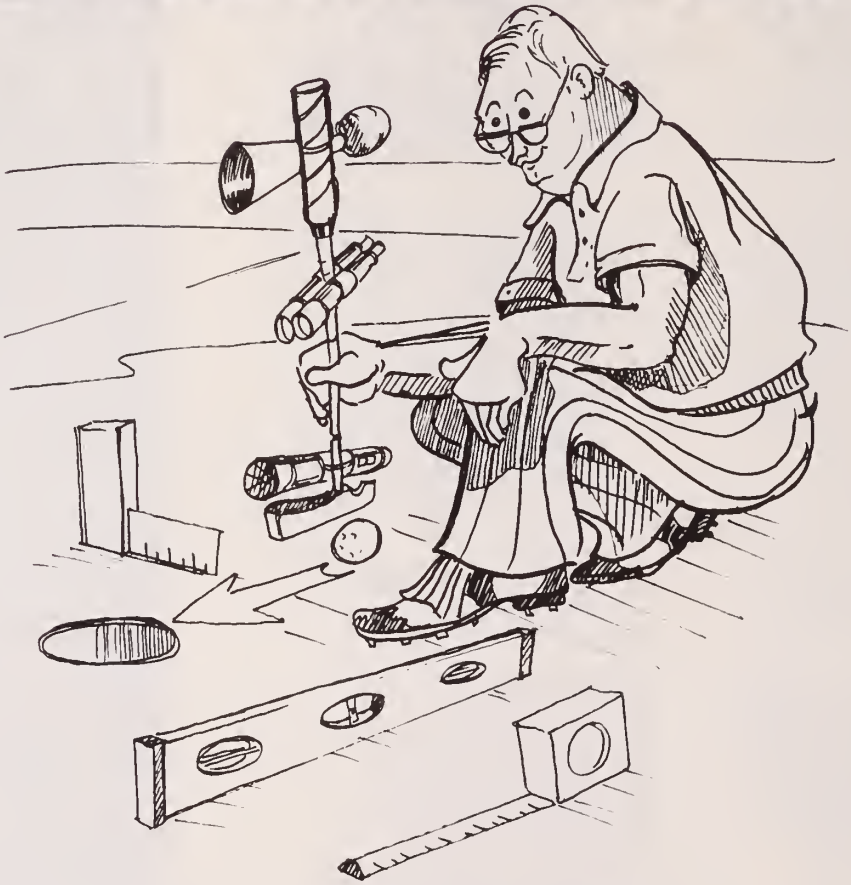
SIXTH DISTRICT
Roger L von Heimburg, MD, Green Bay
Joseph C DiRaimondo, MD, Manitowoc

SEVENTH DISTRICT
Marwood E Wegner, MD, St Croix Falls
Philip J Happe, MD, Eau Claire

EIGHTH DISTRICT
Joseph M Jauquet, MD, Ashland

PRESIDENT: *Doctor Scott*
PRESIDENT-ELECT: *Doctor Mullooly*
PAST PRESIDENT: *Timothy T Flaherty, MD,* Neenah
SPEAKER: *Duane W Taebel, MD,* La Crosse
VICE SPEAKER: *Vernon M Griffin, MD,* Mauston

BEWARE OF A "GIMME"



We Can Help Save $trokes!

The "straight line" about leasing is — it is merely another form of financing that helps you hold your bank line. In the past, many financial advisors have backed away from leasing. Today, however, it is the "USE" of equipment that produces profit. Lease anything from computers to blood analyzers to digital radiology equipment.

For any further information and/or quotations you may need to complete or update your facility, call Robert A. Mangan or Mariann R. Hauser at (414) 255-1040. There is no obligation.

SMS SERVICES INC
STATE MEDICAL SOCIETY OF WISCONSIN • SUBSIDIARY •

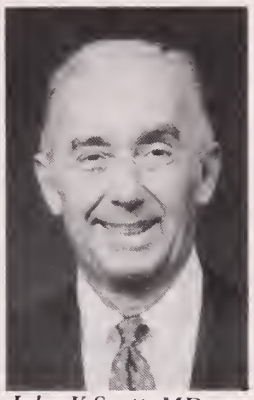
ENDORSED BY
SMS SERVICES, INC.
FOR MEMBERS OF THE
STATE MEDICAL SOCIETY
OF WISCONSIN

LEASENU INC

Member F&M Financial Services Corporation

N88 W16554 Main St. • P.O. Box 216 • Menomonee Falls, WI 53051

The hopes of the "young physician"


John K Scott, MD

THE TERM "young physician" refers to physicians in the first few years of their careers *after* training. Specifically, the young physician population includes those individuals who are either within the first five years of professional employment or 40 years of age or under—excluding residents or fellows. In recent years, efforts have been concentrated throughout the Federation on the needs and concerns of medical students and residents. The "young physician's" interests and concerns are drastically different than those of medical students and residents or those of more established physicians.

A study of young physicians encompasses the following activities:

—The demographic and socioeconomic characteristics of the young physician population;

—Membership trends among young physicians;

—Existing and planned AMA products and services of special interest to young physicians.

Young physicians represented about 42 percent of the entire physician population in 1983. In addition, the population of young physicians—like the entire physician population—continues to grow. The growth rate of the young physician population, however, is outpacing that of the total physician population. From 1970 to 1983 the growth rate of the physician population under 40 years of age was 62 percent. This compares to a growth rate of 51 percent for physicians over 40 years of age, and 56 percent for the physician population as a whole.

Not only are young physicians increasing in number but also the demographic composition of this group is changing. In 1970, only 9.2 percent of physicians under the age of 40 were females. By 1983, this percentage had grown to 19.4 percent. This means that about one out of every five physicians currently under the age of 40 is female—as compared to only one female physician out of ten among those who are over the age of 40.

The key implication of these demographic findings is that young physicians represent a sizable and growing constitutency of organized medicine. Further, we know from other survey results that young female physicians often choose different types of employment settings for a variety of reasons that differ from their male counterparts. Both the growing size of the young physician population and the increasing proportion of young female physicians may necessitate a change in the ways in which organized medicine responds to this group.

Young physicians appear to have been more seriously affected by the current environment than have older physicians. These findings were reinforced by the financial concerns expressed by young physicians. UW-Madison Medical School graduates had a combined debt of $4.8 million when they began practice this year.

One student faces an $85,000 debt to pay off during his early years of practice. A year earlier, the highest debt was $69,000.

But even as student debt increases, the ability of new physicians to repay those debts is dwindling.

Family practice physicians and some internists who are going into practice are being hired at salaries as much as $10,000 a year less than were paid new doctors a couple of years ago.

Clinics around the state are able to hire new doctors for about $45,000 a year. In Madison, a new family practice doctor will be paid about $55,000—if he can find a clinic that will accept him as part of the practice.

Specialists earn more, but they have to find a place to practice in a field that is becoming crowded.

There are several reasons for the increasing medical student debt load.

One is an increase in tuition. Medical students now pay about $6,000 per year in tuition.

A second reason is that medical students—who are all graduate students—often have wives and children today.

Thirty years ago, a medical student deferred marriage and a family; today, a number of students are coming into school with family responsibilities.

Finally, one reason students borrow more money is that there are more lenders available. Those students have the debt but not the relatively high earning power of a physician.

The danger in all this is that we may be getting to a point where only the wealthy will be able to go to medical school. I'm not sure that will be good for medicine.

This is clearly an area of major concern to young physicians who will require careful monitoring and further analysis in the years ahead.

—The majority of young physicians are employees during their first year in practice. At some point during the first five years in practice, however, there is a gradual shift away from employee status to self-employment—although even among all young physicians in their current practice year, fewer than half are exclusively self-employed.

—The most significant finding is that a large number of young physicians appear to be juggling a combination of practice modes. This may indicate that in order to maintain their incomes—which, when adjusted for inflation, are below 1970 income levels—young physicians must put together diversified compensation packages.

—The fact that the percentage of young physicians with a diversified employment situation increases from 20.2 percent during the first year of practice to 29.0 percent during the current practice year indicates that this may be a growing trend not only among young physicians but also possibly among more established physicians.

In general, young physicians were asked to indicate the three most important factors that influenced their employment decisions during their first year of practice. Location preference is the predominant factor influencing employment decisions for young physicians. Although the opportunity to pursue professional interest ranks second as an important factor during the first year in practice, personal autonomy is the second-ranking consideration in employment decisions during the current practice year. Quality of care considerations also rank highly as an influence on the employment decisions of young physicians.

The major implication of all these socioeconomic findings is that a dynamic practice environment clearly exists for younger and older physicians alike and that many changes are just beginning to unfold.

A third major topic area relates to the priorities and concerns of young physicians—both now and in the future. Enjoying a balanced lifestyle was ranked as the top priority both now and five years from now. Ranked next were having financial security, continuing educational growth, and establishing and building a practice.

Young physicians overwhelmingly indicated that the AMA should place greater emphasis on resolving the professional liability situation. Although the professional liability situation affects physicians of all ages, it poses some problems that are unique to younger physicians. For example, young physicians do not have the option of taking an earlier retirement when faced with exorbitant increases in liability premiums. Without affordable liability coverage, young physicians are also more likely to face difficulties obtaining hospital privileges as compared with their older colleagues who already have such privileges. These represent a few of the growing concerns related to the professional liability situation.

Other areas in which the majority of the young physician survey respondents expressed a need for the AMA to place great emphasis included:

—Reducing government regulation of medicine;
—Improving the public image of physicians;
—Advocating high quality of care; and
—Addressing socioeconomic concerns.

Additionally, the results of the survey indicate that young physicians feel it is appropriate for the AMA to take a stand on various social issues. Of the four social issues evaluated in the survey, those found to be of most concern to young physicians were drunk driving and smoking.

A recent survey addressed two separate issues that were of particular interest to young physicians. The first issue concerned the availability of hospital staff privileges. The survey findings indicated that while nearly 92 percent of the respondents currently have all the privileges they desire at the hospital of their choice, one in ten (10.8%) had difficulty obtaining privileges at some time.

Physicians who are currently without desired privileges, and those who have, at some time had problems acquiring privileges by specialty. General/family practitioners have the highest incidence of having experienced difficulty in obtaining privileges—followed by surgeons, psychiatrists, and internists. Young family physicians are also more likely than other specialists to be currently without the hospital privileges of their choice.

Like the professional liability issue, the availability of hospital staff privileges is an issue that may impact increasing numbers of future young physicians as this group continues to increase in size and as consolidation continues in the hospital sector. Even though it appears that privileges are available for the vast majority of young physicians who seek them had a problem and by the extensive efforts required by some in order to obtain such privileges.

Young physicians are most interested in *risk management* seminars for *professional liability.* The second highest interest was expressed for access to group purchasing for *supplies, equipment,* and fringe benefits; and third ranked was the interest for guidance on contract *evaluation or negotiation.*

The total cost of a "complete" dues package may be too expensive for some young physicians.

The disproportionate impact of competition on young physicians' incomes and the effect this has on the affordability of memberships in the various levels of organized medicine is clearly an important factor. Other factors that appear to have some bearing on the membership patterns of young physicians include a strong national association that can provide professional liability, government regulation, public image, and excellence in medical care.

The final topic area concerns the active involvement of young physicians in organized medicine. Surprisingly, over 44 percent expressed interest in becoming more active in organized medicine.

To determine if there were pathways to leadership that were more successful than others, a study was conducted of the leadership pathways of AMA officers and trustees, serving from 1984 to 1985. This study provided even further evidence that the single most successful pathway to national AMA leadership begins through active participation at the local and state levels, and included subsequent participation as a delegate in the AMA House of Delegates.

Given that most young physicians seem to prefer local involvement and that the successful pathway to national leadership most often begins at the local level, it would be useful to assess the extent to which opportunities for active involvement currently exist at the various levels of organized medicine. In a survey of the Federation, 30 percent of the members of state medical associations, on the average, are under age 40. However, only about 13 percent of the state-level council or committee positions are held by young physicians.

At the AMA level, the findings are strikingly similar. At the June 1984 meeting of the AMA House of Delegates, the average age of delegates was 59 years, and there were only two "non-resident" delegates who were under the age of 40. This amounts to less than one percent of the total delegates which contrasts sharply to the 30 percent market share that the AMA currently holds among this group.

A generation ago, the needs and concerns of physicians in practice for five years did not differ dramatically from those of a physician in practice for 25 years, but the environment has changed.

Young physicians are increasing in numbers and represent a diverse group who not only have a variety of employment patterns but also have unique needs and concerns associated with such diversification. Young physicians, as a group, also appear to be experiencing a more difficult time financially than either their predecessors or their more established colleagues. Despite such economic uncertainty, young physicians, on the average, tend to place greater emphasis on the value of a balanced lifestyle over the attainment of financial security.

While younger and older physicians may differ in many respects, they also share a number of common concerns and interests. These include the factors that influence their employment decisions as well as many of the reasons they look to organized medicine.

The major issue is finding a way to strengthen the involvement and participation of young physicians throughout the entire structure of organized medicine. This translates to increased membership market share among this group combined with an expansion in the number of opportunities for the direct representation and participation of young physicians in policy-making forums at all levels of organized medicine. The most effective way to make this happen may be for the AMA to set a positive example that others in the Federation could follow.

Young physicians now need organized medicine more than ever before. Many young physicians want to be more involved in their professional association. ■

Wayne J Boulanger, MD, Editorial Director

Unsigned editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed editorials express personal views of the author for which the Society takes no responsibility.

HMOs and Medicaid

MUCH HAS BEEN said and written about the method of handling a young Medicaid patient who ultimately died of pneumonia following a snafu in authorization of medical care by its HMO. The HMO has been criticized, and reforms have been called for.

The Department of Health and Social Services, unable to afford its Cadillac Medicaid program last year, came up with the idea of putting welfare recipients into HMOs, favoring a capitation method of controlling costs—especially since the cost overruns would have to be borne by the HMO.

In Wisconsin, Medicaid has always been a financial disaster. For the state to dump it into the laps of the HMOs and force them to bear the burden shows a shameless lack of conscience.

HMOs work because of a cooperative effort by their subscribers and providers to keep costs down, and the successful ones do so because their subscribers are employed, well-motivated families who have a clear understanding of what their coverage will provide.

Under Medicaid, urban welfare families have never had an incentive to save money. They have been an emergency room and ambulance call-oriented group whose bills were always paid by the welfare department. In the past, if they didn't want to keep an appointment or take a medication, they simply started all over the next night with a different emergency room physician.

But now these families are taken care of with fixed-dollar amounts; and if their HMOs are going to survive, their subscribers are going to have to follow the rules. The time has come for the state either to provide higher capitation based on actual experience or clamp down on the Medicaid abusers. It's not fair to dump the problem into the laps of the HMOs and run away.

—*Wayne J Boulanger, MD,* Milwaukee

The heat's on

WIPRO's two-year contract, along with that of 14 other peer review organizations, will terminate in July. These PROs were given until mid-February to come up with new proposals in order to hold onto their jobs for another two years. Thus the heat is on for the PROs to improve their batting averages *promptly*. The new plan scales back review in some hospitals regarded as "good performers" while applying more pressure to the so-called "problem" facilities. The new work plan requires the PROs to set specific targets for reducing admissions and enhancing quality. It does not require PRO review of care provided by HMOs.

WiPRO made a decision to discontinue on-site review and to shift the review focus to three regional locations in Madison, La Crosse, and Milwaukee. The records will be kept at the regional review centers for a period, then stored in a central facility at Madison, and eventually shredded. The Wisconsin Hospital Association believes that this shift will result in a 1.5 to 2 million dollar increase in extra review costs.

Despite a day-long discussion, WiPRO has taken the position that its decision to move to off-site reviews is irrevocable. WiPRO is also unable to reimburse hospitals for the cost of copying or transporting the records that are requested.

The primary reason for the change to this type of review seems to be HCFA complaints about the accuracy of reviews. Thus the problem does not lie with the hospitals but with the WiPRO reviewers, who apparently have not been able to learn and follow all the complex instructions necessary for various reviews covering various conditions.

Physicians have been warned that they had better accept PROs gracefully and gratefully, or something worse will be imposed from a higher level. It's like the sign behind the bar: "The gloomy patron was told to cheer up as things could be worse. So he cheered up and sure enough things got worse."

—*Victor S Falk, MD,* Edgerton

It's perplexing

AN ASSOCIATED PRESS story from La Crosse reported that a 39-year-old school teacher had been seen by a chiropractor for ten years for treatment for headaches. He suffered two debilitating strokes, the first of which occurred right after a treatment session. "Tests indicated that an artery at the base of his neck had been torn."

The patient and his wife sued the chiropractors and accepted a 1.4 million dollar out of court settlement. The remarkable thing was that the agreement stipulated that there was no finding of malpractice or wrong doing by the chiropractors.

All physicians have very loyal patients, but how many patients would continue seeing a physician for headaches over a period of ten years without some questions arising? It's perplexing that one of the following situations was not brought up by the patient: "How about a specialist?"; or the patient might well have gone off to a medical mecca; or "I want a second opinion (pronounced secundupin-

ion in one word as in damnyankee); "I have tried everyone else in town and they couldn't fix me so I finally had to use you."

The La Crosse patient is now in a nursing home, and he is able to communicate with his family by tapping a key board which signals a computer to activate a sound speaker that produces a few words. The patient's lawyer said the settlement may be the largest chiropractic malpractice settlement in the state and one of the top two in the country.

—*Victor S Falk, MD,* Edgerton

Raw milk

IN THESE TIMES of relative enlightenment one would not expect to encounter problems from the ingestion of raw milk. However, either through inadvertence or through the misguidance of food fanatics who fancy their nutrition in a so-called "natural state," there still are infections associated with raw milk.

It can happen here even in America's dairyland. In the January 17 issue of the *Journal of the American Medical Association* there appeared an article describing an outbreak of gastroenteritis due to *Campylobacter* in Waukesha County. In July 1982 the Waukesha County Department of Health received reports of three confirmed and four suspected cases of *Campylobacter* gastroenteritis that had occurred among 38 persons attending a family gathering. Raw milk was served at the meal. The milk had been provided by a neighboring farmer, and it was subsequently learned that the milk had been sold to the farmer for consumption by horses.

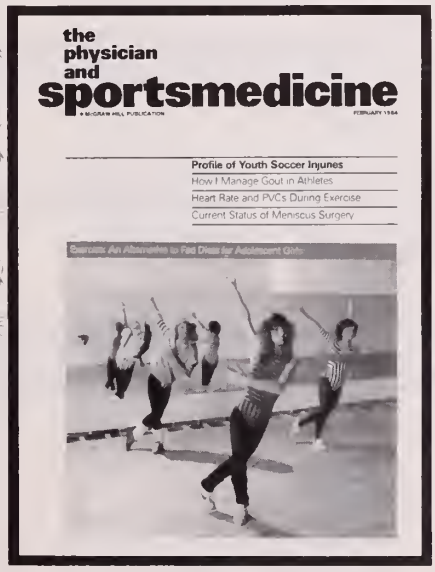
Although the circumstances surrounding the milk supply in this outbreak were unique, it should serve as a reminder that adequate pasteurization of milk is still an obvious necessity.

The outbreak was reported by Bruce S Klein, MD; James M Vergeront, MD; Martin J Blaser, MD; Paul Edmonds, PhD; Don J Brenner, PhD; David Janssen, and Jeffrey P Davis, MD from the Wisconsin Division of Health, the Wisconsin Clinical Science Center, and the Centers for Disease Control, Atlanta.[1]

—*Victor S Falk, MD,* Edgerton

[1]*JAMA* 1986 (Jan 17) 255(No 3): 361-364. ■

OVER 66,000 FAMILY PHYSICIANS READ THIS JOURNAL



Practical information on the medical aspects of fitness and exercise.

Tennis elbow: Joint resolution by conservative treatment.

Hypertrophic cardiomyopathy and the athlete.

Effects of sunscreen use during exercise in the heat.

Overuse injuries to the knee in runners.

How I manage ingrown toenails.

We know you.
We've talked with you.
We have a continuing commitment to serve you.

For professional liability insurance, the stakes are too high to depend on anyone else.

That's why the State Medical Society has endorsed a professional liability plan which has been developed especially for Wisconsin physicians.

Available only to members of the SMS—and offered through SMS Services, Inc.—this medical malpractice policy has superior features including:

- Consent of the physician is required before settlement of any claim.
- Availability of legal counsel, experienced in defendant medical liability.
- All members of claims and underwriting committees are Wisconsin physicians.
- Occurrence coverage provided for claims arising during the policy period, even if claim is reported at a later time.

For the best in professional liability coverage, contact SMS Services, Inc. at (608) 257-6781 or toll-free 1-800-362-9080

Endorsed by the
State Medical Society
of Wisconsin

We know how vital it is to safeguard the present... and to protect the future.

Underwritten by:

A respected leader in coverage for preferred markets.

The Editors would like to encourage physicians to contribute to the LETTERS section where they can ventilate their frustrations as well as opinions. This feature is intended to be lively and spirited as well as informative and educational. As with other material which is submitted for publication, all letters will be subject to the usual editing. Address correspondence to: The Editor, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701.

Maloccurrence awards—a new approach

TO THE EDITOR: Doctor Treffert's testimony as excerpted on the editorial page of the December Journal (*Telling testimony*) contains a point worthy of emphasis. He states: "Malpractice awards have often come not to represent simply negligence, but rather a system of compensation for persons visited by some untoward outcome unavoidable and unanticipated."

Since serving as Council representative on a legislative advisory committee on malpractice years ago, I have become convinced that the real heart of the malpractice problem concerns what might be called "the bad result."

Let us suppose a patient enters a hospital for a straightforward elective operation such as a cholecystectomy. Let us further suppose that through no fault of either the hospital or the health professionals in attendance, a serious abdominal infection supervenes; that further hospitalization and surgery are necessary, causing considerable expense, pain and suffering, loss of time from employment, etc. Isn't it reasonable for such a patient to want and expect some help with his unexpected problem? Shouldn't there be some mechanism to compensate him for what has happened? There are many comparable situations in medical practice where untoward results occur which are not caused by negligence. It is hardly surprising that the public considers it unfair for a patient to be forced to bear such burdens alone.

As matters presently stand, such a patient has no legitimate means of redress. Who can blame him if he succumbs to the blandishments of a plaintiff's attorney who offers a possible source of assistance at no cost to the patient? Such a means of compensation is, of course, fraudulent, since it purports to establish negligence when none exists. Furthermore, as Doctor Treffert points out, most of the money expended in the process goes toward legal fees, court costs, and insurance companies, with the small remainder trickling down to the patient rather too late to do him much good. Certainly our legal system cries out for reform, and corrective legislation is needed.

But I do not believe the malpractice problem will ever be satisfactorily solved until there is an acceptable method of compensating patients who suffer "poor results" not resulting from negligence. Doctor Treffert calls these "maloccurrences," and I rather like his term; but whatever we call them, I think there must be a way of compensating these victims. The method should be simple, direct, fair, and prompt. And it should be efficient enough so that the patients receive at least 80 to 90 percent of the money expended.

Where would the money come from? Physicians and hospitals would probably have to assign a percentage of their fees and charges to fund the system; this should not be difficult if a substantial reduction in malpractice premiums is thereby achieved. How would the system be administered? By health professionals themselves—who else can recognize a "maloccurrence" when they see one? Some ongoing legal advice would no doubt be appropriate; but remember we are not talking about true malpractice here, we are talking about helping the patient who suffers a "maloccurrence," and keeping the whole process out of the courts and the tort system.

If we really value our present system of healthcare, isn't it time to try to solve the maloccurrence problem?

—*Howard Mauthe MD*
258 Smith Road
Watsonville, California 95076

Editor's note: I suspect Doctor Mauthe has not taken care of critically ill patients, for what he is suggesting is a guarantee of a good, uncomplicated result. This would, in my practice, deny a large number of patients appropriate care. For instance, a patient with a ruptured abdominal aneurysm —I can't imagine any surgeon guaranteeing that there will not be, in his words, "a maloccurrence." In the present medical-legal situation in this country, such a guarantee would be insanity; there are innumerable similar medical situations of critical nature.

I am afraid the correspondent doesn't understand that many of the patients most in need of care have the highest incidence of "maloccurrence." In many situations, complications can be expected.

I'm afraid Doctor Mauthe's letter only lends more credence to the trial lawyers' position, which, in the words of Hack Saw Reynolds is, "very disappointing."—RDS

Physical therapist

TO THE EDITOR: I would like to respond to the letter you printed entitled "New drugless healers?" in your December 1985 issue.

The first point that needs emphasis is the difference between the physical therapist and the chiropractor. The PT is educated and works within the framework of the traditional medical model of human pathology. We as professionals enjoy our interactions with most medical doctors. Our mission of improved health of the public is in concert with allopathic philosophies. Most know the chiro-

practic model of disease differs significantly from the aforementioned position of physical therapy. While it is true that both physical therapists and chiropractors touch their patients during different treatment techniques, this therapeutic touch is not in itself negative. The positive psychoemotional bond this touch may facilitate is one benefit of physical therapy. The ever more specialized, technology-oriented field of medicine often misses this point.

As far as being called a "drugless healer," this could easily be seen as a compliment. I am active in treating a Sports Medicine population. The treatment philosophy of many of the physicians I work with is actively conservative. They have realized the benefit of an adequate trial of modern physical therapy before more invasive procedures are undertaken. The various techniques physical therapy utilizes to improve strength, flexibility, and neuromuscular control can often correct many musculoskeletal problems. This does not mean I reject the medical model of treatment. But I do believe physical therapy is under-utilized by some physicians who subject their patients to more radical treatment before all avenues have been investigated.

Allowing physical therapists to be an access site to the traditional medical system has its advantages and disadvantages. One obvious disadvantage is the physical therapist attempting to evaluate and/or treat a problem that is out of his/her knowledge base. In states currently allowing independent physical therapy practice this has not been a demonstrable problem. One advantage you may want to consider is the access to the system for patients who hesitate seeing the traditional medical physician. The patients may fear being hospitalized, using drugs to cover symptoms, or even simple injections. These people may find access to more appropriate care than a chiropractor by seeing a physical therapist. The physical therapist then acts as a facilitator to the medical system.

In summary:

(1) The physical therapist is a member of the medical team.
(2) Physical therapy is very different from chiropracty.
(3) Many times "drugless healing" is desirable.
(4) Physical therapists as primary care givers could enhance traditional medicine, both in access and image.
(5) By working together as caring members of the medical team, physical therapists and physicians can improve our already fine system.

—*Paul Abler, PT*
Clinic Coordinator
Mount Sinai Sports Medicine
Milwaukee, Wisconsin

A possible partial factor in an eventual solution to the medical malpractice problem

To the Editor: On October 7, 1985 sometime after midnight while attending a North American Arthroscopy meeting at the Broadmoor Hotel in Colorado Springs, I sat down at a hotel typewriter to put down my thoughts about raising the charge for services essential to lawyers at the same percentage increase as applies to my medical malpractice premium. This was shown to the president who seemed quite impressed. With minor revisions, it was then distributed on November 1, 1985 to the orthopedic surgeons attending the Wisconsin Orthopedic Society meeting in Oconomowoc, Wisconsin, and they seemed very favorably inclined to this idea, with no one actually opposing it.

Guidelines for appropriate charges for various physician-services essential to lawyers seem worthwhile. These charges will vary depending upon the locality and include, for orthopedic surgeons at least, giving testimony, writing reports, and photocopying records.[1]

Huge and repeated yearly rate increases in medical liability insurance costs demand that eventually these increases must be passed off in some form of higher fees, particularly since malpractice premiums are increasing at least 10 times faster than any other aspect of medical practice costs.

But is it fair for orthopedic surgeons to evenly raise the fees of *all* patients when only 1%-10% of our patients (varies immensely from one orthopedic surgeon to another) requires legal services? Isn't it more fair to pass at least a major portion of the increase in malpractice premiums onto that small group of our patients who utilize legal services—particularly since lawyer business is a very major cause of the increase in that cost?

If this seems reasonable, and after establishing guidelines, it follows that to increase our charges for legal services to lawyers at the same percentage as the yearly increments in our malpractice insurance costs (up to the actual cost increase) is not only reasonable but also an outstanding service to our 90%-99% of patients who use no lawyer services.

And if the patient using those lawyer services objects, isn't it reasonable to say, "But do you really feel that your lawyer is worth 1530 times more than my charges are? And you don't complain to him (her), do you?"[2]

But more important, could this mean that trial attorneys as a group (excluding primarily malpractice attorneys) could then become our allies for changes that would benefit the public? Because isn't it obvious that the only group that *always* benefits from our current malpractice laws are trial attorneys? Certainly the public as a group does not benefit in a cost-effective manner when 20% of the malpractice premium dollar goes to the injured patient. Some would say that as long as it is financially advantageous to the trial lawyers to aggravate the medical malpractice situation (as opposed to helping cure it), they will do so; when it is no longer financially advantageous to the lawyers, they will then think about good public policy, and the public will be better served. Would tying charges for physician services that are essential to lawyers to the same percentage of yearly increase that physicians face in medical malpractice insurance premiums accomplish the objective of working toward the ideal of minimizing the occurrence of malpractice by new laws that truly serve the interests of the public?[3]

1. A guideline for charges that are well below the charges for the better known malpractice lawyers could be used, such as $100 minimum for a letter with an opinion (plan on a $200 average charge), $500 minimum for testifying ($200 per hour additional beyond 2½ hours), $100 per hour for preparation for testifying, photocopying at $25 for the first page and $1 for each additional page, etc (I read the entire data sent to lawyers before sending it, and the $25 is a charge for my time).
2. On average, a rough calculation of my total charges for 1½ years of treatment of accident cases equals approximately 3% to 5% of the total fees received by the litigating attorney.
3. Example: If the orthopedic surgeon charged $100 in January 1985 for a letter to a lawyer with an opinion, this would be raised to $185 in July 1985 because of the approximately 85% overall increase in malpractice premiums beginning July 1, 1985 in Wisconsin (90% for the FUND, nearly 70% for WHCLIP). It is expected that beginning July 1, 1986, there will be at least another 85% overall increase, which would mean that the price for the letter would then be $342.

If the orthopedic surgeon instead charged $200 for that same letter in January 1985, as of July 1, 1985 the price would be $370. If the percentage increase of 85% applies also to July 1, 1986, the charge would be $684.

If such a policy could be followed, there is a perception that increments in charges to lawyers for services essential to the legal profession at the same yearly percentage increase as applies to medical liability premiums would bring this problem more forcefully to the attention of the average lawyer than has been the case in the past.

—*Clifton E Peterson, MD*
1400 75th St
Kenosha, Wisconsin 53140

Deliver us

To Doctor Boulanger: Deliver us from sexist editors who impede the acceptance of physicians on the basis of ability rather than gender.

We must object to your litany for 1986. It is without question, a step backward to ask the Lord to deliver us from "women physicians who abandon their femininity for the sake of acceptance." The whole list as published in the recent *Wisconsin Medical Journal* (January issue) was conceived in bad taste, and though written, we're sure, tongue in cheek, only serves to reinforce negative stereotypes of physicians as patronizing, money hungry, conservative, condescending, sexist, narrow-minded elitists.

But perhaps in your case this is no stereotype. Judge not lest ye be judged.

We think that you are setting the world back to the dark ages rather than getting it on a steady progressive track. You are not much of a preacher either.

—*Christal Gordon, MD*
Gary Bridgwater, MD
2 West Gorham Street
Madison, Wisconsin 53703

Doctor Landis: a commitment

To the State Medical Society: It was with deep regret that I received the news of the death of Charles Landis. On behalf of the Department of Health and Social Services, please accept and convey my sympathy to your staff and membership.

Over the last several years, Doctor Landis' contribution to better relations and understanding between psychiatrists and the Department has improved measurably. Doctor Landis' humor, his perspective and his patience enabled us all to build new bridges in pursuit of what we see as common public policy goals. His passing deprives us all of a valued and trusted friend of Wisconsin state service.

In memory of Dr Charles Landis, let us commit ourselves to continuing on the path on which he so diligently guided us. We will miss him.

—*Linda Reivitz,* Secretary
Department of Health
and Social Services
State of Wisconsin
1 West Wilson Street
PO Box 7850
Madison, Wisconsin 53707■

AMERICAN PHYSICIANS LIFE

Serving All Your Life Insurance Needs.

American Physicians Life's comprehensive and competitively priced line of insurance products is now being offered exclusively through SMS Services Inc., to State Medical Society members.

APL is a majority-owned subsidiary of Physicians Insurance Company of Ohio (PICO) and a sister company of The Professionals Insurance Company, the carrier of the SMS-endorsed Professional Liability Insurance Plan.

APL coverages available to you through SMS Services Inc., and its authorized insurance representatives include:

- Innovative Universal Life coverages
- Low Cost Graded Premium Whole Life plan
- Yearly Renewable and Convertible Term Life protection
- Non-cancellable Disability Income programs
- Single and Flexible Premium Annuities
- Comprehensive Office Overhead Expense protection

Why not contact SMS Services Inc., today to find out how American Physicians Life can solve all your life insurance needs.

CONTACT:

SMS SERVICES INC.
330 EAST LAKESIDE STREET
P.O. BOX 1109
MADISON, WISCONSIN 53701
(608) 257-6781 OR TOLL FREE
1-800-362-9080

Liver transplantation at the University of Wisconsin-Madison

Munci Kalayoglu, MD; Mark Deierhoi, MD; Raymond Laravuso, MD and *Folkert O Belzer, MD,* Madison, Wisconsin

ABSTRACT. ***Since July 1984, ten liver-transplant operations have been performed on four children and four adults at the University of Wisconsin Hospital and Clinics. Pediatric transplantations can be performed with only a few units of blood, even without a bypass, and within five to six hours. Adult transplantations require greater quantities of blood, operative bypass, and more time. During the first year of the transplant program, there have been no perioperative deaths, and no deaths due to either infection, unsatisfactory liver grafts, or technical complications from surgery. Two adult patients did die, one of complications unrelated to surgery and one of chronic rejection. The remaining six patients are presently alive and have resumed normal, daily activities. Public and professional education to emphasize the critical need for organ donation is vital to maintaining the success of liver transplantation.***

Key words: Donor, Liver, Recipient, Rejection, Transplantation

In 1983 a Consensus Development Conference of the National Institutes of Health reported that liver transplantation was an acceptable treatment for end-stage liver disease.[1] As a result of this report, many transplantation centers in the United States instituted programs for liver transplantation.

At the University of Wisconsin Hospital & Clinics liver transplantation was a program added to the already established programs for kidney, pancreas, and heart transplantation. During 1984, 172 kidneys (109 cadaveric donors and 63 living-related donors), 15 pancreases, and five hearts were transplanted. In addition, since July 1984 ten livers also were transplanted. This article describes the development of the liver transplantation program at the University of Wisconsin-Madison and reports on its results.

Establishment of the program. The first human liver transplantation was performed by Dr Thomas Starzl in Denver in 1963. Up to 1980 about 235 such operations had been performed worldwide. The results were discouraging because the one-year survival rate for patients was about 30%.[2] However, since the 1980 advent of cyclosporine immunosuppression, the one-year survival rate has increased to about 70%. Because of this encouraging upturn in survival statistics the University of Wisconsin Hospital initiated its liver transplantation program.

The NIH Consensus Development Conference suggested criteria for an institutional program for liver transplantation: (1) surgeons capable and willing to perform the procedure, (2) access to a hepatologist, (3) an active program for renal dialysis, (4) adequate operating room and intensive care facilities, (5) an active infectious-disease program, and (6) a blood bank capable of providing the necessary amounts and types of blood and blood products. The Conference additionally suggested the availability of other support, including psychiatric services for the patient and family, expertise in transplantation immunology, and extensive community backing for the program. The University of Wisconsin Hospital met all these criteria and had all the necessary support services to establish and maintain a liver transplantation program. The liver transplantation program became active in July 1984.

Indications for liver transplantation. There are three primary indications for liver transplantation: (1) chronic end-stage liver disease, (2) acute liver failure, and (3) hepatic cancer.

The indications for pediatric liver transplantation differ from those of adults. About half of pediatric candidates have biliary atresia, whereas about one-third of adult patients have active chronic hepatitis or primary biliary cirrhosis. In cases of hepatic cancer, we believe that cholangiocarcinoma is not a good indication for liver transplantation. However, hepatoma, especially the fibrolamelar type, is a good indication if the patient has no disease other than disease of the hepatobiliary system or no metastasis. For patients with acute failure of the liver, transplantation may be life-saving.

We use selection criteria similar to those for the Pittsburg Transplant Group.[3] For chronic end-stage liver disease these standards include bilirubin greater than 15 mg/dL, prothrombin time more than five seconds greater than normal values and medically un-

From the University of Wisconsin-Madison; Departments of Surgery, Anesthesiology, Pediatrics, Internal Medicine, Pathology, and Radiology, Madison. Reprint requests to: Munci Kalayoglu, MD, University of Wisconsin Medical School, Dept of Surgery, Transplant Service, 600 Highland Ave, Madison, Wis 53792 (phone: 608/263-1384). Copyright 1986 by the State Medical Society of Wisconsin.

correctable, serum albumin less than 2.5 g%, and encephalopathy untreatable by procedures such as lactulose or neomycin therapy and a protein-restricted diet.

Evaluation of a candidate for liver transplantation. At the University of Wisconsin Hospitals, candidates for liver transplantation have a preliminary outpatient evaluation. However, a detailed study of screened candidates may include angiography, which requires hospitalization.

Donor criteria. Donors must be less than 40 years old, have no history of liver disease, and have not had previous biliary-tract surgery. We restrict the operation to patients with compatible ABO blood groups. Donor livers must be normal to gross examination with normal function in tests, which include serum glutamic-oxaloacetic transaminase, serum glutamic-pyruvic transaminase, bilirubin, prothrombin time, and partial thromboplastin time. The donor's liver must be about the same size as the recipient's liver.

Although kidney donors are generally located within Wisconsin, the identification of a suitable liver donor usually requires a nationwide search. This search is facilitated by a computerized telephone network that connects national transplant centers. Liver donors are often located as far as 2000 miles away. Generally the transplantation must be carried out within ten hours, because of the limitation on preservation. Locations of donors and abnormalities of recipients' livers used in the first ten patients in University of Wisconsin Liver Transplant Program are shown in Table 1.

Donor operation. Details of a donor operation similar to the one

Table 1—*University of Wisconsin Liver-transplant Program*

Date of transplant	*Primary disease*	*Patient symptoms*	*Waiting time for suitable donor*	*Location of donor*	*Liver vascularity*	*Blood transfusion*	*Operative bypass*	*Operative time*
7-84 (OT-1)	Alcoholic cirrhosis	Severe esophageal bleeding, hepatic coma, hepatorenal syndrome	6 hours	Canada	Single artery	28 units	Yes	12 hours
8-84 (OT-2)	Acute Wilson's disease	Severe jaundice, bilirubin up 67, hepatic coma, hepatorenal syndrome	36 hours	New Jersey	Double artery, left branches from left gastric artery	8 units	Yes	8 hours
12-84 (OT-3)	Alcoholic cirrhosis	Hepatic coma, hepatorenal syndrome, respiratory arrest, severe jaundice, severe ascitis	24 hours	Columbus, OH	Single artery	48 units	Yes	9 hours
12-84 (OT-4)	Biliary atresia	Uncontrollable encephalopathy, severe jaundice, severe ascitis	1 week	Columbus, OH	Single artery	0.5 unit	No	5 hours
12-84 (OT-5)	Biliary atresia	Severe jaundice, ascitis	2 weeks	Marshfield, WI	Single artery	1 unit	No	6 hours
2-85 (OT-6)	Active chronic hepatitis	Hepatic coma	72 hours	Duluth, MN	Single artery	14 units	Yes	18 hours
6-85 (OT-7)	Sclerosing cholangitis	Jaundice, weight loss, uncorrectable prothrombin time	1 week	Madison, WI	Single artery	10 units	Yes	12 hours
7-85 (OT-8)	Acute fulminant hepatitis	Severe jaundice, uncorrectable prothrombin time	1 week	Wilmington, NC	Single artery	1 unit	No	5.5 hours
7-85 (OT-5)	Retransplant chronic rejection	Severe jaundice, deteriorated liver functions	2 weeks	Hartford, CT	Double artery, right branches from SMA	28 units	Yes	10 hours
7-85 (OT-7)	Retransplant chronic rejection	Severe jaundice, deteriorated liver functions	72 hours	Omaha, NE	Single artery	1 unit	No	6 hours

used by our harvesting team have been described elsewhere.[4] The liver is removed by surgeons from the University of Wisconsin. Once removed, the donor liver is flushed with a 0 to 4° C solution similar to the Collins solution used for kidney preservation, placed in a sterile container, and packed in ice slush for transportation.

Recipient operation. Patient management during the operation is critical to the success of liver transplantation, so a sophisticated anesthesia team must be available. Patient monitoring is especially important during the anhepatic phase of the procedure and during the period after blood flow to the liver is reestablished. The anesthesiologist must be equipped to manage the multiple unusual problems that arise during this stage of the operation.

The use of venous bypass has been one of the most important innovations in liver transplantation.[5] The bypass, a heparin-coated tube from the inferior vena cava and the portal vein, supplies portal and caval blood through an axillary vein to upper parts of the body. Biomedical pumps help stabilize cardiovascular functions and prevent unnecessary blood loss during the operation, and thus provide a safe period to perform the anastomoses.

Postoperative care. Transplant recipients are kept under intensive care until they exhibit adequate urine production and their liver-function tests are stable, and the intratracheal tube can be removed. Only then can patients be safely transferred to the transplant ward of the hospital.

Diagnosis and treatment of rejection. Liver function is monitored closely. High body temperature and sudden increase in the plasma level of liver enzymes, bilirubin, or ammonia usually indicate liver dysfunction and must be carefully evaluated. An early episode of liver dysfunction is often due to a vascular problem, usually with the anastomosis of the portal vein or hepatic artery. Such problems necessitate retransplantation to save the patient's life. If plasma levels of liver enzymes continually increase for about nine to 12 days after the operation, rejection or complications such as cytomegalovirus, herpes hepatitis, biliary obstruction, or cholangitis should be suspected. A liver biopsy helps differentiate these problems. If the diagnosis is rejection, a bolus injection of steroids is provided and antilymphocyte-globulin therapy is initiated. If rejection is not resolved, retransplantation may be necessary.

Results. We performed ten liver transplantations on eight patients between July 1984 and July 1985. (Ten other patients, who ultimately did not meet the criteria for transplantation, had been referred to us for evaluation.) Four patients were children, six and 18 months, four and 17 years old. Four patients were adults, 23, 31, 37 and 39 years old.

Originally diagnosed diseases and indications for transplantation are shown in Table 1. Patients OT-1, -2, -3, -6, and -8 were in he-

Table 2—*Complications following liver transplantation*

Patient	*Complication*
UW OT-2	Wound infection on right groin; responded to drainage and antibiotic treatment
UW OT-3	Cerebellar hemorrhage; died on 18th postoperative day
UW OT-4	Liver abscess; responded to drainage and antibiotics
UW OT-5	Chronic rejection; received second transplant six months after first transplant; presently at home
UW OT-6	Thrombosis of portal vein; performed interposition graft of portal vein; died three months after transplant because of rejection
UW OT-7	Wound infection; responded to drainage and antibiotic treatment; chronic rejection; received second transplant 1.5 months after first transplant; presently at home

Table 3—*Postoperative results of liver transplantations*

Patient	*Status*	*Time*	*Bilirubin (mg/dL)*
UW OT-1	At home, working, fishing, attending school this fall	14 months	0.9
UW OT-2	Starts nursing school this month, playing basketball, working part-time	13 months	0.8
UW OT-3	Died, autopsy showed normal liver but cerebellar hemorrhage	18 days	—
UW OT-4	At home, gained weight	9 months	0.6
UW OT-5	Chronic rejection, received second transplant six months after first transplant, doing well, still mild increased liver enzyme	8.5 months	3.1
UW OT-6	Died because of chronic rejection	3 months	—
UW OT-7	Rejection, received second transplant 2.5 months after first transplant, at home with normal liver function	2.5 months	0.7
UW OT-8	Doing well, still has high liver enzyme	2 months	2.2

patic coma, or had hepatic renal syndrome, respiratory arrest, or uncontrollable bleeding. They all received emergency transplant operations. Donors for these patients were found within six hours to two weeks. Table 1 also shows the locations of the donors and the arterial vascularization of the donor livers. Two donor livers had double arteries.

Table 1 lists the requirements for blood transfusions during the operations, the use of operative bypasses, and the durations of operations. These data indicate that pediatric liver transplantations can be performed with only a few units of blood, even without a bypass, and within five to six hours. Adult liver transplantations, however, require greater quantities of blood, operative bypass, and more time.

Tables 2 and 3 show complications and postoperative results. In the first year there were no perioperative deaths. Likewise, there were no deaths due to the technical complications of the surgery or to unsatisfactory liver grafts. All donor livers began to function within five to ten minutes after revascularization, made bile, and formed blood clots within 30 minutes. There were no deaths due to infection. One patient died from a cerebellar hemorrhage unrelated to transplantation surgery. A second patient died three months after transplantation because of chronic rejection. Presently, six patients are alive and have resumed normal, daily activities.

Discussion. Although our numbers are small and the duration of our program is short, we are encouraged about the future of liver transplantation at the University of Wisconsin Hospital. As expected, rejection remains our major problem, but the one-year survival rate of our pediatric patients is nearly 100%. The experience of other transplant centers indicates that a more realistic survival rate is 70% to 80%. If this success can be obtained, liver transplantation will be as promising as kidney transplantation. The continued success of this program depends upon making both the general public and the medical community aware that this program is available to residents of Wisconsin.

The cooperation of Wisconsin physicians in referring patients for kidney transplantation and making donor kidneys available has been immensely important in making the kidney transplant program at the University of Wisconsin one of the most successful in the country. Still, one of every five potential liver recipients dies while waiting for a donor organ. Public and professional education to emphasize the critical need for organ donation is vital if we are to improve survival of these patients.

We believe the success of liver transplantation is related to team work and collaboration among groups of subspecialists. Fortunately, the University of Wisconsin Liver Transplant Program has the complete support of the Blood Bank, and the Departments of Anesthesiology, Pediatrics, Internal Medicine, Radiology, and Pathology. Our success depends upon this highly trained group of over 30 medical and paramedical professionals, as well as the support of the general medical community.

ACKNOWLEDGMENT: The authors wish to thank the following persons for their valuable advice and assistance in the preparation of this manuscript: Hans W Sollinger, MD; Robert M Hoffman, BS; Charles E Yale, MD; John R Pellett, MD; William H Perloff, MD; Gerard B Odell, MD; John W Hamilton, MD; Stanley Goldfarb, MD; Dennis G Maki, MD; and Andrew B Crummy, MD—University of Wisconsin-Madison.

REFERENCES

1. NIH Consensus Development Conference Statement: Liver transplantation, June 20-23, 1983. *Hepatoloji* 1984; 4:1075-1095.
2. Starzl TE, Iwatsuki S, Van Thiel DH, et al: Evolution of liver transplantation. *Hepatoloji* 1982; 2:614-636.
3. Van Thiel DH: Liver transplantation. *Pediatric Annals*, 1985; 14:474-480.
4. Starzl TE, Hakala TR, Shaw BW Jr, et al: A flexible procedure for multiple cadaveric organ procurement. *Surg Gynec Obst* 1984; 158: 223-230.
5. Griffith BP, Shaw BW, Hardesty RL, et al: Veno-venous bypass without systemic anticoagulation for transplantation of the human liver. *Surg Gynec Obst* 1985; 160:270-272. ■

ABSTRACT

Reappraisal of Delorme's procedure for rectal prolapse

ADOLF L GUNDERSEN, MD; THOMAS H COGBILL, MD; and JEFFREY LANDERCASPER, MD, Department of Surgery, Gundersen Clinic, La Crosse Lutheran Hospital, La Crosse, Wis. *Dis Colon Rectum* 1985; 28:721-724.

Eighteen patients with second- and third-degree rectal prolapse were treated by simplified Delorme operation during a nine-year period. Operative mortality was nil and significant complications developed in three patients (17 percent). Long-term followup (average, 42 months) was established for all 18 patients revealing excellent results in 15 (83 percent). There was only one recurrent prolapse (6 percent) observed during this followup period. Technical details of the procedure are described. The simplified Delorme procedure provides acceptable results in the initial surgical management of rectal procidentia.■

Neutropenia induced by short-term oral trimethoprim-sulfamethoxazole therapy; case report

Gary J Harris, MD and *Timothy R Franson, MD*
Milwaukee, Wisconsin

ABSTRACT. ***A 19-year-old white female developed symptomatic neutropenia following short-term oral trimethoprim - sulfamethoxazole (TMP-SMX) therapy for a urinary tract infection. Her white blood cell count rapidly returned to normal after discontinuation of the suspected agent, without additional complications. The reported incidence of neutropenia in adults due to TMP-SMX in large series is approximately 0.0002%. Patients receiving oral TMP-SMX should be appropriately monitored for development of such complications.***

Key words: Neutropenia; Trimethoprim-sulfamethoxazole therapy

TRIMETHOPRIM-SULFAMETHOXAZOLE (TMP-SMX) is a widely used, effective antimicrobial agent for the treatment and prevention of urinary tract infections. The two agents in this combination act synergistically by inhibition of dihydrofolic acid synthesis (SMX) and tetrahydrofolic acid synthesis (TMP) in bacterial replication.[1] Neutropenia is frequently cited as a side effect of sulfonamide therapy; however, after a review of studies addressing adverse drug effects, it becomes apparent that neutropenia secondary to oral TMP-SMX therapy in a normal adult host is quite uncommon.

We present the case of a 19-year-old white female who developed symptomatic neutropenia secondary to short term oral TMP-SMX therapy for a urinary tract infection.

Case report. The patient, one month prior to admission, underwent an uncomplicated left salpingectomy for a tubal pregnancy. During that admission, her white blood cell count (WBC) was 13,500/cu mm (normal: 4,800–10,800/cu mm) with 2% band forms, 81% polymorphonuclear neutrophils (PMNs), 14% lymphocytes, 2% monocytes, and 1% basophils. At the time of discharge from the hospital, her white blood cell count was 7,400/cu mm; no differential count was performed. Two weeks postoperatively she developed a urinary tract infection with symptoms of frequency and urgency. Urine culture grew only 60,000 colonies/ml of *Corynebacterium* species. She was started on Bactrim® DS (trimethoprim 160 mg, sulfamethoxazole 800 mg), one tablet twice daily, nine days prior to admission, and her urinary tract symptoms resolved. Her last Bactrim® dose was taken the night before admission.

Three days prior to admission she developed fever to 39.4 C (103 F) orally, chills and sweats. Nausea, vomiting, and pain at her left lower quadrant incision site were reported on the day of admission. She denied neck stiffness, cough, or diarrhea.

Her medical history was remarkable for an appendectomy at age 12, an elective abortion at age 13, and a spontaneous abortion at age 15. Her only childhood illness was chickenpox. All immunizations were current.

Her medications on admission were Bactrim® DS, one tablet orally twice daily and Tylenol® (acetaminophen) as needed. She denied any allergies. Social history revealed occasional use of alcohol. She denied the use of tobacco or other drugs.

Physical examination revealed a well-developed white female who did not appear ill. Vital signs included a blood pressure of 130/80mm Hg, pulse of 88, and an oral temperature of 38.7 C (101.8 F). She had a slight neck tenderness and a grade II/VI systolic ejection murmur at the left sternal border, without radiation, that had not been previously described. The remainder of the examination was not remarkable.

Admission laboratory studies revealed a WBC of 1,600/cu mm with a differential count of 8% band forms, 27% PMNs, 53% lymphocytes, and 10% monocytes (total number of granulocytes—530). Her platelet count was 226,000/cu mm (normal: 150,000–450,000/cu mm). The hemoglobin, hematocrit, electrolytes, liver function tests and serum amylase were normal.

A lumbar puncture was performed. The opening and closing pressures were 205 mm and 175 mm, respectively. The cerebrospinal fluid (CSF) glucose was 64 mg/dL (normal: 50–75 mg/dL) with a corresponding blood glu-

From the Division of Infectious Diseases (TRF, GJH), Department of Medicine (GJH), Medical College of Wisconsin, Milwaukee. Doctor Harris' current address: Division of Oncology, Department of Medicine, The University of Texas Health Science Center, 7703 Floyd Curl Drive, San Antonio, Texas 78284. Reprint requests to: Timothy R Franson, MD, Medical Service/111N, VA Medical Center, 5000 West National Ave, Wood, Wis 53193 (phone: 414/384-2000). Copyright 1986 by the State Medical Society of Wisconsin.

cose of 77 mg/dL (normal: 65–110 mg/dL). The CSF protein was 42 mg/dL (normal: 15–45 mg/dL). There was no corresponding serum protein determination. The CSF cell count showed 1 WBC and 1 RBC. Gram stain of the CSF revealed no polymorphonuclear cells or bacteria. India ink preparation and routine cultures were negative. Two blood cultures were negative.

Urinalysis showed 1 plus bacteria and subsequent culture revealed greater than 100,000 colonies/ml of *Corynebacterium* species. The hepatitis B surface antigen was negative and her hepatitis B surface antibody was positive. Monospot was negative. An ultrasound of her pelvis on day three revealed a normal uterus and ovaries without evidence of fluid collection.

Due to her neutropenia, she was placed in isolation and received intravenous tobramycin and ticarcillin. Serial white blood cell counts are shown in Figure 1 demonstrating recovery of normal circulating neutrophils. No complications developed and isolation and antibiotics were discontinued on day five.

A gynecological consult was obtained on day six for vaginitis and the diagnosis of candida vulvovaginitis was made. The patient was started on a seven-day course of miconazole vaginal cream (Monistat®). She was discharged on day seven and has since been lost to followup.

Discussion. This patient presented with neutropenia temporally related to treatment with TMP-SMX. Her white blood cell count rapidly returned to normal after this drug was discontinued. She was appropriately started on broad spectrum antibiotics and placed in isolation until her granulocyte count returned to normal and results of the cultures were determined. No other laboratory abnormalities were detected.

Reviewing three years of adverse drug reactions in the United Kingdom, Girdwood[2] cited that neutropenia secondary to TMP-SMX occurred in only four patients during a period when approximately 2,181,000 prescriptions of TMP-SMX were given (an incidence of 0.00018%), with no associated fatalities reported.

Lawson[3] reviewed the cases of 649 hospitalized medical patients who received TMP-SMX and found that side effects occurred in up to 8% of these patients. Adverse gastrointestinal effects were seen in 4% of the patients while dermatologic manifestations occurred in 3.5%. These effects were usually seen within 72 hours of starting the drug and responded to withdrawal of the drug. No cases of neutropenia were documented among these patients.

A study of drug-induced neutropenia in the Stockholm area over a five-year period[4,5] revealed that sulfonamides alone were responsible for 18 cases of neutropenia. TMP-SMX alone was cited as being the cause of neutropenia in three cases. While four deaths occurred in the group of patients taking sulfonamides, the one patient who died while on TMP-SMX was also receiving other drugs known to cause neutropenia. They found that the annual incidence of neutropenia secondary to TMP-SMX alone was approximately 0.0002% annually.

Perhaps the most comprehensive report concerning adverse drug reactions to TMP-SMX is that from the Adverse Reactions Registration Center in the United Kingdom.[6] Trimethoprim-sulfamethoxazole was introduced in the United Kingdom in 1968 and at the time of the report in 1973, over 25 million courses of such therapy had been administered. Granulocytopenia occurred in 34 of these patients for an incidence of 0.00014%, similar to the incidence previously mentioned.[2,4,5]

Although neutropenia is very uncommon in adults, it develops frequently in children. Asmar[7] reported that in a series of 50 children, aged 0.4–12.6 years, 17 (34%) developed neutropenia after receiving TMP-SMX. The mean onset was 5.8 days after initiation of therapy and the mean duration of neutropenia was 8.9 days. Although eight of the children had polymorphonuclear cell counts less than 750/cu mm, none of the 17 children developed a superimposed infection.

Another group with an increased risk of developing neutropenia after TMP-SMX therapy is renal allograft patients. Bradley[8] showed that five of six renal allograft patients treated with TMP-SMX for greater than 22 days while concomitantly on long-term azathioprine therapy developed neutropenia. The duration of the neutropenia was greater than for those patients receiving azathioprine alone. One of the patients developed *Pseudomonas aeruginosa* sepsis which was ultimately fatal.

Table 1—*Patient white blood cell counts and differentials*

		Percentage					
Hospital Day	*WBC*[1]	*Bands*	*PMN*[2]	*Lymphocyte*	*Monocyte*	*Eosinophil*	*Basophil*
1	1,500	9	8	68	12	2	0
2	2,800	6	15	67	6	5	1
3	3,400	1	27	63	6	3	0
4	4,000	1	24	61	8	5	1
5	4,600	0	50	36	7	5	2
6	5,400	0	52	36	10	1	1

[1]White blood cells/cu mm [2]Polymorphonuclear cells

Autopsy revealed a hypocellular marrow with depletion of mature neutrophils and megaloblastic hematopoiesis.

Although a cause-and-effect relationship was suggested in this patient, other significant causes of neutropenia/agranulocytosis need to be considered and pursued with the appropriate laboratory and/or bone marrow examinations on similar patients. These include collagen vascular disease, aplastic anemia, severe megaloblastic anemia, aleukemic acute leukemia, and infectious mononucleosis.

Summary. This adult patient with drug-induced neutropenia secondary to short-term oral TMP-SMX therapy illustrates an unusual but important adverse drug reaction. Such patients should be considered at risk for significant morbidity and possible mortality[9] from superimposed infection until white blood cell counts return to normal. While neutropenia secondary to TMP-SMX usually resolves within two weeks after withdrawal of the causative agent, a patient with symptomatic drug-induced neutropenia (fever, chills, sweats, prostration) should be aggressively evaluated and receive broad spectrum antibiotics until they have recovered normal granulocytes, and until all potential concurrent infectious or systemic complications have been corrected or ruled out. Patients receiving oral TMP-SMX should be appropriately monitored for the development of such complications.

ACKNOWLEDGMENTS. The authors gratefully acknowledge the assistance of Jane Alexander in manuscript preparation.

REFERENCES

1. Wormser GP, Keusch GT: Trimethoprim-sulfamethoxazole in the United States. *Ann Int Med* 1980; 93:560-562.
2. Girdwood RH: The nature of possible adverse reactions to co-trimoxazole. *Scan J Infec Dis* 1976; 8:10-17.
3. Lawson DH, Jick H: Adverse reactions to co-trimoxazole in hospitalized medical patients. *Am J Med Sci* 1978; 53-57.
4. Arneborn P, Palmblad J: Drug-induced neutropenia in the Stockholm region, 1973-1975: frequency and causes. *Acta Med Scand* 1978; 204:283-286.
5. Arneborn P, Palmblad J: Drug-induced neutropenia in the Stockholm region, 1976-1977. *Acta Med Scand* 1979; 206:241-243.
6. Frisch JM: Clinical experience with adverse reactions to trimethoprim-sulfamethoxazole. *J Infec Dis* 1973; 128:5607-5612.
7. Asmar BI, Maqbool S, Dajani AS: Hematologic abnormalities after oral trimethoprim-sulfamethoxazole in children. *Am J Dis Child* 1981; 135:1100-1103.
8. Bradley PP, Warden GD, et al: Neutropenia and thrombocytopenia in renal allograft recipients. *Ann Int Med* 1980; 93-560-562.
9. Bottiger LE, Furhoff AK, Holmberg L: Fatal reactions to drugs. *Acta Med Scand* 1979; 205:451-456. ■

CLINICAL CANCER: Number 4 of a series

Colorectal cancer: Primary management

James L Weese, MD, Madison, Wisconsin and Philadelphia, Pennsylvania

COLORECTAL CANCER is the second most frequent cause of cancer deaths in the United States. When initially seen by a surgeon, 60% of patients are potentially curable by operation; however, two-thirds of these patients will develop and eventually die from metastatic disease.[1] To date, adjuvant chemotherapy has not improved survival over untreated patients. Because individuals developing local recurrences or metastatic disease generally are incurable, the initial operation frequently determines long-term prognosis. The characteristics of colon and rectal cancer, the preoperative evaluation, the surgical approach, and the plan for followup will be discussed.

Distribution. Recent improvements in fiberoptic endoscopy and air contrast barium enemas have increased the frequency of tumors discovered throughout the colon. Approximately 50% of patients with colon and rectal cancer can have biopsies performed with the 60-cm flexible proctosigmoidoscope. Approximately 15% of tumors are located in the transverse colon and 35% in the cecum and ascending colon.[1]

Staging and prognosis. Most surgeons and pathologists currently stage colon and rectal cancer ac-

From the Departments of Surgery and Human Oncology, University of Wisconsin and William S Middleton VA Hospitals, Madison, Wisconsin; and the Department of Surgical Oncology of Fox Chase Cancer Center, Philadelphia, Pennsylvania. Reprint requests to: James L Weese, MD, Chairman, Dept of Surgical Oncology, Fox Chase Cancer Center, 7701 Burholme Ave, Philadelphia, Pa 19111 (ph 215/728-3096). Copyright 1986 by the State Medical Society of Wisconsin.

Series Coordinator:

Ernest C Borden, MD, Madison

American Cancer Society Professor of Clinical Oncology, University of Wisconsin Clinical Cancer Center, 600 Highland Ave, Madison, Wisconsin 53792

Physicians are encouraged to contact the authors if they wish to discuss these topics further or obtain additional information. Comments or suggestions for topics would be welcome.

cording to the Astler-Coller modification of the Dukes classification as shown in Figure 1. This is based on depth of invasion of a tumor and the presence of lymph node metastases.[2] Approximately 90% of patients with Dukes A tumors (limited to the mucosal layer of the colon) survive five years. Eighty percent of patients with Dukes B_1 lesions can be cured, while only about 71% of patients with Dukes B_2 lesions will survive five years. Dukes C_1 and C_2 lesions are equivalent to B_1 and B_2 lesions with lymph node metastases. The five-year survival rate for a patient with a Dukes C_1 cancer is approximately 60%, compared to 32% for a patient with a C_2 lesion. Unfortunately, because of the large number of patients presenting with metastatic disease, the overall five-year survival rate of patients with colon and rectal cancer is approximately 34%.[1]

Carcinogenesis and functional considerations. Operative procedures for colon cancer should incorporate several basic principles: (1) Colon cancer most likely results from chronic exposure of colonic mucosa to carcinogens; (2) Patients who develop one colon cancer are more likely to develop a second colon cancer than the general population; (3) The mechanism of colon polyp formation is similar to the mechanism by which colon cancer develops; (4) Patients with multiple colon polyps have a higher incidence of cancer than patients without polyps; (5) Larger polyps (>2 cm) have a higher incidence of cancer within the polyp than do smaller polyps; (6) Functionally, approximately 90% of the colon can be removed with minimal change in bowel activity; (7) Operations for colon cancer should facilitate followup for early detection of new primary or recurrent tumors.

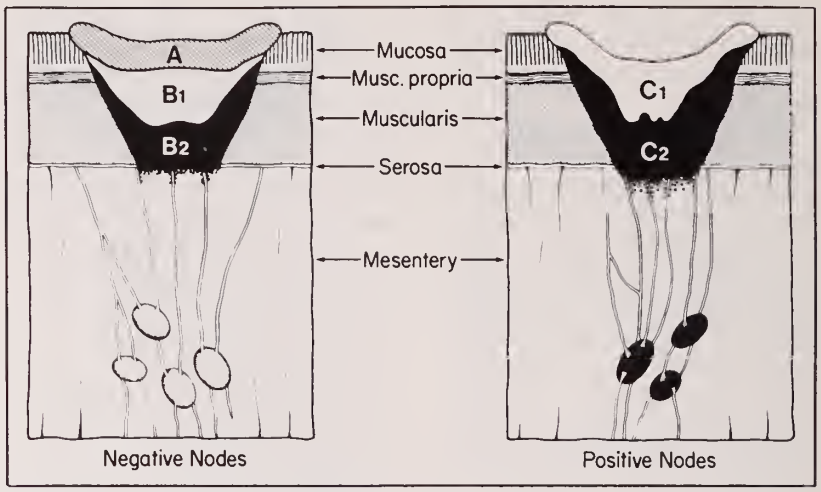


Figure 1—*Schematic demonstrating depth of invasion of tumors of various Dukes levels (Astler-Coller modification).*

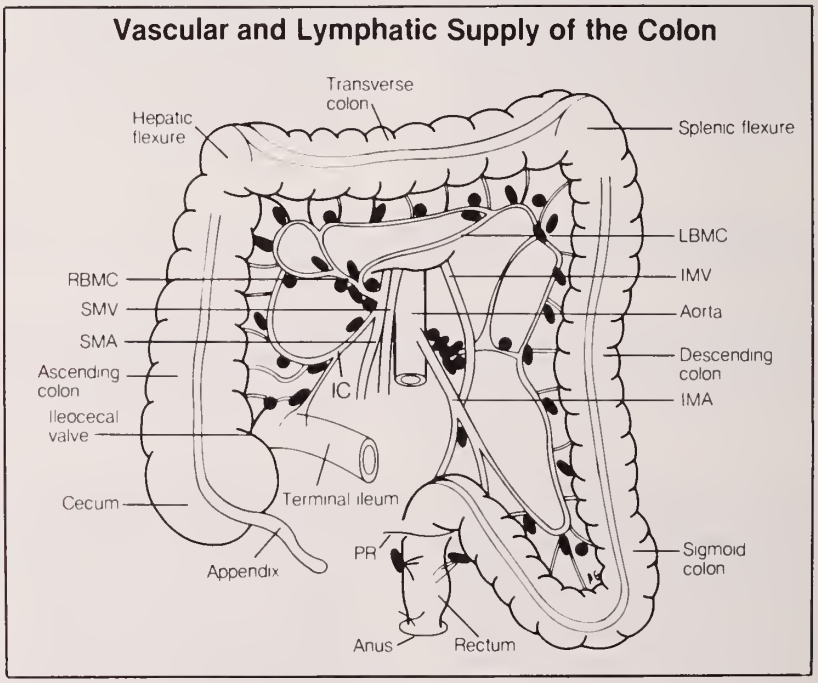


Figure 2—*Schematic of the colon and rectum. IMV = inferior mesenteric vein; IMA = inferior mesenteric artery; SMV = superior mesenteric vein; SMA = superior mesenteric artery; IC = ileocolic vessels; RBMC = right branch middle colic vessels; LBMC = left branch middle colic vessels; PR = peritoneal reflection.*

Preoperative evaluation. Most patients with colon cancer present with symptoms of fatigue and are noted to have blood in their stools at examination. Few patients report a change in bowel habits. When colon cancer is suspected, most patients undergo either an air contrast barium enema or fiberoptic colonoscopy. Because of the risk of synchronous colon cancers (approximately 4–7%), the entire colon and rectum should be examined before colectomy. An intravenous pyelogram should be performed in the presence of lesions

of the right and left colon and rectum. Preoperative blood studies should include a complete blood cell count (CBC), electrolytes, blood urea nitrogen (BUN), creatinine, coagulation studies, liver function tests (LFTs), and carcinoembryonic antigen (CEA). Urinalysis, chest x-ray and electrocardiographic studies are routinely performed. Although 5%–10% of patients with liver metastases will have normal LFTs, liver scans or computed tomographic (CT) scans of the abdomen are obtained only if LFTs are abnormal or if there is reason to suspect extracolonic disease. After evaluation of extent of disease, the patient should be informed about the intent and scope of operation (curative or palliative), and indications for and potential risks of surgery. Patients generally undergo preoperative studies as an outpatient and are admitted to the hospital early on the day prior to operation. Unless they have an obstructing carcinoma, severe heart or pulmonary disease, patients undergo mechanical bowel preparation by drinking Colyte® (Edlaw Preparations, Inc, Farmingdale, NY 11735) bowel lavage solution (6 liters over 4 hours). In addition, they ingest oral antibiotics (erythromycin 1 gm and neomycin 1 gm) at 2:00, 3:00 and 11:00 pm the day prior to operation. If patients have a nonobstructing lesion, they receive 1 gm of a cephalosporin just prior to surgery. Those patients with obstructing lesions, with suboptimal mechanical bowel preparations, or cardiac valvular disease receive triple antibiotics (ampicillin, clindamycin, and tobramycin) in place of the aforementioned cephalosporin.

Anatomic considerations. Colon and rectal cancer should be approached as different surgical entities. Venous blood from intra-abdominal colon cancers (lesions between the cecum and distal sigmoid colon) drains via the inferior and superior mesenteric veins into the portal vein prior to reaching the systemic circulation. Venous blood from rectal cancers (lesions located below the peritoneal reflection, within 12–15 cm of the dentate line) drains both through the portal venous system via the inferior mesenteric vein and also through the systemic venous system via the internal iliac veins and prevertebral plexuses. Because of this anatomic differentiation, it is not unusual to see colon cancers with extensive hepatic metastases without evidence of disseminated disease. Rectal cancer patients are much more likely to develop early systemic (lung, bone) disease. Knowledge of the vascular anatomy as well as the lymph node drainage of a tumor is critical to design an appropriate operation for a given patient. The arterial, venous and lymphatic distribution of the colon and rectum is shown in Figure 2.

The operation. Patients with cecal or ascending colon cancers should undergo a radical right colectomy (5 cm of terminal ileum, the ascending and right transverse colon are resected and an ileotransverse colostomy is performed). The ileocolic vessels are ligated at their junction with the superior mesenteric vessels. The right branches of the middle colic vessels are also sacrificed. A large mesenteric wedge including lymphatics is resected as well. I routinely remove the dependent portion of the omentum in any tumor with obvious transmural invasion to decrease the risk of malignant small intestinal obstruction. For lesions of the transverse colon, a radical right and transverse colectomy with an ileodescending colostomy is performed, removing sufficient colon so that the anastomosis can be visualized during flexible 60 cm proctosigmoidoscopy in the clinic. A radical left colectomy is performed in good risk patients for lesions of the descending and sigmoid colon (ligating the inferior mesenteric artery at the aorta and the inferior mesenteric vein just below the pancreas). Again, an omentectomy is performed for all transmural lesions and a colocolostomy is performed. A 10-cm proximal and a 5-cm distal margin of normal colon (measured unstretched *in vivo*) should be considered the minimal adequate margin in patients with colon cancer, but generally longer margins are resected. An *en bloc* dissection should be performed for viscera in direct contact with the tumor. This may include resection of small intestine, bladder, stomach, liver, or abdominal wall. After any colonic anastomosis, a generous progressive anal dilatation (4-finger Lord procedure) to protect the anastomosis from intracolonic gas buildup is performed. In good risk patients who have either synchronous colon cancers or colon cancers in the face of at least three additional polyps, I routinely perform a total abdominal colectomy with an ileoproctostomy. Nearly all of these patients will have 1–3 formed bowel movements per day within three months of operation. I generally perform a 2-layer silk anastomosis to facilitate identification of the anastomosis through the proctosigmoidoscope.

Patients who have extensive extracolonic disease which is not resectable for cure undergo a more conservative operation; however, adequate colon and mesenteric margins are still critical to lessen the risk of local recurrence. Omentectomy is routinely performed as well as oophorectomy in postmenopausal women. Because of the risk of drop metastases from transmural lesions, oophorectomy should also be considered in premenopausal women.[3]

Patients with rectal cancer routinely undergo at least a radical sigmoid colectomy which includes ligation of the origin of the descending branch of the left colic

vessels and a wide mesenteric margin. Lesions located above 5 cm from the dentate line are resected and the colon is reanastomosed to the rectum using a transanal staple technique. Cancers within 5 cm of the dentate line resected for cure generally require a conventional Miles abdominal perineal resection (APR) of the rectum with permanent end colostomy. Recent studies suggest a decreased risk for local recurrence with radiation therapy after APR for patients with positive nodes.[4]

Patients who have metastatic rectal cancer or those who are medically unable to tolerate an APR can be treated by local resection or fulguration of their tumor.[5,6] Small superficial lesions of the rectum can be cured by local resection.

Operative complications include infection, poor healing, sepsis, anastomotic dehiscence, wound hernias, and injuries to the genitourinary tract. Many males undergoing radical resection of a rectal carcinoma will be impotent. Because lymphatic drainage of the rectum passes through the posterior vagina, cervix, and broad ligaments,[7] female patients with rectal cancers between 5 and 15 cm should undergo total abdominal hysterectomy with bilateral salpingo-oophorectomy and posterior vaginectomy as part of their APR. McBride reported fewer local recurrences in female Dukes C patients who underwent hysterectomy either before or at the time of APR.[8]

Although patients frequently worry about the need for diversion, only those undergoing resections of cancers within approximately 5 cm of the dentate line will require a permanent colostomy. Temporary colostomies may be used in patients explored for obstructing or perforating colon cancers, but these often are taken down within six weeks of the initial operation. The small percentage of patients requiring a colostomy can lead normal lives with the newer ostomy appliances.

Followup of the patient with colon and rectal cancer. Since there is no statistically proved effective adjuvant chemotherapy for these patients, it should be administered in the setting of randomized prospective trials. Patients must be followed closely to detect recurrent disease when it may be resectable for cure.[9] During the first year after operation, patients are seen monthly at which time a physical examination, CBC, LFTs, CEA, and stool Hemoccult® studies are determined. Patients undergo flexible sigmoidoscopy at six months if this allows visualization of the anastomosis. Either colonoscopy or air contrast barium enema and chest x-ray studies are performed at one year and yearly thereafter for the next four years. During the second year, patients are seen every two months, and every three months during the third through fifth years for routine blood and stool studies and physical examination. Those patients found to have evidence of locally recurrent or distant disease or those patients who are noted to have a progressive increase of CEA over two months are evaluated for second-look laparotomy with possible resection.

Summary. A well-planned anatomic operation for colon or rectal cancer and an understanding of the pathogenesis still provides patients with their best chance for cure. In patients known to have incurable disease at diagnosis, treatment should be directed towards palliation, utilizing less radical procedures to minimize symptoms and improve their quality of life.

References

1. Storer EH, Goldberg SM, Nivatvongs S: Colon, rectum, and anus. In Schwartz S, Ed: *Principles of Surgery*, ed 4: New York: McGraw-Hill Book Co, 1984; pp 1197-1210.
2. Astler VB, Coller FA: The prognostic significance of direct extension of carcinoma of the colon and rectum. *Ann Surg* 1954; 139:846-852.
3. MacKeigan JM, Ferguson JA: Prophylactic oophorectomy and colorectal cancer in premenopausal patients. *Dis Col Rec* 1979; 22: 401-405.
4. Romsdahl M, Withers HR: Radiotherapy combined with curative surgery. *Arch Surg* 1978; 113:446-453.
5. Madden JL, Kanadalaft S: Electrocoagulation as primary curative method in the treatment of carcinoma of the rectum. *Surg Gynecol Obstet* 1983; 157:164-179.
6. Weese JL, Bruskewitz RC: Endoscopic transrectal resection of rectal carcinomas using the urologic resectoscope. *Dis Colon and Rec* 1984; 27:123-125.
7. Block IR, Enquist IF: Lymphatic studies pertaining to local spread of carcinoma of the rectum in the female. *Surg Gynecol Obstet* 1961; 112:41-46.
8. Veazey PR, McBride CM: Pelvic recurrence of cancer after abdominoperineal resection of the rectum. *South Med J* 1979; 72:1545-1553.
9. Steele G: Colorectal cancer. In *Followup of the Cancer Patient*. Eiseman B, Robinson WA, Steele G, Eds: New York, NY: Thieme-Stratton, Inc, 1982; pp 105-109. ■

SMS selects DC lobbyist as Secretary/GM-designate

The State Medical Society has selected Washington, DC lobbyist Thomas L Adams to succeed its long-time Secretary-General Manager Earl R Thayer, Madison, who will retire a year from now.

Mr Adams, 36, has been Director of Governmental Affairs for the American Society of Anesthesiologists since 1983. He will come to Wisconsin on April 1 as Secretary/General Manager-Designate of the SMS. He assumes the chief executive role at the Society's Annual Meeting in March 1987.

Mr Adams formerly served as Assistant Executive Director and lead lobbyist for the North Carolina Medical Society from 1978–1983.

Prior to that he was Special Assistant to the Federal Cochairman of the Appalachian Regional Commission and Executive Assistant to North Carolina Congressman Lamar Gudger and United States Senator Robert Morgan.

Mr Thayer came to the State Medical Society in 1947 and has been its chief executive officer for the past 15 years. ■

Mr Adams

Auxiliary to survey physician spouses

Following the recommendation of the long-range planning committee, the SMS Auxiliary Board of Directors has appointed a committee to study the Auxiliary structure. Serving on the committee are Audrey Peterson, Madison, chair; Roberta Baldwin, Watertown; Cathy Davies, Waukesha; Jan Liss, Marshfield, and Mary Weber, Fond du Lac.

The committee has been directed to evaluate the structure of the Auxiliary and its current programs and activities and to make recommendations to the Auxiliary Board in the fall of 1986.

As a first step the committee will survey all physicians' spouses in Wisconsin to assess attitudes and opinions about the organization and to solicit recommendations to enhance its viability.

Member physicians who receive the questionnaire in the mail are asked to encourage their spouses to complete it and return the form to SMS Auxiliary headquarters in Madison.■

Physicians Alliance director resigns

Brian Jensen, director of the SMS Physicians Alliance Division, has resigned his position with the Society to "pursue other interests" in Milwaukee. He will be leaving the end of March.

Commenting on his departure, Secretary Earl Thayer said, "In his early years with SMS, Mr Jensen restored order to a beleaguered Physicians Alliance Division. Since then, his efforts and those of his staff have brought insight and respect to the Society's economic, political, and legislative programs."

Other staff changes

Deborah Bowen Wilke resigned her position as an SMS Physicians Alliance field consultant for District 3, effective February 28.

She has accepted a position with the Medical College of Wisconsin in Milwaukee and will be involved in that institution's planning and governmental liaison activities.

Ruth Anne Riese has joined the Membership-Communications Division as communications coordinator, replacing Mary Kane who has taken a new position as copy editor of the *Milwaukee Sentinel.*

Ms Riese

Ms Riese brings to the communications coordinator position a strong background in journalism and public relations. Her past job responsibilities include three years as director of information services for the Wisconsin Association of School Boards. Prior to that she was a reporter for the *Oshkosh Northwestern.*■

SEE NEWS YOU CAN USE section, page 58, for Medicare Participating Physician Program Opposition Statement

ANNUAL MEETING

Medical liability and the drunk driving/legal drinking age are key issues for '86 House action

The House of Delegates will consider resolutions ranging in subject matter from medical liability to drunk driving, the alcohol-impaired driver, and the legal drinking age when it convenes at the State Medical Society's Annual Meeting in Milwaukee April 17-19.

The following resolutions (and their introducers) were received in the Secretary's Office by the February 17 deadline. Members are urged to express their opinions to their delegates and participate at the Annual Meeting Reference Committee hearings where resolutions are discussed. A list of members of the House of Delegates appears elsewhere in this issue.

Members are reminded that the first session of the House will start at 9:00 am Thursday, April 17, with the second and third sessions scheduled for 1:45 pm Friday, April 18. Registration precedes the start of all sessions.

Resolutions 1-5 referred to: National Issues

1—Outreach Program of the AMA (Medical Society of Milwaukee County)

RESOLVED, That the House of Delegates of the State Medical Society of Wisconsin initiate an outreach program similar to the one introduced by the AMA in order to retain and recruit members.

2—Poll of Members for Unified Membership in the AMA (Medical Society of Milwaukee County)

RESOLVED, That the House of Delegates instruct the Board of Directors to conduct a poll of members at intervals to determine the current attitude toward unified membership in the AMA.

3—Unified Membership in the AMA (Medical Society of Milwaukee County)

RESOLVED, That all members who serve in the State Medical Society House of Delegates who are not members of the AMA be encouraged to join the AMA.

4—Federal Legislation (PL 98-457) (Medical Society of Milwaukee County)

RESOLVED, That the State Medical Society actively collaborate with the Department of Health and Social Services at the state government level to approach resolution of the legal dilemmas posed by federal law, and that the State Medical Society require its component societies to report local activities toward resolution of these dilemmas, and that these data be provided to all members, and the public, through appropriate channels of communication.

5—Safe Transportation of Hazardous Materials (La Crosse County Medical Society)

RESOLVED, That the State Medical Society encourage the State of Wisconsin to clearly designate state departmental responsibility for assuring an expanding regional network of prepared hospitals and communications systems capable of responding appropriately to accidents involving hazardous chemical and radioactive materials.

Resolutions 6-14 referred to: Scientific Activities

6—Colorectal Cancer Screening (Lincoln County Medical Society)

RESOLVED, That colorectal cancer screening (Hemoccult® test) be offered for one month on a yearly basis by all State Medical Society members to improve colon cancer awareness and to find and treat new colorectal cancer patients.

7—Street People (Committee on Mental Health)

RESOLVED, That the State Medical Society of Wisconsin seek to improve the provision of adequate housing, appropriate care and treatment, and legal remedies to ensure that street people receive needed care.

8—Nonprescription Contraceptives (Medical Society of Milwaukee County)

RESOLVED, That the State Medical Society of Wisconsin support legislative efforts to repeal sales restrictions currently placed on contraceptives.

9—Mandatory Seat Belt Use (Medical Society of Milwaukee County)

RESOLVED, That the State Medical Society support the mandatory use of lap and shoulder belts in Wisconsin with allowance for medical exemptions.

10—Drunk Driving (Blood Alcohol Level Policy) (Committee on Safe Transportation, Committee on Alcoholism and Other Drug Abuse, Committee on Mental Health)

RESOLVED, That the recommendations listed below become the offi-

cial policy of the State Medical Society of Wisconsin, and that they be enacted into Wisconsin law because the current "all or nothing" standard—you either are intoxicated or you are not—does not address the broad range of problems of driving while alcohol-impaired:

0.05 should be illegal per se for driving
0.15 should be identified as a high level of BAC
0.20 should be presumption of alcohol abuse.

11—Alcohol-impaired Drivers (Eau Claire-Dunn-Pepin County Medical Society)

RESOLVED, That the State Medical Society reaffirm its position and support legislation that would make it *illegal per se* to drive with a BAC over 0.05 (50 mg.%); and be it further

RESOLVED, That BAC 0.15 (150 mg.%) be given strong consideration in alcohol assessment as indicative of alcohol abuse; and be it further

RESOLVED, That persons with BAC 0.20 (200 mg.%) or over have disposition which includes, in addition to civil penalties, a required inpatient or outpatient alcohol treatment program.

12—21-Year-Old Drinking Age (Medical Society of Milwaukee County)

RESOLVED, That SMS continue its efforts to obtain a 21-year-old drinking law in Wisconsin; and be it further

RESOLVED, That physicians be urged to write their state representative and senator, urging adoption of a 21-year-old drinking law in Wisconsin.

13—Legal Drinking Age (La Crosse County Medical Society)

RESOLVED, That the State Medical Society continue to encourage the Legislature to pass regulations making age 21 the legal age for drinking.

14—Physician Extenders in Nursing Homes (T Bayard Frederick, MD, Park Falls)

RESOLVED, That the State Medical Society support utilization of Physician Extenders to provide care for patients in nursing homes; and be it further

RESOLVED, That this medical care be outlined in a written protocol which specifies what functions the Physician Extender can and can't do and which is annually approved by the Nursing Home Administration.

Resolutions 15-16 referred to: Organization and Finances

15—Compensation for SMS President (Eau Claire-Dunn-Pepin County Medical Society)

RESOLVED, That the President of the State Medical Society of Wisconsin should receive compensation during his/her term of office. This need not be an exact income replacement but should be appropriate for the amount of time the President spends in the service of all members of the Society.

16—Auxiliary Dues (La Crosse County Medical Society)

RESOLVED, That the Auxiliaries of the county medical societies be released from uniform billing with the State Medical Society at the discretion of each local Auxiliary.

Resolutions 17-23 referred to: Socioeconomic Activities

17—Professional Liability Insurance Premiums (Juneau County Medical Society)

RESOLVED, That SMS of Wisconsin *adopt the policy* which encourages physicians to continue to furnish all appropriate services to the people of Wisconsin by favoring the setting of premiums for professional liability insurance in proportion to the income of each physician within his class of service—thereby diminishing the real and present threat that life-saving medical and surgical care become unavailable when an area's physicians have been forced by inequitably high premiums to withdraw their services; and be it further

RESOLVED, That SMS take appropriate action to accomplish the setting of all physicians' professional liability insurance premiums in proportion to each physician's income within his/her class of service.

18—Medical Liability Insurance Coverage by Physicians (Matthew A Meyer, MD, Waukesha

RESOLVED, That the State Medical Society of Wisconsin initiate timely action to challenge the constitutionality of the Medical Examining Board of the State of Wisconsin's demand for primary medical liability coverage and Patients Compensation Fund insurance coverage in order to cause the Board to *abolish* its requirement for primary medical liability insurance coverage to practice medicine in the State of Wisconsin, and be it further

RESOLVED, That the Office of the Insurance Commissioner immediately create the necessary protocols and tax consequences for physicians who elect to develop their own individual insurance reserves to cover average losses if those physicians so choose to develop an individual reserve.

19—Medical Liability (Expert Medical Testimony) (Matthew A Meyer, MD, Waukesha)

RESOLVED, That the State Medical Society establish grievance boards within its specialty sections to whom complaints can be petitioned for review of expert legal tes-

timony when questionable. Those grievance boards will take appropriate actions if inconsistent, incomplete, and incompetent expert medical testimony is confirmed including letters of warning, censure to the individuals involved, and notification of same to their respective specialty boards and state licensing bodies.

20—Expert Testimony in Malpractice (Medical Society of Milwaukee County)

RESOLVED, That professional, expert testimony in malpractice-professional liability cases, either for a patient or another physician, must demonstrate professional, moral, and ethical fitness and be given with scientific honesty.

24 HOUR Radio dispatched truck fleet for

INDUSTRY, INSTITUTIONS, SCHOOLS, ETC.

AUTHORIZED PARTS AND SERVICE FOR CLEAVER—BROOKS
Throughout Wisconsin and Upper Michigan

SALES
Boiler room accessories
O_2 trims
Cleveland controls
and Car automatic bottom blowdown systems

SERVICE—CLEANING ON ALL MAKES
Complete Mobile Boiler Room Rentals

Stevens Point—715/344-7310
Green Bay—414/494-3675
Madison—608/249-6604

PBBS EQUIPMENT CORP.
5401 N Park Dr
PO Box 365
Butler, WI 53007
Phone: 414/781-9620

21—Open Enrollment Policy in the HMO Initiative (Medical Society of Milwaukee County)

RESOLVED, That the State Medical Society of Wisconsin urge the DHSS and all involved branches of State Government to implement a *true* open enrollment policy in the HMO initiative, removing the arbitrary, unexplained maximum quota system and restoring true freedom of choice for the AFDC recipients in the involved counties.

22—WiPRO (Participation Withdrawal) (Sauk County Medical Society)

RESOLVED, That the State Medical Society suggest withdrawal of physician participation in WiPRO.

23—Compensation of Physicians' Management Services (Sheboygan County Medical Society)

RESOLVED, That the State Medical Society pursue the just compensation of physicians' services for the management of nursing home and health care agency patients by capitation, either by third-party payers or by the care-giving institutions.

24—Patients Compensation Panels (Monroe County Medical Society)

RESOLVED, That the State Medical Society seek legislation to revise the compensation of formal panels to consist of two attorneys, two physicians, and three public members; and be it further

RESOLVED, That the State Medical Society seek legislation to make panel findings binding.■

SMS membership posts record high in 1985

SMS posted record membership gains in 1985. Total membership increased by over 14% to a new high of 6,623 as of December 31, 1985. Payments for 1986 dues to date are also ahead for the same period a year ago. As of January 15, 1986 over 3,600 members had paid their membership dues in full, a 14% increase over 1985 levels.■

Additional seats for House of Delegates, SMS Board

Due to county and state society membership increases in 1985, a total of 15 new delegates to the House and four additional Board members will be added in 1986.

SMS Bylaws provide that county medical societies are entitled to one delegate and alternate delegate for each 40 regular and special members.

As a result of increased membership in the past year, Milwaukee CMS will gain seven additional delegates, Dane CMS three, with Brown, Fond du Lac, La Crosse, Rock, and Waukesha CMSs each gaining one.

In terms of representation on the SMS Board of Directors, District 1 (Milwaukee, Kenosha, Ozaukee, Racine, Walworth, and Washington counties) will be entitled to two additional directors while District 2 (Columbia, Marquette, Adams, Dane, Dodge, Jefferson, Rock, Green, Grant, Iowa, and Lafayette counties) and District 6 (Brown, Door, Kewaunee, Manitowoc, Oconto, Marinette, Shawano, and Sheboygan counties) will be eligible for one additional director.■

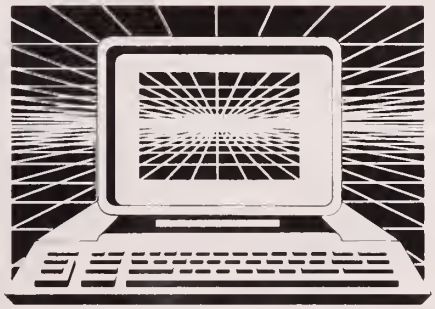
YOU MAY BE LOSING PATIENTS BY NOT KEEPING IN TOUCH WITH THEM

If you are thinking about enhancing your patient relations between visits, Advanced Technology Associates suggests that you investigate MDX, the clinical management system that's flexible enough to meet any physician's or clinic's correspondence needs.

MDX helps your patient communications between visits by letting you keep up a steady flow of correspondence, appointment reminders, recall letters and even birthday greetings.

MDX gives you a choice. You can use the pre-programmed letters it provides and tailor them to address each patient's unique circumstances, or create your own correspondence, drawing upon the MDX data base for pertinent information.

MDX even lets you add personal greetings to your statements, an easy way to make sure they receive the prompt attention they deserve.



Of course, these correspondence capabilities are just the beginning. MDX also lets you automate all the other facets of your clinic, from accounting and scheduling to records management. And it all has the unique distinction of being endorsed by SMS Services Inc. for members of the State Medical Society of Wisconsin.

For a *free videotape on MDX, please call us, toll free at 1-800-242-4280 or 1-414-445-4280.

*Qualified callers only.

ATA

ADVANCED TECHNOLOGY ASSOCIATES

4710 WEST NORTH AVENUE MILWAUKEE, WI 53208 414/445-4280

HOUSE OF DELEGATES: 1986

State Medical Society of Wisconsin

Speaker: Duane W Taebel/Vice Speaker: Vernon M Griffin

County Medical Society	Delegate	Alternate
FIRST DISTRICT		
KENOSHA	Douglas G Devan	Edgar L Koch
	Charles E Pechous Jr	David J Matteucci
	Clifton E Peterson	Michael Zeihen
MILWAUKEE	Avadh B Agarwal	Donald R Beaver
	William H Annesley	Christina C Keppel
	Richard P Barthel	James P Ketterhagen
	John E Cordes	Joseph A Manago
	Thomas J Cox	
	Donald P Davis	
	William E Finlayson	
	Harry R Foerster Jr	
	Jerome W Fons Jr	
	Lucille B Glicklich	
	Paul E Hankwitz	
	Jacqueline C Howell	
	H Myron Kauffman	
	Stanley A Korducki	
	Robert F Madden	
	James A Means III	
	Dean D Miller	
	Donald C Mullen	
	John P Mullooly	
	Robert F Purtell, Jr	
	Thomas A Reminga	
	Roger L Ruehl	
	William L Treacy	
	Frank H Urban	
	Wess R Vogt	
	John P Walsh	
	Jeffrey M Weber	
	DeLore Williams	
	D MacLean Willson	
	Donald A Wollheim	
	Carol E Young	
	Vacancy	
	Vacancy	
	Vacancy	
	Vacancy	
	Vacancy	
	Vacancy	
	Vacancy	
	Vacancy	
	Vacancy	
OZAUKEE	Ted D Elbe	Robert A Pfeffer
RACINE	Carl F Myers	Robert G Anderson
	Marvin G Parker	Victoriano A Baylon
	Raymond E Skupniewicz	Kevin W McCabe
	Vacancy	Gregory A Shove
WALWORTH	Irwin J Bruhn	Rocco S Galgano
WASHINGTON	Charles S Geiger Jr	William J Listwan
	Michael C Reineck	Eric F Weber
WAUKESHA	John A Harris	Patrick J Brody
	Charles E Holmburg	Brian H Chapman
	G Daniel Miller	Michael P Dailey
	Michael G O'Mara	Uriel R Limjoco
	John D Riesch	Timothy G McAvoy
	James A Stadler, II	Thomas C Nolasco, Jr
	Lee M Tyne	John W Wakely
	Vacancy	Vacancy

County Medical Society	Delegate	Alternate
SECOND DISTRICT		
COLUMBIA-MARQUETTE-ADAMS	Robert T Cooney	Martin L Janssen
DANE	A D Anderson	S Craighead Alexander
	Raymond W M Chun	Dolores A Buchler
	Peter L Eichman	David K Falk
	Robert B Gage	Norman M Jensen
	Judith N Green	Bradley L Manning
	William L Kopp	Robert A McDonald
	Richard D Lindgren	Paul A McLeod
	Bernard F Micke	Kathryn P Nichol
	David L Nelson	Joseph F Sackett
	Sandra L Osborn	Phillip J Schoenbeck
	Robert B Shapiro	Nancy J Selfridge
	Sigurd E Sivertson	Benton C Taylor
	James P Speichinger	Richard O Welnick
	Paul M Stiegler	Ronald D Wenger
	Marc D Tumerman	Vacancy
	Roland J Vega	Vacancy
	John D Wegenke	Vacancy
	Paul A Wertsch	Vacancy
DODGE	Edward F Cody	M Ahmad Ali
GRANT	Glenn C Hillery	Leo E Becher
GREEN	Melvin S Blumenthal	Carlos A Jaramillo
	Jan E Erlandson	Velayudhan K Nair
IOWA	Harald P L Breier	Timothy A Correll
JEFFERSON	Roland R Liebenow	Vacancy
LAFAYETTE	Richard G Roberts	Lyle L Olson
RICHLAND	James J Tydrich	Gerald R Wisnewski
ROCK	Jordon Frank	Jovan L Djokovic
	Daniel T Peterson	William H Pollard Jr
	Arthur C Plautz, Jr	William P West
	Vacancy	
SAUK	John A DeGiovanni	Donald W Vangor
THIRD DISTRICT		
CRAWFORD	Eli M Dessloch	Vacancy
JUNEAU	Leon J Radant	Vacancy
LA CROSSE	Jack M Lockhart	Arthur G Barbier
	David L Nelson	Thomas P Lathrop
	Stephen B Webster	Michael H Mader
	David E Westgard	Steven T Tichy
	Vacancy	
MONROE	Edward O Lukasek	Lou R Schmidt
TREMPEALEAU-JACKSON-BUFFALO	Jeffrey K Polzin	Elmer P Rohde
VERNON	Timothy J Devitt	Robert A Starr

County Medical Society	Delegate	Alternate
FOURTH DISTRICT		
CLARK	Bahri O Gungor	Reganti V R Reddy
FOREST	Burton S Rathert	Enzo F Castaldo
LANGLADE	James O Moermond Jr	Michael J Reinardy
LINCOLN	James S Janowiak	Modesto M Ferrer
MARATHON	Curt G Grauer	Kathy P Belgea
	William R Owen	Joel R De Koning
	J Garry Sack	Thomas O Miller
	Gerald H Schroeder	Vacancy
ONEIDA-VILAS	James T Houlihan	Fred W Fletcher
	William F Raduege	Vacancy
PORTAGE	Daniel L Brick	Robert J Jaeger
PRICE-TAYLOR	T Bayard Frederick	Michael A Haase
WOOD	Raymond L Hansen	Michael J Kryda
	William J Maurer	John P Milbauer
	Michael P Mehr	Jung Kyun Park
	Charles C Sorensen	Robert E Phillips
	John E Thompson	Mario V Ponce
	Richard H Ulmer	John W Schaller
FIFTH DISTRICT		
CALUMET	Badri N Ganju	Julio C De Arteaga
FOND DU LAC	Kenneth A Stormo	Brian C Christenson
	David R Weber	Russell S Pelton
	Vacancy	
GREEN LAKE-WAUSHARA	Alan L Taher	Jeffrey J Carroll
OUTAGAMIE	Henry Chessin	George A Behnke
	C William Freeby	Vacancy
	Marvin L Hall	Vacancy
	Vacancy	Vacancy
WAUPACA	Lloyd P Maasch	Joseph W Weber
WINNEBAGO	George W Arndt	Roy E Buck
	James L Basiliere	Owen L Felton
	Fredric L Hildebrand	Gerald A Gehl
	Kenneth M Viste, Jr	Johan A Mathison
	Eric B Wilson, Jr	Vacancy
SIXTH DISTRICT		
BROWN	Rolf S Lulloff	John C Gallagher
	Sally M Schlise	Thomas P Koehler
	Robert T Schmidt Jr	Carl R Poley
	Jack A Swelstad	Ronald G Thune
	David M Wineinger	Fred H Walbrun
	Vacancy	
DOOR-KEWAUNEE	John J Beck	Mark O Weisse
MANITOWOC	Edward J Barylak	Steven D Driggers
	Vacancy	Vacancy
MARINETTE-FLORENCE	Burnell D Stripling	John E Kraus
OCONTO	Glen J Heinzl	Vacancy
SHAWANO	Ronald L Logemann	John J Albright
SHEBOYGAN	Robert A Keller	George L Hess
	Vytas K Kerpe	James R Pawlak
	Phillip H Walker	Stephen C Westcott

County Medical Society	Delegate	Alternate
SEVENTH DISTRICT		
BARRON-WASHBURN-BURNETT	Donald E Riemer	James F Maser
CHIPPEWA	Merne W Asplund	Peter W Holm
EAU CLAIRE-DUNN-PEPIN	Steven G Brown	Thomas J Doyle, Jr
	C Thomas Dow	Randall L Liton
	Daniel F Johnson	Thomas E Pederson
	Philip A Swanson	Vacancy
PIERCE-ST CROIX	Joseph E Powell	James R Beix
POLK	John O Simenstad	William W Young
RUSK	Howard T Chatterton	Douglas M DeLong
EIGHTH DISTRICT		
ASHLAND-BAYFIELD-IRON	Charles R Longstreth	John C Oujiri
DOUGLAS	Clarence M Scott	David J Fontaine
SAWYER	Lloyd M Baertsch	Paul Strapon III

SECTION	Delegate	Alternate
Allergy & Clinical Immunology	Marshall E Cusic, Jr	Robert J Kriz
Anesthesiology	Warren J Holtey	John F Kreul
Dermatology	Joel E Taxman	Nyles R Eskritt
Emergency Medicine	Emma K Ledbetter	Vacancy
Family Physicians	Robert S Viel	Thomas H Peterson
Hospital Medical Staff	Stephen R Peters	Louis R Pfeiffer
Internal Medicine	James R Mattson	Vacancy
Medical Faculties	Mark J Ciccantelli	Manucher J Javid
Medical Students	John A Zernia	John M Keggi
Neurology	R Clarke Danforth	Gamber F Tegtmeyer, Jr
Neurosurgery	Glenn A Meyer	S Marshall Cushman
Obstetrics-Gynecology	Charles Hammond	Joseph B Durst
Ophthalmology	M Thomas Chemotti	Vacancy
Orthopedics	Paul A Jacobs	David D Mellencamp
Otolaryngology	Glenn M Seager	Thomas W Grossman
Pathology	Raymond C Zastrow	Jay F Schamberg
Pediatrics	Carl S L Eisenberg	Ferrin C Holmes
Physical Medicine & Rehabilitation	William J LaJoie	Neal Taylor
Plastic Surgery	Sharon L Elias	Terrence J Wilkins
Preventive Medicine	Paul R Ebling	Henry A Anderson III
Psychiatry	W Warren Garitano	Rudolf W Link
Radiology	Vacancy	Bruce C Kirkham
Resident Physicians	Vacancy	Vacancy
Surgery	P Richard Sholl	Louis C Bernhardt
Therapeutic Radiology	Robert H Greenlaw	Marcia J S Richards
Urology	Stuart W Fine	Charles W Troup

Membership Directory—Update

The following information is being provided from Membership reports and from individual members for updating the 1985 Membership Directory as published in the July 1985 issue of the *Wisconsin Medical Journal*. Because of space limitations address changes and phone numbers will not be included in this Update; however, they will be changed in Membership records. County transfers will be included when processing has been completed by the Membership Department.

Changes in practice specialties (as used by the AMA) and changes in **Board-certified specialties** as listed by the American Board of Medical Specialties.

(changes only with member's name; practice specialties appear before the slash (/) and Board-certified specialties appear after the slash.)

BARRON/WASHBURN/BURNETT

DR R / R
Rick D Freitag MD
RR 1 Box 180
Sarona WI 54870

CRAWFORD

FP / FP
James C Bloom MD
421 S Beaumont Rd
Prairie du Chien WI 53821

DANE

PDE PD
David B Allen MD
600 Highland Ave
Madison WI 53792

U / U
Reginald C Bruskewitz MD
600 Highland Ave
Madison WI 53792

ER IM / DR
Arthur A DeSmet MD
600 Highland Ave
Madison WI 53792

FP
Kenneth Devries MD
208 South Century
Waunakee WI 53597

PD IG / PD
Chris M Erickson MD
600 Highland Ave
Madison WI 53792

N
Douglas A Dulli MD
600 Highland Ave
Madison WI 53792

IM
Peter B Idsvoog MD
7102 Mineral Point Rd
Madison WI 53717

IM
Janet B Johansson MD
105 Meadowlark Dr
Madison WI 53714

PD / PD
V Jill Kempthorne MD
345 W Washington Ave
PO Box 222
Madison WI 53701

IM
Carol A Kotzan MD
345 W Washington Ave
PO Box 222
Madison WI 53701

OPH / OPH
Neil J Lucchese MD
1025 Regent St
Madison WI 53715

R GS
Minesh Mehta MD
K4/B100 UW CSC
600 Highland Ave
Madison WI 53792

P / PN
Robert D Miller MD
301 Troy Dr
Madison WI 53704

IM / IM
John D Pirsch MD
4117 E Washington Ave
Madison WI 53703

GYN / OBG
Edward M Portman MD
5900 Monona Dr
Madison WI 53716

PD
Glen C Snyders MD
H4/449 CSC
600 Highland Ave
Madison WI 53792

IM
Laura L Stahnke MD
5339 Brody Dr, #204
Madison WI 53705

IM
John T Witte MD
5333 Brody Dr
Madison WI 53705

James M Yohanan
5013 Flambeau Rd
Madison WI 53705

DODGE

IM
Sharon L Haase MD
Rte 3, Box 97
Beaver Dam WI 53916

FP PD / FP
Lawrence H Miller MD
529 East Lincoln St
Waupun WI 53963

D
Tara L Passow MD
1857 Broadway Dr
Sun Prairie WI 53590

EAU CLAIRE/DUNN/PEPIN

EM FP / FP
Larry E Brown MD
1405 Willow Lane
Eau Claire WI 54703

FP
Carol J Beatherstone MD
807 S Farwell St
Eau Claire WI 54701

OPH
James O Redmann MD
825 Dorbe St
Eau Claire WI 54701

P
Gail A Tasch MD
2712 Stein Blvd
PO Box 224
Eau Claire WI 54702

GRANT

GP EM
Eulogio G Aguila MD
720 Cleveland St
Fennimore WI 53809

P / P
Robert L Klaehn MD
PO Box 351
Lancaster WI 53813

FP / FP
Eric A Nimmo MD
218 East Kelly St
Cuba City WI 53807

GS
Romeo C Soriano MD
235 North Madison
Lancaster WI 53813

JEFFERSON

IM
Steven C George MD
500 Mc Millen St
Ft Atkinson WI 53538

KENOSHA

IM PUD / IM
Peter Mariani MD
1400-75th St
Kenosha WI 53140

FP
John A Martini MD
1004 Grove Ave
Racine WI 53405

GP
Robert J Smick DO
24706 75th St
PO Box 361
Salem WI 53168

LANGLADE

FP / FP
Gary M Hegranes MD
423 Highway F
Antigo WI 54409

MANITOWOC

ORS
Paul A Caviale MD
501 North 10th St
Manitowoc WI 54220

OPH
Donald R Lewellen Jr MD
4801 Expo Dr
PO Box 705
Manitowoc WI 54220

MARATHON

FP
Elizabeth G Barr MD
1840 County Highway XX
Mosinee WI 54455

MARINETTE/FLORENCE

DR / R
Ronald O Bude MD
1412 First St
Menominee MI 49858

EM / FP
Thomas V Mack MD
Rte 3 Box 268
Menominee MI 49858

MILWAUKEE

Curt A Allison
305 N 95th St, #226
Milwaukee WI 53226

CLP AP / PTH
Edward A Birge MD
9622 Harding Blvd
Wauwatosa WI 53226

EM
Walter J Bradley Jr MD
2109 S 102nd, #207
West Allis WI 53227

Joseph P Braun
3708 West Vliet St
Milwaukee WI 53208

IM
Timothy W Behrens MD
8200 W Wisconsin Ave
Milwaukee WI 53226

IM
Mark A Beilke MD
2859 N Downer Ave
Milwaukee WI 53211

IM
Bruce B Berry MD
PO Box 14364
Milwaukee WI 53214

PM FP
Mary Capelli-Schellpfeffer MD
8701 W Watertown Plank Rd
Milwaukee WI 53226

IM
Katherine M Dillig MD
2828 N 46th St
Milwaukee WI 53210

Mark Edens
11029 W Wildwood Ln, #H109
West Allis WI 53227

Mary J Geiger
W183 N8519 Lawrence Ct
Menomonee Falls WI 53051

FP GS
Hugo F Goitia MD
PO Box 15135
Milwaukee WI 53215

Lynn L Heiting
21970 King Arthur Ct
Brookfield WI 53005

EM
Timothy J Hill MD
9161 North Fielding
Milwaukee WI 53217

Kelly Lynn Johnson
2054 S 102nd St, #216B
West Allis WI 53227

IM GS
Stephen R Kreuser MD
PO Box 11069
Milwaukee WI 53211

Susie M Li
307 N 95th St, #120
Milwaukee WI 53226

Barbara J Mc Grath
6700 W St Paul Ave, #3
Milwaukee WI 53213

Scott T McGraw
12103 W Bluemound Rd
Wauwatosa WI 53226

PD
Janice McLaughlin MD
7878 N 76th St
Milwaukee WI 53223

PUD IM / IM
Gerhard H Lohaus MD
2350 W Villard Ave, #104
Milwaukee WI 53209

IM
Maryann T Luce MD
8209 N Santa Monica
Fox Point WI 53217

FP PD / PD
Fredrick A May MD
5368-A N Lovers Lane, #151
Milwaukee WI 53225

David Metzler
307 North 95th St
Milwaukee WI 53226

DR / DR
John R Milbrath MD
2600 N Mayfair Rd, #810
Milwaukee WI 53226

James C Mu
7219 B Milwaukee Ave
Wauwatosa WI 53213

Leann Nitschke
946 Glenview Ave, #1
Wauwatosa WI 53213

AN
Irene R Olson MD
3890 Oak Park Rd
Deerfield WI 53531

IM P
Susan J Olson MD
2941-A N 56th St
Milwaukee WI 53211

Janet L Osborne
2921 N 58th St, #A
Milwaukee WI 53210

Dale Prokupek
1840-56th St
Milwaukee WI 53208

IM / IM
Thomas C Puchner Jr MD
8873 W Potomac, #201
Milwaukee WI 53225

R / R
Brian S Puglisi MD
5188 N Lovers Lane, #3
Milwaukee WI 53225

Susan Samlaska
10115 W Coldspring Rd
Milwaukee WI 53228

IM
Michael J Schmalz MD
3166 N 55th St
Milwaukee WI 53216

Robert S Schmidt
10941 West Langlade
Milwaukee WI 53233

D IM
Steven B Snyder MD
1618 S 115th Ct, #109
Milwaukee WI 53214

Gordon B Tadewaldt
PO Box 13112
Milwaukee WI 53213

OBG / OBG
Milton G Tarver MD
3660 N Teutonia Ave
Milwaukee WI 53206

ORS
Timothy J Treible MD
18350 Surrey Lane
Brookfield WI 53005

FP
David R Tschopp DO
5629 N 91st St
Milwaukee WI 53225

Lori Van Koevering
5180 N Lovers Lane, #2
Milwaukee WI 53225

Joan Van Sloun
622 N 99th St
Milwaukee WI 53226

P
Valerie A Westhead MD
3519 N Frederick Ave
Milwaukee WI 53211

IM
Stephen B Wilson MD
1336 N 116th St, #3
Wauwatosa WI 53226

IM
John C Wynsen MD
6217 West Burleigh
Milwaukee WI 53210

EM GS
Sonja J Zenz MD
2418 Root River Pkwy
West Allis WI 53227

OUTAGAMIE

FP
Joyce M Bauer MD
3316 N Rankin St
Appleton WI 54911

FP
Lawrence R Donatelle MD
1186 Appleton Rd
Menasha WI 54952

PUD IM / IM
Kevin C Garrett MD
1424 S Nicolet Rd
Appleton WI 54915

FP
Steven R Ginos MD
229 South Morrison
Appleton WI 54911

FP
Paul W Green MD
412 Cambridge Dr
Appleton WI 54915

FP
Alan E Laird MD
3 Solar Circle
Appleton WI 54915

IM
Thomas J Leonard MD
2107 Riverside Dr
Kaukauna WI 54130

continued next page

P
Cheryl M McChesney MD
1424 S Nicolet Rd
Appleton WI 54915

FP
Douglas P Moard MD
212 S Spruce St
Appleton WI 54914

FP
William H Mohr MD
229 South Morrison
Appleton WI 54911

OBG
Cathy A Reeb-Alba MD
1820 Whitney Dr
Appleton WI 54914

PD
Humberto Rodriguez Jr MD
1403 N Birchwood Ave
Appleton WI 54914

GS CDS
Philip A Vogt MD
900 East Grant St
Appleton WI 54911

RACINE

EM IM / IM
Charles R Leadholm MD
3037 Waunona Way
Madison WI 53713

GP
Thomas J Salach MD
PO Box 543
Powers Lake WI 53159

RICHLAND

DR R / R
John M Wentz MD
Rte #4
Richland Center WI 53581

ROCK

IM ON / IM MON
James F Brandman MD
580 N Washington St
Janesville WI 53545

VERNON

GS
Mark H Andrew MD
125 West Jefferson
Viroqua WI 54665

WAUKESHA

PUD IM / IM
Stephen R Baldwin MD
W180 N7950 Town Hall
Menomonee Falls WI 53051

FP
Nancy L Betzold MD
434 Madison St
Waukesha WI 53188

James D Gardner MD
1111 Delafield St
Waukesha WI 53186

IM
Gunnar Gundersen II MD
2143 N 68th St, #A
Milwaukee WI 53213

IM / IM
Ann Bartos Merkow MD
403 N Grand Ave
Waukesha WI 53186

AN
Kathleen A Schmidt MD
20140 Independence Dr
Brookfield WI 53005

FP EM
Robert P Sievert DO
13750 W National Ave
New Berlin WI 53151

GP
James A Yenger DO
W228 N683 Westmound Dr
Waukesha WI 53186

WAUPACA

FP
John J Seidl MD
32 Hughes St
Clintonville WI 54929

WINNEBAGO

OM / OM
Charles A Capasso MD
411 Lincoln St
Neenah WI 54956

FP EM
Mary S Cummins MD
4750 Island's View Dr
Oshkosh WI 54901

AN
Scott M Hodgdon MD
2844 Shorewood Dr
Oshkosh WI 54901

AN
Thomas S Wood DO
2855 Wyldewood Rd
Oshkosh WI 54901

ORS
Robert C Wubben MD
111 E North Water St
Neenah WI 54956

WOOD

IM
Craig D Barr MD
1703 N Chestnut Ave, #103
Marshfield WI 54449

AN
Frederic W Bollow MD
1000 North Oak Ave
Marshfield WI 54449

OPH
John W Boys-Smith MD
1000 North Oak Ave
Marshfield WI 54449

GS / GS
Bruce E Brink MD
1000 North Oak Ave
Marshfield WI 54449

FP EM / FP
Daniel B Campbell MD
2142 16th St, South
Wisconsin Rapids WI 54494

CD IM / IM
Joseph J Evans MD
1000 North Oak Ave
Marshfield WI 54449

IM CD / IM
David S Grierson MD
1000 North Oak Ave
Marshfield WI 54449

AN
Robert C Griesser MD
2513 S Washington Ave
Marshfield WI 54449

GS
Robert A Gruesen Jr MD
1000 North Oak Ave
Marshfield WI 54449

IM ID / IM
Bruce N Hathaway MD
1000 North Oak Ave
Marshfield WI 54449

PD NPM / PD
George J Hoehn III MD
1000 North Oak Ave
Marshfield WI 54449

AN
Ronald C Knuth MD
510 St Joseph's Ave
Marshfield WI 54449

OBG / OBG
Paul R Meier MD
1000 North Oak Ave
Marshfield WI 54449

N / PN
Kevin H Ruggles MD
1000 North Oak Ave
Marshfield WI 54449

N
Rodney Sorenson DO
1000 North Oak Ave
Marshfield WI 54449

AN PD
Sharon L Turovaara MD
311 West Kalsched, #133
Marshfield WI 54449

County society transfers

BROWN

(from Milwaukee)
Timothy J Freeman MD
1551 Dousman St
Green Bay WI 54303

MARINETTE/FLORENCE

(from Outagamie)
John P Briody MD
3100 Shore Dr
Marinette WI 54143

MILWAUKEE

(from Wood)
David C Elmeer MD
12650 W Bluemound Rd, #738
Elm Grove WI 53122

OUTAGAMIE

(from Juneau)
James E Burwitz MD
418 W Commercial St
Appleton WI 54911

WAUKESHA

(from Milwaukee)
Robert M Boex MD
2820 Cambridge Circle
Brookfield WI 53005

Robert S Pavlic MD
17000 W North Ave
Brookfield WI 53005

WAUPACA

(from Marathon)
Terry L Hankey MD
111 E Fulton St
Waupaca WI 54981■

YEARS

Thank you for your loyal support

DYAZIDE®

25 mg Hydrochlorothiazide/**50 mg** Triamterene/SKF

SK&F CO.

Motrin® 800 mg TABLETS
ibuprofen

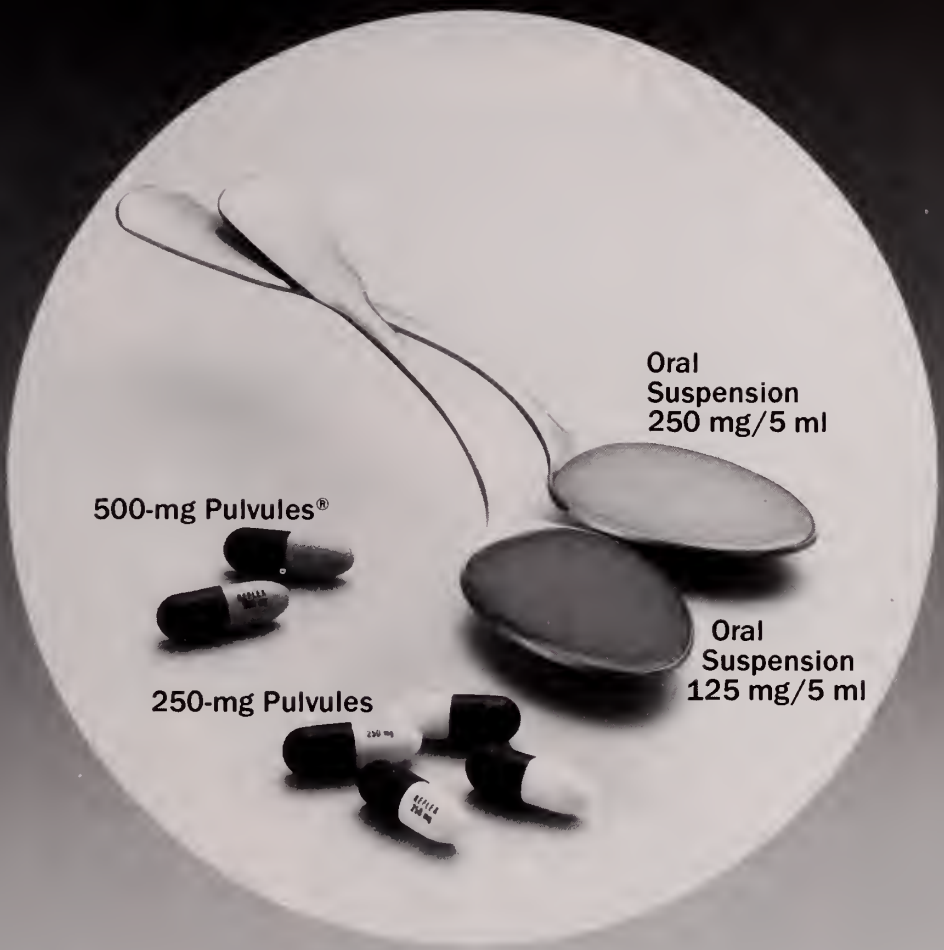
Extra strength
Convenience
Economy

Upjohn
A Century of Caring
1886·1986

©1986 The Upjohn Company

J-6138 January 1986

Easy To Take



Keflex®
cephalexin

Additional information available to the profession on request.

DISTA

420113

Dista Products Company
Division of Eli Lilly and Company
Indianapolis, Indiana 46285
Mfd. by Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630

On nitrates,
but angina still
strikes...

After a nitrate, add ISOPTIN®
(verapamil HCl/Knoll)

To protect your patients, as well as their quality of life, add Isoptin instead of a beta blocker.

First, Isoptin not only reduces myocardial oxygen demand by reducing peripheral resistance, but also increases coronary perfusion by preventing coronary vasospasm and dilating coronary arteries — both normal and stenotic. These are antianginal actions that no beta blocker can provide.

Second, Isoptin spares patients the beta-blocker side effects that may compromise the quality of life.

With Isoptin, fatigue, bradycardia and mental depression are rare. Unlike beta blockers, Isoptin can safely be given to patients with asthma, COPD, diabetes or peripheral vascular disease. Serious adverse reactions with Isoptin are rare at recommended doses; the single most common side effect is constipation (6.3%).

Cardiovascular contraindications to the use of Isoptin are similar to those of beta blockers: severe left ventricular dysfunction, hypotension (systolic pressure <90 mm Hg) or cardiogenic shock, sick sinus syndrome (if no artificial pacemaker is present) and second- or third-degree AV block.

So, the next time a nitrate is not enough, add Isoptin...for more comprehensive antianginal protection without side effects which may cramp an active life style.

ISOPTIN. Added antianginal protection without beta-blocker side effects.

Please see brief summary on following page

ISOPTIN®
(verapamil HCl/Knoll)
80 mg and 120 mg scored, film-coated tablets

Contraindications: Severe left ventricular dysfunction (see *Warnings*), hypotension (systolic pressure < 90 mm Hg) or cardiogenic shock, sick sinus syndrome (except in patients with a functioning artificial ventricular pacemaker), 2nd- or 3rd-degree AV block. **Warnings:** ISOPTIN should be avoided in patients with severe left ventricular dysfunction (e.g., ejection fraction < 30% or moderate to severe symptoms of cardiac failure) and in patients with any degree of ventricular dysfunction if they are receiving a beta blocker. (See *Precautions.*) Patients with milder ventricular dysfunction should, if possible, be controlled with optimum doses of digitalis and/or diuretics before ISOPTIN is used. (Note interactions with digoxin under *Precautions.*) ISOPTIN may occasionally produce hypotension (usually asymptomatic, orthostatic, mild and controlled by decrease in ISOPTIN dose). Elevations of transaminases with and without concomitant elevations in alkaline phosphatase and bilirubin have been reported. Such elevations may disappear even with continued treatment; however, four cases of hepatocellular injury by verapamil have been proven by rechallenge. Periodic monitoring of liver function is prudent during verapamil therapy. Patients with atrial flutter or fibrillation and an accessory AV pathway (e.g. W-P-W or L-G-L syndromes) may develop increased antegrade conduction across the aberrant pathway bypassing the AV node, producing a very rapid ventricular response after receiving ISOPTIN (or digitalis). Treatment is usually D.C.-cardioversion, which has been used safely and effectively after ISOPTIN. Because of verapamil's effect on AV conduction and the SA node, 1° AV block and transient bradycardia may occur. High grade block, however, has been infrequently observed. Marked 1° or progressive 2° or 3° AV block requires a dosage reduction or, rarely, discontinuation and institution of appropriate therapy depending upon the clinical situation. Patients with hypertrophic cardiomyopathy (IHSS) received verapamil in doses up to 720 mg/day. It must be appreciated that this group of patients had a serious disease with a high mortality rate and that most were refractory or intolerant to propranolol. A variety of serious adverse effects were seen in this group of patients including sinus bradycardia, 2° AV block, sinus arrest, pulmonary edema and/or severe hypotension. Most adverse effects responded well to dose reduction and only rarely was verapamil discontinued. **Precautions:** ISOPTIN should be given cautiously to patients with impaired hepatic function (in severe dysfunction use about 30% of the normal dose) or impaired renal function, and patients should be monitored for abnormal prolongation of the PR interval or other signs of excessive pharmacologic effects. Studies in a small number of patients suggest that concomitant use of ISOPTIN and beta blockers may be beneficial in patients with chronic stable angina. Combined therapy can also have adverse effects on cardiac function. Therefore, until further studies are completed, ISOPTIN should be used alone, if possible. If combined therapy is used, close surveillance of vital signs and clinical status should be carried out. Combined therapy with ISOPTIN and propranolol should usually be avoided in patients with AV conduction abnormalities and/or depressed left ventricular function. Chronic ISOPTIN treatment increases serum digoxin levels by 50% to 70% during the first week of therapy, which can result in digitalis toxicity. The digoxin dose should be reduced when ISOPTIN is given, and the patients should be carefully monitored to avoid over- or under-digitalization. ISOPTIN may have an additive effect on lowering blood pressure in patients receiving oral antihypertensive agents. Disopyramide should not be given within 48 hours before or 24 hours after ISOPTIN administration. Until further data are obtained, combined ISOPTIN and quinidine therapy in patients with hypertrophic cardiomyopathy should probably be avoided, since significant hypotension may result. Clinical experience with the concomitant use of ISOPTIN and short- and long-acting nitrates suggest beneficial interaction without undesirable drug interactions. Adequate animal carcinogenicity studies have not been performed. One study in rats did not suggest a tumorigenic potential, and verapamil was not mutagenic in the Ames test. *Pregnancy Category C*: There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy, labor and delivery only if clearly needed. It is not known whether verapamil is excreted in breast milk; therefore, nursing should be discontinued during ISOPTIN use. **Adverse Reactions:** Hypotension (2.9%), peripheral edema (1.7%), AV block: 3rd degree (0.8%), bradycardia: HR < 50/min (1.1%), CHF or pulmonary edema (0.9%), dizziness (3.6%), headache (1.8%), fatigue (1.1%), constipation (6.3%), nausea (1.6%), elevations of liver enzymes have been reported. (See *Warnings.*) The following reactions, reported in less than 0.5%, occurred under circumstances where a causal relationship is not certain: ecchymosis, bruising, gynecomastia, psychotic symptoms, confusion, paresthesia, insomnia, somnolence, equilibrium disorder, blurred vision, syncope, muscle cramp, shakiness, claudication, hair loss, macules, spotty menstruation. **How Supplied:** ISOPTIN (verapamil HCl) is supplied in round, scored, film-coated tablets containing either 80 mg or 120 mg of verapamil hydrochloride and embossed with "ISOPTIN 80" or "ISOPTIN 120" on one side and with "KNOLL" on the reverse side. Revised August, 1984 2385

KNOLL PHARMACEUTICAL COMPANY
30 NORTH JEFFERSON ROAD, WHIPPANY, NEW JERSEY 07981

2406

EMPLOYEES APPRECIATE THE PAYROLL SAVINGS PLAN.

JUST ASK THE PEOPLE AT THE BOEING COMPANY.

"My folks gave me a Bond for my birthday every year. Now I can do the same for my kids."
—Vaughn Hale

"It's certainly a painless way to save. The money comes directly out of my paycheck every two weeks."
—Florence Perry

"This is one way I can support my government and save at the same time."
—Douglas Scribner

U.S. Savings Bonds now offer higher variable interest rates *and* a guaranteed return. Your employees will appreciate that. They'll also appreciate your giving them the easiest, surest way to save.

For more information, write to: Steven R. Mead, Executive Director, U.S. Savings Bonds Division, Department of the Treasury, Washington, DC 20226.

U.S. SAVINGS BONDS
Paying Better Than Ever

A public service of this publication.

BALANCED CALCIUM CHANNEL BLOCKADE!

Low incidence of side effects
CARDIZEM® (diltiazem HCl) produces an incidence of adverse reactions not greater than that reported with placebo therapy, thus contributing to the patient's sense of well-being.

*Cardizem is indicated in the treatment of angina pectoris due to coronary artery spasm and in the management of chronic stable angina (classic effort-associated angina) in patients who cannot tolerate therapy with beta-blockers and/or nitrates or who remain symptomatic despite adequate doses of these agents.

References:
1. Strauss WE, McIntyre KM, Parisi AF, et al: Safety and efficacy of diltiazem hydrochloride for the treatment of stable angina pectoris: Report of a cooperative clinical trial. Am J Cardiol 49:560-566, 1982.
2. Pool PE, Seagren SC, Bonanno JA, et al: The treatment of exercise-inducible chronic stable angina with diltiazem: Effect on treadmill exercise. Chest 78 (July suppl):234-238, 1980.

Reduces angina attack frequency*
42% to 46% decrease reported in multicenter study.[1]

Increases exercise tolerance*
In Bruce exercise test,[2] control patients averaged 8.0 minutes to onset of pain; Cardizem patients averaged 9.8 minutes ($P<.005$).

CARDIZEM®
(diltiazem HCl)

THE BALANCED CALCIUM CHANNEL BLOCKER

Please see full prescribing information on following page.

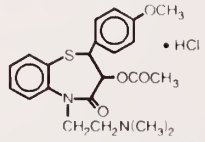
2/84

PROFESSIONAL USE INFORMATION

cardizem®
(diltiazem HCl)
30 mg and 60 mg tablets

DESCRIPTION

CARDIZEM® (diltiazem hydrochloride) is a calcium ion influx inhibitor (slow channel blocker or calcium antagonist). Chemically, diltiazem hydrochloride is 1,5-Benzothiazepin-4(5H)one,3-(acetyloxy)-5-[2-(dimethylamino)ethyl]-2,3-dihydro-2-(4-methoxyphenyl)-, monohydrochloride,(+)-cis-. The chemical structure is:



Diltiazem hydrochloride is a white to off-white crystalline powder with a bitter taste. It is soluble in water, methanol, and chloroform. It has a molecular weight of 450.98. Each tablet of CARDIZEM contains either 30 mg or 60 mg diltiazem hydrochloride for oral administration.

CLINICAL PHARMACOLOGY

The therapeutic benefits achieved with CARDIZEM are believed to be related to its ability to inhibit the influx of calcium ions during membrane depolarization of cardiac and vascular smooth muscle.

Mechanisms of Action. Although precise mechanisms of its antianginal actions are still being delineated, CARDIZEM is believed to act in the following ways.

1. Angina Due to Coronary Artery Spasm: CARDIZEM has been shown to be a potent dilator of coronary arteries both epicardial and subendocardial. Spontaneous and ergonovine-induced coronary artery spasm are inhibited by CARDIZEM.
2. Exertional Angina: CARDIZEM has been shown to produce increases in exercise tolerance, probably due to its ability to reduce myocardial oxygen demand. This is accomplished via reductions in heart rate and systemic blood pressure at submaximal and maximal exercise work loads.

In animal models, diltiazem interferes with the slow inward (depolarizing) current in excitable tissue. It causes excitation-contraction uncoupling in various myocardial tissues without changes in the configuration of the action potential. Diltiazem produces relaxation of coronary vascular smooth muscle and dilation of both large and small coronary arteries at drug levels which cause little or no negative inotropic effect. The resultant increases in coronary blood flow (epicardial and subendocardial) occur in ischemic and nonischemic models and are accompanied by dose-dependent decreases in systemic blood pressure and decreases in peripheral resistance.

Hemodynamic and Electrophysiologic Effects. Like other calcium antagonists, diltiazem decreases sinoatrial and atrioventricular conduction in isolated tissues and has a negative inotropic effect in isolated preparations. In the intact animal, prolongation of the AH interval can be seen at higher doses.

In man, diltiazem prevents spontaneous and ergonovine-provoked coronary artery spasm. It causes a decrease in peripheral vascular resistance and a modest fall in blood pressure and, in exercise tolerance studies in patients with ischemic heart disease, reduces the heart rate-blood pressure product for any given work load. Studies to date, primarily in patients with good ventricular function, have not revealed evidence of a negative inotropic effect, cardiac output, ejection fraction, and left ventricular end diastolic pressure have not been affected. There are as yet few data on the interaction of diltiazem and beta-blockers. Resting heart rate is usually unchanged or slightly reduced by diltiazem.

Intravenous diltiazem in doses of 20 mg prolongs AH conduction time and AV node functional and effective refractory periods approximately 20%. In a study involving single oral doses of 300 mg of CARDIZEM in six normal volunteers, the average maximum PR prolongation was 14% with no instances of greater than first-degree AV block. Diltiazem-associated prolongation of the AH interval is not more pronounced in patients with first-degree heart block. In patients with sick sinus syndrome, diltiazem significantly prolongs sinus cycle length (up to 50% in some cases).

Chronic oral administration of CARDIZEM in doses of up to 240 mg/day has resulted in small increases in PR interval, but has not usually produced abnormal prolongation. There were, however, three instances of second-degree AV block and one instance of third-degree AV block in a group of 959 chronically treated patients.

Pharmacokinetics and Metabolism. Diltiazem is absorbed from the tablet formulation to about 80% of a reference capsule and is subject to an extensive first-pass effect, giving an absolute bioavailability (compared to intravenous dosing) of about 40%. CARDIZEM undergoes extensive hepatic metabolism in which 2% to 4% of the unchanged drug appears in the urine. In vitro binding studies show CARDIZEM is 70% to 80% bound to plasma proteins. Competitive ligand binding studies have also shown CARDIZEM binding is not altered by therapeutic concentrations of digoxin, hydrochlorothiazide, phenylbutazone, propranolol, salicylic acid, or warfarin. Single oral doses of 30 to 120 mg of CARDIZEM result in detectable plasma levels within 30 to 60 minutes and peak plasma levels two to three hours after drug administration. The plasma elimination half-life following single or multiple drug administration is approximately 3.5 hours. Desacetyl diltiazem is also present in the plasma at levels of 10% to 20% of the parent drug and is 25% to 50% as potent a coronary vasodilator as diltiazem. Therapeutic blood levels of CARDIZEM appear to be in the range of 50 to 200 ng/ml. There is a departure from dose-linearity when single doses above 60 mg are given; a 120-mg dose gave blood levels three times that of the 60-mg dose. There is no information about the effect of renal or hepatic impairment on excretion or metabolism of diltiazem.

INDICATIONS AND USAGE

1. **Angina Pectoris Due to Coronary Artery Spasm.** CARDIZEM is indicated in the treatment of angina pectoris due to coronary artery spasm. CARDIZEM has been shown effective in the treatment of spontaneous coronary artery spasm presenting as Prinzmetal's variant angina (resting angina with ST-segment elevation occurring during attacks).
2. **Chronic Stable Angina (Classic Effort-Associated Angina).** CARDIZEM is indicated in the management of chronic stable angina. CARDIZEM has been effective in controlled trials in reducing angina frequency and increasing exercise tolerance.

There are no controlled studies of the effectiveness of the concomitant use of diltiazem and beta-blockers or of the safety of this combination in patients with impaired ventricular function or conduction abnormalities.

CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic).

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt). Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients.
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury.** In rare instances, patients receiving CARDIZEM have exhibited reversible acute hepatic injury as evidenced by moderate to extreme elevations of liver enzymes. (See PRECAUTIONS and ADVERSE REACTIONS.)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.

Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS).

Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%.

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats.

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers. It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, exercise caution when CARDIZEM is administered to a nursing woman if the drug's benefits are thought to outweigh its potential risks in this situation.

Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded.

In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy.

The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences, as well as their frequency of presentation, are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%), AV block (1.1%). In addition, the following events were reported infrequently (less than 1%) with the order of presentation corresponding to the relative frequency of occurrence.

Cardiovascular:	Flushing, arrhythmia, hypotension, bradycardia, palpitations, congestive heart failure, syncope.
Nervous System:	Paresthesia, nervousness, somnolence, tremor, insomnia, hallucinations, and amnesia.
Gastrointestinal:	Constipation, dyspepsia, diarrhea, vomiting, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH.
Dermatologic:	Pruritus, petechiae, urticaria, photosensitivity.
Other:	Polyuria, nocturia.

The following additional experiences have been noted:

A patient with Prinzmetal's angina experiencing episodes of vasospastic angina developed periods of transient asymptomatic asystole approximately five hours after receiving a single 60-mg dose of CARDIZEM.

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: erythema multiforme; leukopenia; and extreme elevations of alkaline phosphatase, SGOT, SGPT, LDH, and CPK. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established.

OVERDOSAGE OR EXAGGERATED RESPONSE

Overdosage experience with oral diltiazem has been limited. Single oral doses of 300 mg of CARDIZEM have been well tolerated by healthy volunteers. In the event of overdosage or exaggerated response, appropriate supportive measures should be employed in addition to gastric lavage. The following measures may be considered:

Bradycardia	Administer atropine (0.60 to 1.0 mg). If there is no response to vagal blockade, administer isoproterenol cautiously.
High Degree AV Block	Treat as for bradycardia above. Fixed high-degree AV block should be treated with cardiac pacing.
Cardiac Failure	Administer inotropic agents (isoproterenol, dopamine, or dobutamine) and diuretics.
Hypotension	Vasopressors (eg, dopamine or levarterenol bitartrate).

Actual treatment and dosage should depend on the severity of the clinical situation and the judgment and experience of the treating physician.

The oral LD_{50}'s in mice and rats range from 415 to 740 mg/kg and from 560 to 810 mg/kg, respectively. The intravenous LD_{50}'s in these species were 60 and 38 mg/kg, respectively. The oral LD_{50} in dogs is considered to be in excess of 50 mg/kg, while lethality was seen in monkeys at 360 mg/kg. The toxic dose in man is not known, but blood levels in excess of 800 ng/ml have not been associated with toxicity.

DOSAGE AND ADMINISTRATION

Exertional Angina Pectoris Due to Atherosclerotic Coronary Artery Disease or Angina Pectoris at Rest Due to Coronary Artery Spasm. Dosage must be adjusted to each patient's needs. Starting with 30 mg four times daily, before meals and at bedtime, dosage should be increased gradually (given in divided doses three or four times daily) at one- to two-day intervals until optimum response is obtained. Although individual patients may respond to any dosage level, the average optimum dosage range appears to be 180 to 240 mg/day. There are no available data concerning dosage requirements in patients with impaired renal or hepatic function. If the drug must be used in such patients, titration should be carried out with particular caution.

Concomitant Use With Other Antianginal Agents:

1. **Sublingual NTG** may be taken as required to abort acute anginal attacks during CARDIZEM therapy.
2. **Prophylactic Nitrate Therapy** – CARDIZEM may be safely coadministered with short- and long-acting nitrates, but there have been no controlled studies to evaluate the antianginal effectiveness of this combination.
3. **Beta-blockers.** (See WARNINGS and PRECAUTIONS.)

HOW SUPPLIED

Cardizem 30-mg tablets are supplied in bottles of 100 (NDC 0088-1771-47) and in Unit Dose Identification Paks of 100 (NDC 0088-1771-49). Each green tablet is engraved with MARION on one side and 1771 engraved on the other. CARDIZEM 60-mg scored tablets are supplied in bottles of 100 (NDC 0088-1772-47) and in Unit Dose Identification Paks of 100 (NDC 0088-1772-49). Each yellow tablet is engraved with MARION on one side and 1772 on the other.

Issued 4/1/84

Another patient benefit product from
PHARMACEUTICAL DIVISION
MARION LABORATORIES, INC
KANSAS CITY, MISSOURI 64137

Medicaid reimbursement rates frozen; part of budget cuts

The first week of the legislative session, which started January 28, was almost entirely given over to Special Session Senate Bill 1, the "fiscal management" bill shaving state expenditures by roughly $340 million in light of lower-than-expected state revenues.

As part of the budget cuts, most Medicaid reimbursement rates were frozen or, in the case of hospitals and nursing homes, given marginal increases below the level originally appropriated. For physicians and other Medicaid providers, rates will be frozen until the next biennial budget period. (Rates were increased 2% as of January 1, 1986, and the budget originally appropriated funds for an additional 2% increase January 1, 1987. The January 1987 increase will *not* take place; instead, the Society expects the 1987–89 biennial budget, which covers the biennium beginning July 1, 1987, will provide rate increases beginning in January 1988.)

A less costly, but more problematic provision requested by the Department of Health and Social Services, was removed from the bill as a result of the efforts of SMS and other representatives of healthcare providers.

DHSS had proposed that all providers be required to pay a fee for "provider information and services" given by DHSS staff as part of its administration of the Medicaid program. In effect, providers would be required to pay the state in order to receive a contract to serve Medicaid recipients. The fee was to have been set initially at $9 annually for physicians and other individual providers and $15 for hospitals and nursing homes, with DHSS having authority to change the fee amount by administrative rule.

The State Medical Society objected strongly to the precedent of requiring healthcare providers to pay an entry fee to join the Medicaid program. This would have been a complete reversal of efforts over the years to encourage physician participation in Medicaid with the goal of providing low-income people with as wide access as possible to needed healthcare. The provision was ultimately deleted from the bill, and DHSS was directed to cut that portion of its Medicaid administrative budget funded with state dollars.■

Tax alert!

The advance payments some Wisconsin physicians received from Blue Cross/Blue Shield in 1985 may trigger tax audits of their individual tax returns, according to reports received by SMS.

Because of claims processing problems with the Blue Cross/Blue Shield Comstar computer system in 1985, the company advanced funds to physicians, clinics, and service corporations based on historical claims payment data. These payments were designed to alleviate cash flow problems for physicians providing services to Blue Cross/Blue Shield subscribers.

However, Blue Cross/Blue Shield occasionally issued payments directly to a physician, rather than in the name of the service corporation or clinic. The physician normally signed over these payments to the corporation.

The potential tax problem has come to light as Blue Cross/Blue Shield began issuing 1099 forms for payments made in 1985. In a number of cases payments made directly to physicians, rather than their clinic or service corporation, are being reported to the IRS on the 1099 form as income for the *individual physician.*

"This is a red flag item that will most certainly call down an audit," says Michael Arnow, CPA and medical consultant. He suggests that physicians proceed carefully and leave a clear trail for the IRS to follow. "The documentation is critical" Mr Arnow says. If physicians received payments which should have gone to their corporation, Mr Arnow recommends that they show this amount as income (on schedule C or line 22 of form 1040). In addition, the same amount should be shown as an expense on schedule C or line 24 of form 1040.

Mr Arnow also recommends one further precaution: "On a separate sheet attached to the tax return, physicians should write a note to the IRS explaining the problem and how it was handled." ■

Clinic managers group elects new officers

At its meeting in Madison February 6–7, the Wisconsin Clinic Managers Association named James F Ruethling of the Beloit Clinic, SC, Beloit, as its 1986 president. Mr Ruethling succeeds Arlene Lueck of Roley, Anderson, Speichinger, and Torhorst, Ltd, Madison.

Other officers for 1986 are Jeanne Chamberlain, Northwest Medical Center, Spooner, vice-president; Ronald L Riedemann, Eye Clinic of Wausau, secretary; Wilbert J Mommaerts, West Side Clinic, SC, Green Bay, treasurer; and Jane Nelson, Wausau Family Practice Center, Wausau, membership chairman. ■

Peppino's

CLASSICAL ITALIAN RESTAURANT

5518 UNIVERSITY AVENUE
MADISON (608) 233-2200

ELEGANT DINING • FINE WINES • INTIMATE COCKTAIL LOUNGE • OPEN DAILY AT 5:00 PM

"For an elegant night of Italian dining." —PROF HERBERT KUBLY, *Milwaukee Journal* writer

A SPECIAL PRACTICE FOR SPECIALISTS

If you're a surgeon or OB/GYN or other medical specialist, the Air Force may have a special practice for you.

What makes it special? You'll enjoy an excellent pay and benefits package. Your regular working hours will allow you to spend more time with your family. You'll receive 30 days of vacation with pay each year. And you will work with modern equipment and some of the most highly trained professionals in the world, serving your country and your patients. Now that's special!

Find out just how special your practice can be.

FOR MORE INFORMATION CONTACT:
Capt. Gail E. Spikes
414-258-2430

AIR FORCE

On the leading edge of technology.

Thomas J Erbach, MD,* Monroe, recently joined the medical staff of The Monroe Clinic. Doctor Erbach is associated with George E Breadon, MD,* in the Ear, Nose, and Throat Department. He graduated from the University of Michigan School of Medicine and served his internship at St Joseph Mercy Hospital in Ann Arbor, Mich. His residency in otolarynology was completed at the University Hospital and Clinics in Madison.

Jordan A Moore, MD,* Ashland, has opened his medical practice in Hayward for the practice of dermatology at the Medical Specialties Clinic. Doctor Moore, whose medical practice is in Ashland, will divide his time between Hayward and Ashland. Board certified in dermatology, Doctor Moore graduated from the University of Cincinnati Medical School and completed a residency in family practice at Ball Memorial Hospital, Muncie, Ind. His dermatology residency was completed at Wright State University Hospital in Dayton, Ohio.

Kenneth E Engelhart, MD,* Marshfield, has joined the Marshfield Clinic in the Department of Internal Medicine. Doctor Engelhart graduated from Tulane University School of Medicine, New Orleans, and completed his residency in internal medicine at the Mayo Graduate School of Medicine, Rochester, Minn. Doctor Engelhart previously practiced in Watertown, South Dakota.

Daniel B Gute, MD,* has been named president of the medical staff at St Mary's Hospital-Ozaukee. Doctor Gute graduated from Northwestern University Medical School and interned at Cook County Hospital in Chicago, Ill. His general surgical and urological training was completed at Massachusetts General Hospital and at Boston Veterans Hospital. Doctor Gute is an assistant clinical professor of urology at the Medical College of Wisconsin, Milwaukee.

Herbert A Dasler, MD,* Amery physician for 39 years, retired in February from his medical practice. Doctor Dasler graduated from the University of Wisconsin Medical School, Madison, in 1944 and served an internship at St Luke's Hospital in Duluth, Minn. He became associated with the Cornwall Clinic (now The Family Medical Clinic) in 1947. He also was a member of the medical staff of Apple River Hospital.

George T Bryan, MD,* Madison, professor in the Department of Human Oncology at the University of Wisconsin Clinical Cancer Center, recently was appointed as Director of the University of Wisconsin General Clinical Research Center being developed at the University Hospital and Clinics, Madison. The appointment was announced by Dean Arnold L Brown, MD* of the University of Wisconsin Medical School, Madison.

William F Mieler, MD, Milwaukee, has become associated with the Eye Institute of the Medical College of Wisconsin, Milwaukee County Medical Complex. He is a retina and vitreous surgeon and co-director of ocular oncology and director of retinal oncology. Doctor Mieler graduated from the University of Wisconsin Medical School, Madison, and completed his internship at Mercy Hospital and Medical Center, San Diego, Calif. His residency in ophthalmology was at Bascom Palmer Eye Institute, Miami, Fla, and his fellowship at the Eye Institute in Milwaukee.

William L Bender, MD,* Viroqua, has opened the Valley Medical Center in Readstown. Doctor Bender graduated from the University of Wisconsin Medical School, Madison, and completed his internship in Cedar Rapids, Iowa. His residency training in family practice was in the United States Air Force in Michigan and North Dakota. Prior to opening the Valley Medical Center, Doctor Bender had been associated with the Platner Clinic in Fennimore.

Doctor Meyer

Thomas C Meyer, MD,* Madison, professor and director of continuing medical education at the University of Wisconsin Medical School, has been named medical director of St Marys Hospital Medical Center, Madison. Doctor Meyer joined the UW faculty in 1961 and has been a member of St Marys medical staff since 1968. Doctor Meyer succeeds Sherman P Vinograd, MD, who recently retired as the hospital's medical director.

Gail A Tasch, MD,* Eau Claire, has joined the medical staff of Sacred Heart Hospital in Eau Claire. She is a psychiatrist associated with the Northwest Psychiatric Clinic. Doctor Tasch graduated from the

Loyola School of Medicine, Maywood, Ill, and completed her residency in psychiatry at the Mayo Graduate School of Medicine in Rochester, Minn.

Michael L Bishop, MD,* recently joined the medical staff of the Deerfield Medical Clinic. Doctor Bishop graduated from the University of California-San Francisco Medical School, and completed his residency in orthopedic surgery at University Hospital and Clinics in Madison. Prior to joining the Deerfield Clinic, Doctor Bishop had been an emergency room physician at Divine Saviour Hospital in Portage.

George Lythcott, MD, Madison, University of Wisconsin Medical School professor of pediatrics and director of the Center for International Health Resources and Services at UW-Madison, has taken a two-year leave of absence from the UW to become dean of the Medical School of the City University of New York with a joint appointment as dean of the Sophie Davis School of Biomedical Education and vice president of the City College of New York. ■

NEWS HIGHLIGHTS

*Physician members of the State Medical Society of Wisconsin

Marshfield Clinic has elected Sidney E Johnson, MD,* president of the Clinic. Doctor Johnson, a gastroenterologist, has served on the Wisconsin Peer Review Organization (WIPRO) and its predecessors since 1979. A graduate of the University of Wisconsin Medical School, Madison, Doctor Johnson joined the medical staff of the Clinic in 1966 and has been medical director for the past nine years. MDs Cesar N Reyes* was reelected vice president; John P Milbauer,* secretary, and Michael J Kryda* was elected treasurer.

Holy Cross Hospital, Merrill, recently elected Jerome S Mayersak, MD,* president of the medical staff. Doctor Mayersak graduated from Johns Hopkins University, Baltimore, Md and is certified by the American Board of Urology. Other officers for 1986 are MDs Donald L Evans,* vice president, and Walter Lewinnek,* secretary-treasurer.

Luther Hospital, Eau Claire, has elected William F DeCesare, MD,* chief-of-staff for 1986. MDs Steven D Stenzel* and Mark E Edstrom* will serve as vice chief-of-staff and secretary-treasurer, respectively. The hospital's medical staff department chairmen for 1986 are MDs Michael W Fulks,* medicine; Michael F Finkel,* neurosciences; Jeanne K Schroeder,* obstetrics and gynecology; Richard P Linden,* pathology; Michael J O'Halloran,* pediatrics; M S Taman,* psychiatry and neurology; Emil Schulz,* radiology and William H Walter,* surgery.

Mercy Hospital, Janesville, has named Gerald P Gredler, MD,* chief-of-staff for 1986. Doctor Gredler, an orthopedic surgeon, has been affiliated with Mercy Hospital since 1959. Other medical staff officers elected were MDs Ernest C Deeds,* president; Thomas R Hansen,* president-elect, and Edward C Miller,* secretary-treasurer. Doctor Deeds, an internist, has been on the medical staff at Mercy Hospital for the past 17 years. Doctor Hansen, a radiologist, graduated from the University of Illinois School of Medicine, and Doctor Miller, an obstetrician, has been affiliated with Mercy Hospital for nine years.

Charles Lobeck, Ozaukee, is the new chief operating officer of St Mary's Hospital, Ozaukee. Mr Lobeck replaced George Seidenstricker who retired February 1. Mr Seidenstricker has been with the hospital for 20 years and was president of St Alphonsus Hospital when it was purchased by St Mary's Hospital-Milwaukee and the name was changed in early December 1985. Mr Lobeck graduated from Lawrence University, Appleton, and obtained his master's degree in business administration from Northwestern University. He was chief financial officer of Downeast Community Hospital at Machias, Me, before becoming director of fiscal services for Eastern Maine Medical Center, Bangor, a post he held for about five years.

St Agnes Hospital, Fond du Lac, has elected as its chief of the medical staff, Robert H Mikkelsen, MD.* He will serve a two-year term. Doctor Mikkelsen replaces Harry J Zemel, MD* whose term expired and will serve as past chief-of-staff for 1986. A graduate of Northwestern University Medical School, Doctor Mikkelsen completed his surgical residency at the University of Missouri and has been a member of the medical staff of St Agnes Hospital since 1976. The hospital medical staff

also elected Mauro J Agnelneri, MD,* secretary-treasurer, and 12 department chiefs: MDs Shogi Ten Tsai,* anesthesiology; William J Brusky,* emergency medicine; David M Ebben,* family practice; John F Kuglitsch,* internal medicine; Robert J Schuster,* obstetrics-gynecology; K Alan Stormo,* pathology; David L Lawrence,* pediatrics; Clarence E Moore,* psychiatry; Thomas J Antlfinger,* radiology, and John T Elliott,* surgery.

house of BIDWELL, inc.

7954 West Harwood and Watertown Plank Road Milwaukee, Wisconsin 53213

ORTHOTIC AND PROSTHETIC SERVICES

1-414-774-6250

St Nicholas Hospital, Sheboygan, has elected James B Kuplic, MD,* president for 1986. Other medical staff officers elected were MDs John F Schwalbach,* vice president, and William G Wagner,* secretary/treasurer. Paul M Fleming, MD,* who served as president for the past year, will act as an advisor to the president.

Persons interested in the Impaired Physician Program may call 608/257-6781 or toll-free in Wisconsin: 1-800-362-9080 and explain their concern to Mr John LaBissoniere or Mr H B Maroney of the State Medical Society staff. The caller's identity will be kept in complete confidence.

David C Schultz, chairman and president of Acme Laboratories, Inc, Milwaukee, recently was sworn in as president of the American Academy of Orthotists and Prosthetists (AAOP) at the association's annual meeting. Mr Schultz will serve a one-year term. For the past year, Mr Schultz served as national president-elect of the Academy. He is a past president of the Academy's midwest chapter and also of the Wisconsin Orthotic and Prosthetic Association. With its corporate headquarters in Milwaukee, Acme Laboratories operates facilities in Fond du Lac and Green Bay. It recently purchased the House of Bidwell orthotics firm in Milwaukee.■

A PERFECT BALANCE — YOUR MEDICAL PRACTICE AND YOUR FAMILY LIFE

Is it possible to spend more time with your family and still get the professional satisfaction from your medical practice? It is if you are a member of the Air Force health care team. Being an Air Force physician lets you strike a balance between your professional life and your family life. Our group practice concept makes it all possible. See how you can put balance into your life.

FOR MORE INFORMATION CONTACT:
Capt. Gail E. Spikes
414-258-2430

AIR FORCE

On the leading edge of technology.

In ten years your malpractice carrier may be just a memory.

Unless it's Medical Protective.

As you consider professional liability insurance, consider this. The coverages stated in the policy are basically a promise — a promise to be here when needed regardless of legal climate or economic conditions. A company's ability to keep this promise is critical because your financial security may depend on it. Unfortunately, too many firms are now finding the task impossible.

Analyze your liability insurance options carefully just as you would any important investment. Go beyond the agent and the policy to the company that stands behind both. How long has it been in operation? Has it weathered some of the tough times? Will it be there for you when you need help?

The Medical Protective Company pioneered professional liability coverage before the turn of the century and has served doctors exclusively ever since. Over 500,000 of them. Through good times and bad. We'll be here when you need us.

Contact The Medical Protective Company through one of our general agents. History shows we keep our promises.

THE
MEDICAL PROTECTIVE COMPANY

FORT WAYNE, INDIANA

Jerome E. Kronsnoble, William E. Herte
850 North Elm Grove Road, Elm Grove, WI 53122, (414) 784-3780

Acme Laboratories, Inc.

Qualified, competent professionals are the trademark of Acme Laboratories. For 35 years, our certified orthotists and prosthetists have earned a reputation for excellence, helping people improve their lives.

Acme Laboratories serves Wisconsin from offices in Milwaukee, Green Bay, Fond du Lac and Woodruff. We're pleased to be a designated HMO facility for southeastern Wisconsin. Acme Laboratories accepts all insurance, including Medicare and Medicaid.

10702 W. Burleigh St., Milwaukee, WI 53222
414-259-1090

GREEN BAY ORTHOPEDIC
Division of Acme Laboratories, Inc.
428 S. Adams St., Green Bay, WI 54301
414-435-1461

525 E. Division St., Fond du Lac, WI 54935
414-923-6676

Affiliated with Northwoods Rehabilitation
Box LOA, Woodruff, WI 54568
715-356-8000 Ext. 8872

Acme Laboratories — where quality of life is our main concern

american orthotic & prosthetic association

YOU CAN HELP STOP BEDWETTING

For a large majority of your Enuretic patients

- Ethical — prescription only
- Professional — you supervise treatment
- Approximately 90 percent effective
- Proven reliable and dependable bell, pad, and light system
- Low cost rental service — $14.00 per week (avg. 6-week treatment)
- Convenient mail order service to the 48 states

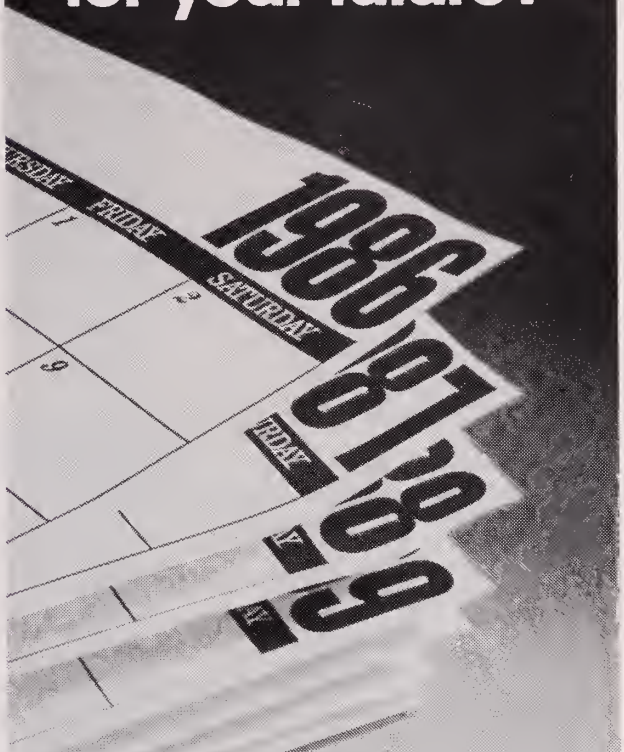
For more information, call or write:

S. & L. SIGNAL COMPANY

Helping Enuretic Clients
Since 1950
1142 Fleetwood Ave. Madison, WI 53716
Phone: 608-222-7939

Accepted for advertising in the AMA Journal

Are you ready for your future?



At Gaarder Miller we are experts at managing the business aspect of medical practices. Our professional consultants will tailor solutions to your special needs . . . solutions that result in increased productivity, optimal patient services and maximized income for today — and tomorrow.

WE OFFER: • Financial projections • Office management • Organizational planning • Facilities planning • Tax preparation • Personal financial planning • Billing service • Computer billing . . .

All the value of a full-time business manager at a part-time cost.

Gaarder Miller Milwaukee Ltd.
12778 W. North Ave.
Brookfield, WI 53005
(414) 784-9559

Planning today . . . for a secure tomorrow.

Wisconsin Chapter of the American Academy of Pediatrics will hold its annual meeting May 16–17 at the Pioneer Inn in Oshkosh. Theme of the scientific program is: *Changing Patterns in Pediatrics Practice.* Speakers and their topics follow:

- *Philip M Farrell, MD*: Changing Patterns in the Management of Infants and Children with Respiratory Disorders.
- *Starkey D Davis, MD*: AIDS.
- *Paul G Quie, MD*: Changing Patterns in Pediatric Infectious Diseases.
- *David Gustafson, PhD*: Computers in Pediatric Practice.
- *James H Moller, MD*: Changing Patterns in Pediatric Cardiology.
- *Paul B Batalden, MD*: Preventing Attention Deficits in Today's Pediatricians.
- *Paul F Dvorak, MD*: Changing Patterns in Pediatric Oncology.
- *Constance S Clune, PhD*: What Happens to the Children in Two-career Families.
- *Richard Barthel, MD*: Use of Drugs in Pediatric Psychiatry.
- *Don A Bukstein, MD*: Changing Patterns in Pediatric Allergy.

Further information can be obtained from Ordean L Torstenson, MD, 1313 Fish Hatchery Rd, Madison, Wis 53715; or call 608/252-8181.

THE NAVY SEARCH FOR EXCELLENCE

The United States Navy Medical Command desires physicians who want to practice medicine . . . not be business managers. The Navy offers specialists quality clinical experience and professional growth, a very comfortable lifestyle without financial and administrative worries, and the valuable time to spend with family and friends while planning the future.

- Flight Surgery
- Anesthesiology
- Otolaryngology
- Neurology
- Psychiatry
- Orthopedic Surgery
- General Surgery
- Neurosurgery

LOCATIONS: 23 modern medical facilities located along the east and west coast, as well as nine hospitals overseas, including those in Japan, Spain, Italy and the Philippines.

BENEFITS: Varied clinical experience; 30 days annual vacation; world travel benefits; full malpractice, medical/dental coverage; net starting salaries from $40,000 to $55,000; non-contributive retirement package which yields approximately $20,000 a year after 20 years of service, or $30,000 a year after 30 years.

MINIMUM QUALIFICATIONS: State license; US citizen; excellent professional references.

For complete details, call or send Curriculum Vitae to: Lt Nancy Hill, Henry S Reuss Federal Plaza, 310 W Wisconsin Ave, Suite 450, Milwaukee, WI 53203; 414/291-1529; 800/242-1569—Wisconsin.

COUNTY SOCIETIES

*Physician members of the State Medical Society of Wisconsin

RUSK: Twenty-six members were present at the December meeting of the Rusk County Medical Society. Michael E Ryan, MD,* Marshfield, the guest speaker, spoke on "Cyto Protection." New officers for 1986 were elected and they are MDs Ron M Charipar,* president; Robert K DeMott,* secretary-treasurer; Howard T Chatterton,* delegate; and Douglas M DeLong,* alternate delegate.

WINNEBAGO: The January meeting of the Winnebago County Medical Society met in Oshkosh and 39 members were present. Albert Fisher, MD* and Michael C Finger, MD* of Oshkosh, were accepted to membership to the Society.■

AMA Physician's Recognition Award Recipients

LISTED BELOW are those physicians in Wisconsin who have earned the AMA Physician's Recognition Award in recent months. The State Medical Society of Wisconsin congratulates these physicians who have distinguished themselves and their profession by their commitment to continuing education:

JANUARY 1986

*Bemmann, Kathryn M Chizek, Waukesha
*Bolt, Richard H, Waukesha
*Boyle, Philip F, Marshfield
*Caplan, Robert H, La Crosse
*Christenson, Brian C, Fond du Lac
Corcoran, William A, Port Washington
*Desch, Charles A, Waukesha
*Dodson, Vernon N, Madison
*Eby, Lee G, Milwaukee
*Foote, Peter S, Milwaukee
*Fritschel, William G, Deerfield
Goellner, Paul G, Spooner
*Harned, Gerald L, Waukesha
Heimler, Ruth, Milwaukee
*Jimenez, Miquel A, Shawano
*Kadile, Hermenegildo M, Manitowoc
*Kritter, Alfred E, Waukesha
*Lochen, Gregory R, Waukesha
*Mc Fadden, Michael R, Sturgeon Bay
Navarra, Miquel, Milwaukee
*Odulio, Teofilo O, Wausau
Peiris, M Alan, Milwaukee
*Rhodes, Ross A, Marshfield
*Shaffer, Katherine A H, Wauwatosa
*Sivertson, Sigurd E, Madison
*Till, Eugene W, Milwaukee
*Trangsrud, Axel, Milwaukee■

*Members of the State Medical Society of Wisconsin

IT PAYS TO BE A MEMBER

SMS Services, Inc.

SMS SERVICES announces a new service of

COMPUTER AND WORD PROCESSING SUPPLIES

SMS Services is now a dealer for computer supplies from disks to computer office furniture.

As introduction to these services, SMS Services has made a special arrangement to offer BASF Flexy Disks 5¼ Double Sided, Double Density at:

$13.13/Box of 10
$11.55/Box when ordering 10 to 99 Boxes
$10.50/Box when ordering 100 Boxes or more
(plus shipping)

Call SMS Services, Inc today for a catalog.
Ask for Bill Guerten

We are here to serve you in any way we can

P.O. BOX 1109, MADISON, WI 53701 • PHONE 608/257-6781 OR TOLL-FREE 1-800-362-9080

Esther White Goldberger, MD, 80, Milwaukee, died Jan 10, 1985. Born in 1905, Doctor Goldberger was a graduate of Temple University School of Medicine in Philadelphia, Pa, in 1932. She was a member of The Medical Society of Milwaukee County, the State Medical Society of Wisconsin, and the American Medical Association.

Martin H Klein, MD, 65, Chilton, died Dec 22, 1985 in Milwaukee. Born Mar 18, 1920 in Fountain City, Doctor Klein graduated from the University of Wisconsin Medical School, Madison, and served his internship at The City Hospital of Akron in Ohio and at Barnes Hospital, St Louis, Missouri. His surgical residency was served one year at the United States Naval Medical Center, Bethesda, Maryland and three years at Chelsea Naval Hospital in Boston, Massachusetts. He also completed a plastic surgery residency under James Barnes, MD at Washington University in St Louis. Doctor Klein served in the United States Navy from 1948 until 1967. In 1967 he moved to Chilton and practiced medicine there until his retirement in 1975. He was a member of the Calumet County Medical Society, State Medical Society of Wisconsin, and the American Medical Association. Surviving is his widow, Rose.

Richard F Mattingly, MD, 60, professor and chairman of the department of gynecology and obstetrics at The Medical College of Wisconsin, Milwaukee, died Jan 1, 1986 in Milwaukee. Born Oct 25, 1925 in Zanesville, Ohio, Doctor Mattingly graduated from Cornell University Medical College, Ithaca, New York in 1953 and served his internship and residency at Johns Hopkins Hospital. Doctor Mattingly had served as chief of the College's department of gynecology and obstetrics since 1961. In 1974 he and a colleague from MCW, were the first to show the link between squamous cell carcinoma and diethylstilbestrol (DES). Doctor Mattingly had been editor of *Obstetrics and Gynecology,* the official journal of the American College of Obstetricians and Gynecologists since 1972. He also had been on editorial boards of numerous other professional journals. In June 1985, Doctor Mattingly became one of the few Americans ever elected to a fellow ad eundem of the Royal College of Obstetricians and Gynaecologists of London. He was president of the Wisconsin Society of Obstetrics and Gynecology in 1974 and the Society of Pelvic Surgeons in 1981. He was a member of The Medical Society of Milwaukee County, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow, Mary Elizabeth and seven children, Kevin, Kerry, Kent, Kathleen, Keith, Kelly, and Kristen.

Clarence M Strand, MD, 78, Sun City, Ariz, died Jan 19, 1986 in Sun City. Born May 6, 1907 in Newburg, North Dakota, Doctor Strand graduated from the University of Louisville School of Medicine in 1935 and served his internship at Madison General Hospital. Doctor Strand had practiced medicine in Westby, Wis, from 1938–1952. Surviving are his widow, Eunice; two sons, Melford, Denver, Colo; Daniel, Chicago, Ill, and a daughter, Jean Polachek of Phoenix, Ariz.

George O Gundersen, MD, 90, Waterloo, died Nov 29, 1985 in Waterloo. Born Apr 25, 1895 in Eureka, Calif, Doctor Gundersen graduated from the University of Iowa Medical School. Surviving is his widow.

Frederick T Mansell, MD, 49, Green Bay, died Jan 10, 1986 in Green Bay. Born Dec 6, 1936 in Cincinnati, Ohio, Doctor Mansell graduated from the University of Cincinnati College of Medicine in 1963 and served his internship at Sacramento County Hospital in California. Doctor Mansell served in the United States Air Force from 1964–1966. He had been associated with the Deckner Medical Clinic in Green Bay. Surviving are his widow, Alycen, one son, Edward, and two daughters, Victoria and Katherine, all at home.■

PHYSICIANS EXCHANGE

East Range Clinics, Ltd seeks physicians in the following specialties: Orthopedic Surgery, Ophthalmology, and Internal Medicine (with special interest in cardiology, pulmonary medicine, or intensive care). Opportunity to join established practice with progressive multispecialty group of 27 physicians; unlimited opportunity for outdoor recreation. Contact: Gary Lishinski, Administrator, East Range Clinics, Ltd, 910 North Sixth Ave, Virginia, MN 55792; ph 218/741-0150. p12/85;1-5/86

Family Practice opportunity: BC/BE. Established 50-doctor multispecialty group practice located in the Milwaukee, Wisconsin metropolitan area needs a second family practitioner for a rapidly expanding practice. Competitive salary and excellent fringe benefits. Address inquiries and CV to Administrator, PO 427, Menomonee Falls, Wis 53051. p3-4/86

Internist wanted to associate with five family physicians, one surgeon group in a rural Central Wisconsin resort community. Well-equipped 40-bed hospital with new ICU. Total referral source 14 physicians. Contact J R Salan, MD, 710 Riverside Dr, Waupaca, WI 54981; ph 715/258-1154. 3-4/86

Excellent opportunity for a Board certified or eligible pediatrician to practice in conjunction with a five-member Pediatric Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 3tfn/86

Position for OB/GYN opening July 1986. Beautiful northwestern Wisconsin lake area. Potential ownership. Send CV to Dr Thomas Fenger, American Healthcare Corporation, 12 W Marshall St, Rice Lake, WI 54868. 3-4/86

RATES: 50¢ per word, with a minimum charge of $20.00 per ad. BOXED AD RATES: $25.00 per column inch. *All ads must be prepaid.*

DEADLINE: Copy must be received by the 15th of the month preceding month of issue; e.g., copy for the August issue is due July 15. Send copy to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 800/362-9080.

Family Practice position opening July 1986. Aggressive corporate medical group. Located in a beautiful northwestern Wisconsin lake area. Part-time, semi-retired, and full-time. Potential ownership optional. Send CV to Dr Thomas Fenger, American Healthcare Corporation, 12 W Marshall St, Rice Lake, WI 54868. 3-4/86

Appleton, Wisconsin—seeking physicians for weekend coverage at family practice clinic affiliated with local hospital. Flexible hours and attractive compensation. Submit resume to Emergency Consultants, Inc, 2240 South Airport Rd, Rm 36, Traverse City, MI 49684; 1/800-253-1795 or in Michigan 1/800-632-3496. p3-4/86

Radiologist, 34, Board certified, interested in practice in Wisconsin. Four years experience since residency, including CT, ultrasound, angiography, interventional, nuclear medicine, mammography. Have Wisconsin license. Contact Dept 579 in care of the Journal. p3/86

Family Practice. 35-physician multispecialty group in Beloit, Wisconsin seeks Board certified/eligible family practitioner for satellite location. Salary guarantee plus full benefit package. Excellent family community with good access to Chicago, Milwaukee, and Madison. Contact J F Ruethling, Administrator, Beloit Clinic, 1905 Huebbe Parkway, Beloit, WI 53511; ph 608/364-2200. 1-3/86

Family Practitioner needed to join a community sponsored health care facility in Rosholt, a small community in central Wisconsin. This opportunity includes an established full patient panel currently served by three young Board certified family physicians with primary offices in Stevens Point; lab, x-ray and in-house pharmacy. Guaranteed first year salary, early ownership, malpractice insurance, four-way call schedule. Send CV to P A Sanderson, MD, Rosholt Area Clinic, 247 Depot St, Rosholt, WI 54473; ph 715/677-3522. 1-3/86

OB/GYN: BC/BE to join three OB-GYNs in 31-physician multispecialty group. Beautiful lakefront community of 90,000 located between Milwaukee and Chicago offers a wealth of cultural, educational, and recreational opportunities. Well-equipped clinic and two local hospitals; salary guarantee with incentive bonus; excellent fringe benefits and early partnership. Send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Physician wanted to join 5-man Family Practice Group in Appleton, Wisconsin and staff satellite clinic in adjacent Kimberly, 3 miles from main office/office. Call-vacation coverage with goal of partnership after one year. Send inquiries and CV to: R O Haight, MD, 1523 S Madison St, Appleton, WI 54915; ph 414/731-9121. p2-3/86

Internal Medicine. Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 2tfn/86

General Internist sought for progressive six-person clinic in northern Wisconsin. Special interest in Critical Care desired. Enjoyable and well-established practice in stable community. Send curriculum vitae to: Don Evans, MD, 1205 O'Day St, Merrill, Wisconsin 54452. p2-3/86

Family Practitioner. River Valley Medical Center is seeking two family practice Board eligible/certified physicians for its multispecialty group of 16 physicians in Northwest Wisconsin. Excellent starting salary and comprehensive fringe benefit package the first year with full group membership after one year. Attached to a progressive 90-bed hospital. We are within 45 minutes of the St Paul-Minneapolis area. Please contact Dr Carl Hansen, Recruitment Chairman or Tom Halverson, Clinic Manager, 208 Adams St, South, St Croix Falls, WI 54024; ph 715/483-3221. p11/85;12tfn/85

Family Practice: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary gaurantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Internist or Family Practitioner to join two Internists and General Surgeon in growing, established, Green Bay area practice. Send CV to John Brusky, MD, 1203 South Military Ave, Green Bay, WI 53404. 7tfn/84

Busy OB/GYN practice for sale immediately. Selling physician may continue practicing to acquaint new physician to his patients. Also will finance. Contact Dept 578 in care of the Journal. 2-5/86

PHYSICIANS EXCHANGE

continued

Pediatrics/Neonatology: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits, and early ownership. Neonatology skills needed for Level II Nursery. Please send curriculum vitae to R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Family Practice and Urgent Care. Full and part-time opportunities available at Medic East, Madison's first and only independent walk-in clinic. Very competitive compensation. Contact D A Goodman, MD, 2810 East Washington, Madison, WI 53704; ph 608/244-1213.1tfn/86

Emergency Physicians needed to maintain 12-24 hours ER coverage in Wisconsin hospitals. Candidates must have emergency medicine experience. Excellent salaries. Send CV with letter of interest to: Dept 576 in care of the Journal. 1-3/86

Ophthalmologist. BC/BE, to join 25-member multispecialty group. Excellent benefits, competitive salary. Call or write: W J Mommaerts, Administrator, West Side Clinic, sc, 1551 Dousman St, Green Bay, WI 54303; ph 414/494-5611. 2-5/86

Family Practice, Internal Medicine, Urology, & ENT. Practice medicine in beautiful northern Wisconsin with established medical group. Call or write: Lakeland Medical Associates, Ltd, Attn: R J Sloan, MD, President, PO Box 549, Woodruff, WI 54568; ph 715/356-3292. 1-3/85

FAMILY PRACTITIONERS INTERNISTS, OB/GYN

The UW Office of Rural Health is seeking primary care specialists for more than 50 communities throughout Wisconsin. Opportunities are available throughout Wisconsin for Board certified physicians trained in US medical schools and residencies.

CONTACT:
Laurie Glowac or Fred Moskol
New Physicians for Wisconsin
University of Wisconsin
Department of Family Medicine
777 S Mills St, Madison, WI 53715
Phone 608/263-4095 7/85-6/86

Family Practitioner needed to join two FPs at the Ellsworth, Wisconsin office of a progressive eleven-physician group. Liberal fringes and financial package. Forty miles from metropolitan Minneapolis/St Paul. Contact R M Hammer, MD, River Falls, WI 54022; ph 715/425-6701 or 612/436-8809. 4tfn/85

West Bend, Wisconsin, General Clinic, a (18) physician multispecialty group, is seeking physicians in the specialties of Internal Medicine, Family Practice, OB/GYN, and Pediatrics. First-year salary guaranteed. Corporate membership possible after one year. Excellent fringe benefits. Located in scenic, recreational area with close proximity to Milwaukee. Please contact Hans W Schmelzling, Administrator, General Clinic, 279 S 17th Ave, West Bend, WI 53095; ph 414/338-1123. 6tfn/85

OB/GYN, Family Physician, Pediatrician Board certified/eligible. Full-time to join an established busy group practice in Milwaukee. Send curriculum vitae to Avenue Medical Center, SC, 2711 W Wells St, Milwaukee, WI 53208; ph 414/342-3000. 1-3/86

Pediatrician. Excellent opportunity to join four pediatricians in a very active practice. Growing community, excellent hospital with teaching opportunities available. Close to Milwaukee. Contact John R Guy, MD, 1111 Delafield St, Waukesha, WI 53188; ph 414/542-2536. 1-3/86

Wanted Board Certified Otolaryngologist. Head and neck surgeon. Join active one-man practice. General otolaryngology, head and neck surgery, facial plastic surgery, nasal allergy. Computerized office with x-ray, audiologist, and hearing aid dispensing. Northern Wisconsin near Apostle Islands National Lakeshore. Contact James A Hamp, MD, ENT Professional Associates, SC, 2101 Beaser Ave, Suite 1, Ashland, WI 54806; ph 715/682-9311. 10-12/85;1-3/86

Cardiologist. Excellent opportunity for a Board certified or eligible cardiologist to associate with a progressive cardiology group in north central Wisconsin. Modern single community hospital offering all varieties of comprehensive cardiology and cardiovascular/thoracic surgery services. Position available now. If interested, send CV to and/or contact D Joe Freeman, MD, FACC, North Central Heart Clinic 425 Pine Ridge Blvd, Suite 204, Wausau, WI 54401; ph 715/845-NCHC (6242). p1-2/85

Wanted. Qualified physician to practice emergency medicine in Southeastern Wisconsin beginning July 1986. Ours is a small group covering two hospital emergency rooms, maintaining secure professional contracts. Flexible scheduling and competitive salary guaranteed. Interested parties should send CV to Associated Emergency Room Physicians, SC, 1131 Sherwood Lane, Caledonia, WI 53108; ph 414/835-4889. 12/85;1-6/86

Position for Board certified family practitioner in rural Dodgeville, 50 miles southwest of Madison, Wisconsin; to join a group of three Board certified family practitioners. This opportunity includes call-sharing, modern local hospital, Madison consultants, guaranteed salary, and paid malpractice and health insurance. Contact Dr Jonathan Morey (608)935-3301 (office) or (608)987-3743 (home). 1-3/86

Obstetrician-Gynecologist, Board-certified or eligible to join 17-physician multispecialty clinic with 2-physician OB/GYN department. Located in beautiful Wisconsin lakeshore community of 35,000. Competitive salary, complete fringe benefits, liberal vacation. Send CV to Administrator, Manitowoc Clinic, SC, PO Box 3008, Manitowoc WI 54220. 2-5/86

Twenty-nine physician multispecialty clinic located in desirable east central Wisconsin location is seeking Board certified or Board qualified orthopedic surgeon to round out its services. Lab, x-ray, excellent hospital. Liberal guarantee and benefits. If interested contact D R Weber, MD, Fond du Lac Clinic, SC, 80 Sheboygan St, Fond du Lac, WI 54935. p1-3/86

Family Practitioner position available with 25-member multispecialty group. Excellent benefits and competitive salary. Contact W J Mommaerts, Administrator, West Side Clinic sc, 1551 Dousman St, Green Bay, WI 54303; ph 414/494-5611. 2-5/86

Wisconsin. Pediatric allergist or other pediatric subspecialty to join multispecialty clinic in city of 150,000. Send CV to Dept 577 in care of the Journal. p2-4/86

Family Practitioners needed to associate with two-physician practice in resort area satellite of 30-physician multi-specialty group practice. Excellent clinic and hospital facilities. Generous salary, benefits, and relocation. Call clinic manager collect at 701/852-4121 or write Medical Arts Clinic, PC, Box 1489, Minot, North Dakota 58702-1489. 1-3/86

PHYSICIANS EXCHANGE

continued

Wanted—Board qualified—board certified obstetrician-gynecologist as an associate. Modern well equipped facility. Excellent starting salary and benefits including profit sharing plan. Please contact Elizabeth Allen Steffen, MD, 734 Lake Ave, Racine, Wis 54303. 9tfn/83

Wisconsin: Pediatrician with subspecialty interest to join multispecialty clinic that includes general pediatricians, pediatric hematologist, oncologist and neonatologist in city of 150,000. Send CV to Dept 561 in care of the Journal. 8tfn/85

Physicians needed full or part-time to perform light physicals. Milwaukee area. Professional liability provided. Phone 414/344-2100, Ms Jenkins. 10tfn/84

MEDICAL FACILITIES

General and surgical solo practice for sale. Gross in excess of $300,000. Growing desirable midwestern university city with population 25,000. One very well-equipped hospital in county of 60,000 a few blocks away. Owner will remain to introduce. Contact Dept 563 in care of the Journal. 9tfn/85

Established Medical Office—30 years 92nd and Capitol Drive, Milwaukee, Wisconsin. Newly decorated, 1400–2200 sq feet, attractive, fully carpeted, air-conditioned, heated, lavatories and parking. Asking $9.00/sq ft. Available April 1. Call 414/527-4040 or 414/255-5786. p3/86

Family Doctor's Dream! Small town living, large city conveniences. Proven community for local doctor. Modern well-equipped facility in Omro, 8 miles west of Oshkosh. Available for lease or purchase. Contact Schwab Realty Ltd, 435 Algoma Blvd, Oshkosh, WI 54901; ph 414/233-4184. 3/86

Rural Family Practice. Well established. Building, x-ray, and EKG laboratory included. Excellent opportunity for solo practice or satellite office near Madison. Netting $60,000 per year for 6 hours per week. Contact Dept 575 in care of the Journal. 1-6/86

MISCELLANEOUS

HOLTER MONITOR
Quality Scanning for reel or cassette type recorders by qualified technicians and certified cardiologists' interpretations, scan price $35.00 with UPS speedy delivery. Recorders loaned, leased, or purchase new dual-channel Holter recorders, $995.00, with one-year warranty. For more information call Advance Medical and Research Center 1-800/552-6753. 11tfn/85

ANNOUNCEMENTS

AVAILABLE FROM THE AMA

Consumer education pamphlets on basic nutrition

"The Healthy Approach to Slimming," "Vitamin-Mineral Supplements and Their Correct Use," "Your Age and Your Diet," "Sodium and Your Health," and "Foodborne Illness: The Consumer's Role in Its Prevention." Price: 50 or more sets, $1.50/set; 5 to 49 sets, $3.50/set. Special prices on orders of 500 or more sets. AMA members receive 10% discount. Info: AMA Food and Nutrition Sets, Order Dept OP-154, AMA, PO Box 10946, Chicago, IL 60610, or call 312/280-7169. g3

This space available
BOXED: $25.00
(1 column inches)

This space available
BOXED: $37.50
(1½ column inches)

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

WISCONSIN

APRIL 4, 1986: *The Heart and the Brain (Clinical Interrelationships).* Sponsored by the University of Wisconsin School of Medicine and Continuing Medical Education Department. Wisconsin Center, Madison. AMA Category I credit, 7 hours; AAFP prescribed, 6 hours; CEUs, 7 hours. Info: Ann Bailey, CME, 454 WARF Bldg, 610 Walnut Bldg, Madison WI 53705; ph 608/263-2854. 2-3/86

APRIL 10-12, 1986: *10th Annual Ophthalmology Current Concepts Seminar '86.* The Concourse, Madison. Sponsored by the Departments of Ophthalmology and Continuing Medical Education, School of Medicine, University of Wisconsin-Madison. AMA Category I credit and University of Wisconsin CEUs—both approximately 18 hours. Contact; Sarah Aslakson, Continuing Medical Education, 610 Walnut St, 465B WARF, Madison, WI 53705; ph 608/263-2856. 1-3/86

APRIL 11–12, 1986: Wisconsin Urological Society, Edgewater Hotel, Madison. g11-12/85;1-3/86

THIS LISTING is compiled by the State Medical Society of Wisconsin in cooperation with others who wish to maintain a centralized schedule of meetings and courses of interest to Wisconsin physicians and to avoid scheduling programs in conflict with others. Hospitals, Clinics, Specialty Societies, and Medical Schools are particularly invited to utilize this listing service. There is a nominal charge for listing of Continuing Medical Education courses at the following rates: 50¢ per word, with a minimum charge of $20.00 per listing.

BOXED LISTINGS: $25.00 per column inch. Listings of other scientific meetings will be included at the discretion of the editors.

COPY DEADLINE for listings is 15th of the month preceding the month of publication; e.g., copy for the August issue is due by July 15. Address communications to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 800/362-9080.

FOR LISTING of other meetings see the January 4, 1985 issue of the *Journal of the American Medical Association:* Continuing Education Opportunities for Physicians for period January 1985 through December 1985.

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

continued

MAY 1–2, 1986: *2nd Annual Conference on Controversies in Family Medicine: Who Pays When the "Safety Net" Fails?,* the Wisconsin Center, Madison. Sponsored by the Department of Family Medicine and Practice, and Continuing Medical Education, School of Medicine, University of Wisconsin. AMA Category I, AAFP, AOA Category 2-D, and University of Wisconsin CEUs—all 13 hours. Contact: Sarah Aslakson, Continuing Medical Education, 465B WARF Bldg, 610 Walnut St, Madison, WI 53705; ph 608/263-2856. 3/86

MAY 15, 1986: "Addressing Biomedical Dilemmas: Politics, Press, and Medicine," at Milwaukee Marriott. Sponsored by the Bioethics Center of the Medical College of Wisconsin. The role of the physician, the elected representative, and the journalist in tackling bioethical dilemmas will be discussed by nationally-drawn speakers including Governor Lamm, State of Colorado; Governor Earl, State of Wisconsin; Dr Lawrence Artman, medical correspondent, *New York Times;* Dr Mark Siegler, University of Chicago Medical Center; Paul Lowenwarter, "60 minutes" producer; Dr Richard Behrman, Case Western Reserve Medical School Dean; and Dr Peter Frommer, NIH. Info: Robyn Shapiro, Bioethics Center, Medical College of Wisconsin, 8701 Watertown Plank Rd, Milwaukee, WI 53226; ph 414/257-8498. p3-4/86

State Medical Society of Wisconsin

Dates and locations of ANNUAL MEETINGS 1986–1992

All meetings will be held in Milwaukee at the Milwaukee Exposition and Convention Center and Arena (MECCA) and the new Hyatt Regency as the headquarters hotel.

1986—April 17–19
1987—March 26–28
1988—April 28–30
1989—April 13–15
1990—April 26–28
1991—April 18–20
1992—April 23–25

Meeting days will be Thursday and Friday; the first session of the House of Delegates will convene on Thursday, the second and third on Friday. Scientific programming will be on Friday and Saturday.

Further information: Commission on Continuing Medical Education, State Medical Society of Wisconsin, Box 1109, Madison, Wis 53701. Local telephone: 257-6781; toll-free in Wisconsin: 1-800/362-9080.

MAY 16–17, 1986: *2nd Annual Sports Medicine Symposium,* Sheraton Inn and Conference Center, Madison. Sponsored by the Section of Sports Medicine, Division of Orthopedic Surgery, School of Medicine, University of Wisconsin; University of Wisconsin Hospital, Sports Medicine and Fitness Center; and Continuing Medical Education, School of Medicine, University of Wisconsin. AMA Category I, AOA Category 2-D, and University of Wisconsin CEUs—all 11 hours. AAFP credit and American College of Sports Medicine endorsement are pending. Contact: Sarah Aslakson, Continuing Medical Education, 465B WARF Bldg, 610 Walnut St, Madison, WI 53705; ph 608/263-2856. 3/86

MAY 16–17, 1986: Wisconsin Chapter of the American Academy of Pediatrics, The Pioneer Inn, Oshkosh. (See further details in the SPECIALTY SOCIETIES section of this issue.) g3-4/86

MAY 22–23, 1986: *Problem Solving in Emergency Care Symposium,* presented by Methodist Hospital, Madison. Physician, Nurse, Paramedic and EMT tracks. Tuition: $30–$150. Accreditation: 14 AMA Category I, applied ACEP Category I. Contact: Mark Olsky, MD (Director), Methodist Hospital, 309 W Washington Ave, Madison, WI 53703; ph 608/251-2371, ext 3015. 3-4/86

MAY 30–31, 1986: Wisconsin Radiological Society, American Club, Kohler. g12/85;1-4/86

JUNE 11–14, 1986: Wisconsin Academy of Family Physicians, Telemark Lodge, Cable. g11-12/85;1-5/86

JULY 17–19, 1986: Wisconsin Society of Obstetrics & Gynecology, Embassy Suites, Green Bay. g11-12/85;1-6/86

AUGUST 1–3, 1986: Wisconsin Dermatological Society, The Abbey, Lake Geneva. g11-12/85;1-7/86

SEPTEMBER 5–7, 1986: Wisconsin Anesthesiologists, The Abbey, Lake Geneva. g12/85;1-8/86

SEPTEMBER 11–13, 1986: Wisconsin Society of Internal Medicine, The Edgewater Hotel, Madison. g12/85;1-8/86

OCTOBER 3–4, 1986: Wisconsin Radiological Society, The Concourse Hotel, Madison. g12/85;1-9/86

OTHERS

MARCH 31-APRIL 4, 1986 (Colorado): Spring Ski Conference, Keystone Lodge, Dillon. Sponsored by the Marquette-MCW Medical Alumni Association and the Medical College of Wisconsin. Info: Marquette-MCW Medical Alumni Association, 8701 Watertown Plank Rd, Milwaukee WI 53226; ph 414/257-8367. p1-3/86

Wisconsin Specialty Society Meetings 1986

- Wisconsin Urological Society, Apr 11-12, 1986, Edgewater Hotel, Madison
- Wisconsin Chapter of the American Academy of Pediatrics, May 16-17, 1986, Pioneer Inn, Oshkosh
- Wisconsin Radiological Society, May 30-31, 1986, American Club, Kohler
- Wisconsin Society of Anesthesiologists, Sept 5-7, 1986, The Abbey, Lake Geneva
- Wisconsin Academy of Family Physicians, June 11-14, 1986, Telemark Lodge, Cable
- Wisconsin Society of Obstetrics & Gynecology, July 17-19, 1986, Embassy Suites, Green Bay
- Wisconsin Dermatological Society, Aug 1-3, 1986, The Abbey, Lake Geneva
- Wisconsin Society of Internal Medicine, Sept 11-13, 1986, The Edgewater Hotel, Madison
- American College of Physicians: Wisconsin Chapter, Sept 11-13, 1986, Edgewater, Madison
- Wisconsin Surgical Society, Sept 19-20, 1986, St Mary's Hospital, Madison
- Wisconsin Radiological Society, Oct 3-4, 1986, The Concourse Hotel, Madison
- Wisconsin Neurological Society, Oct 10-11, 1986, The Heidel House, Green Lake

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

continued

APRIL 10–13, 1986 (California): American College of Physicians 67th Annual Session, San Francisco Moscone Center, San Francisco, Calif. g12/85;1-3/86

MAY 7–9, 1986 (Minnesota): *International Health Care Congress: WORLDMED,* Civic Center, St Paul. Featuring symposia on: **Medical technology:** Pioneering achievements; Laser Surgery; Stone removal; Computers in medicine; TENS and pain management; Future drug therapy; New diagnostic tools; and Policy and economic issues. **International trade and marketing:** Projected needs in health care; Strategic planning; and Cost containment. **Clinical Applications:** Management of diabetes; Technology in rehabilitation; Sleep disorders; Allergy and clinical immunology; and Oncology. **Health care delivery systems:** Primary nursing; Long-term care; Minnesota's HMO system; New health care delivery systems; Chemical dependency; and Financial planning. Exhibits. AMA, AAFP accredited. For registration call: (612) 373-8012 (before March 31), (612) 626-5525 (after March 31), or write: Registrar, Continuing Medical Education, University of Minnesota, Box 202, 420 Delaware St SE, Minneapolis, MN 55455.

MAY 18–23, OCT 26–31, 1986 (Kentucky): *17th Family Medicine Review,* at Hyatt Regency Hotel, Lexington. Sponsored by the University of Kentucky College of Medicine. Two identical sessions. 50 AMA Category I and AAFP prescribed hours. Info: Contact UK College of Medicine, CME, 132 COM Office Bldg, Lexington, KY 40536; ph 606/233-5161. p3/86

APRIL 11–13, 1986 (Illinois): AMA's Seventh National Conference on the Impaired Physician, Hilton Hotel and Towers, Chicago. (see further details in this section) g12/85;1-3/86

MAY 29–30, 1986 (New York): *Second Annual Long Island Assembly of OB/GYN—Crisis of the 80's: Medicolegal Issues in Obstetrics and Gynecology.* Garden City Hotel, Garden City. Sponsored by Long Island Assembly of OB/GYN, comprised of Depts of OB/GYN of: Long Island Jewish Medical Center; Nassau County Medical Center; North Shore University Hospital; University Hospital, SUNY at Stony Brook; Winthrop University Hospital. Fee: $300. Credits: 15 hours Category I from AMA, ACCME, and ACOG. Info: Ann J Boehme, Associate Director for Continuing Education, Long Island Jewish Medical Center, New Hyde Park, NY 11042; ph 718/470-8650. 3/86

JUNE 13–14, 1986 (Kentucky): *Update in OB/GYN,* at Hyatt Regency Hotel, Lexington. Sponsored by UK College of Medicine. 10 AMA Category I and AAFP prescribed hours. Info: UK College of Medicine, CME, 132 COM Office Bldg, Lexington, KY 40536; ph 606/233-5161. p3/86

SEPTEMBER 17–19, 1986 (Georgia): American Cancer Society National Conference on Gynecologic Cancer-1986, Atlanta Hilton, Atlanta. Approved 16½ credit hours in Category I of PRA/AMA. Info: American Cancer Society, National Conference on Gynecologic Cancer-1986, 90 Park Ave, New York NY 10016. g3-8/86

1986 CME Cruise/Conferences on Selected Medical Topics. Caribbean, Mexican, Hawaiian, Alaskan, Mediterranean. 7-12 days year-round. Approved for 20-24 CME Category I credits (AMA/PRA) & AAFP prescribed credits. Distinguished professors. *FLY ROUNDTRIP FREE ON CARIBBEAN, MEXICAN, MEDITERRANEAN, ALASKAN CRUISES.* Excellent group fares on finest ships. Registration limited. Prescheduled in compliance with present IRS requirements. Information: International Conferences, 189 Lodge Ave, Huntington Station, NY 11746; ph 516/549-0869. p2-3/86

AMA

JUNE 15–19, 1986: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 7–10, 1986: Interim AMA House of Delegates, Las Vegas, NV.

JUNE 21–25, 1987: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 6–9, 1987: Interim AMA House of Delegates, Atlanta, GA.

JUNE 26–30, 1988: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 4–7, 1988: Interim House of Delegates, Dallas, TX. ■

ADVERTISERS

Acme Laboratories 49
Advanced Technology Associates, Inc 29
Medical Computer Systems
American Physicians Life 14
Dista Products Co (Div of Eli Lilly & Co) 37
Keflex®
Gaarder Miller Milwaukee Ltd 49
House of Bidwell 47
Knoll Pharmaceutical Company 38, 39, 40
Isoptin®
Leasenu 4
Marion Laboratories 41, 42
Cardizem®
Medical Protective Company 48
Navy Medicine 50
PBBS Equipment 28
Peppino's 44
Physician and Sportsmedicine, The 9
Professionals Insurance Company, The 10
Roche Laboratories ..... 59, BC
Dalmane®
SK&F Company 35
Dyazide®
S&L Signal Company 49
SMS Services, Inc 51
Upjohn Company, The 36
Motrin®
United States Air Force ..... 44, 47 ■

Discount prices on typewriters and copiers

SMS Services, Inc has negotiated an agreement with Modern Business Machines in Madison to provide SMS members with a discount on IBM Wheelwriter 3 Electronic and IBM Wheelwriter Selectronic typewriters (7K memory), with options. Also available is a discount on the Xerox Model 1020 and 1025 copiers with options.

For further information contact Noreen Krueger at SMS Offices in Madison at 608-257-6781 or 1-800-362-9080, extension 141.

MEDICARE PARTICIPATING PROGRAM OPPOSITION STATEMENT. The State Medical Society of Wisconsin has willingly cooperated with the Federal Government, since October of 1984, in disseminating information and offering explanations regarding the Medicare Participating Physician Program. During that time, nearly a year and a half, Congress has repeatedly broken its promises to physicians enrolled in this program by reneging on incentives included in the original agreement and by not implementing scheduled reimbursement increases. In addition, through erratic and repeated extensions of the program's time frame, Congress has demonstrated an inability to make a reasoned decision on this issue, thereby increasing physician confusion regarding the stipulations and duration of the program and the participating contracts that many signed. While reducing federal expenditures under Medicare, this series of broken promises has not at all eased health care costs for the patient. It has also increased costs and frustration levels for physicians. Now the government has cut by an additional one-percent the already irrationally frozen reimbursement for physicians serving Medicare patients. For these reasons, the State Medical Society urgently appeals to the Wisconsin members of the US Senate and House, and all their colleagues, to immediately establish a plan of rational and responsible reimbursement of physicians under Medicare and cease making promises it cannot or will not keep as a means of enticing participation of physicians all the while misleading public expectations. Unless acceptable changes occur, the Society can no longer encourage physician participation; and individual reconsideration of current participation contracts will be urged as soon as legally feasible.

The above statement was adopted by the SMS Board of Directors at its March 1, 1986 meeting and was forwarded to Wisconsin's Congressional Delegation March 3 under President John K Scott's signature. By March 14, Congress was slated to act on the Participating Physician Program. All directors were urged to send brief letters to their US Senators (Kasten and Proxmire) and the US Representative from their district voicing opposition to this program.■

MEDICAL EXAMINING BOARD ELECTS NEW OFFICERS. At its meeting January 31 the State Medical Examining Board elected Gwen Jackson, Milwaukee, as chairperson. Ms Jackson, a public member, has served on the Board for six years. William Walker, MD, Milwaukee, was elected vice-chairperson while G Thomas Pfaehler, MD, Madison, will serve as the Board's new secretary. Past chairperson Susan F Behrens, MD, Beloit, continues to serve as a member of the Board. Although her term expired April 30, 1985, no one has been appointed to replace her. Two additional appointments will be needed to replace William J Hisgen, MD, Madison, and Patricia Raftery, DO, Sparta, whose terms expire April 30, 1986. ■

AMA REPORTS AVAILABLE. The AMA's Council on Scientific Affairs has prepared nine informational reports which may be of interest to Wisconsin physicians. The titles of these reports are:

- AIDS Status Report: Prospects for Vaccines, Antiviral Agents, and Immunotherapies
- Health Effects of Smokeless Tobacco
- Drugs and Athletes—Interim Report
- Effects of Pesticide Exposure
- Toxic Shock Syndrome
- Report of Panel on Lasers in Medicine and Surgery
- Antibiotics in Animal Feeds
- Antiabortion Film "Silent Scream"
- Opoid Abuse and Dependence: Diagnosis, Referral, and Treatment

The intent of the reports is to provide the practicing medical community with timely, accurate, and balanced analyses of important scientific and medical issues. SMS members who wish to obtain copies of any of these reports should contact Ron Henrichs, Director of Membership and Communications, at SMS Headquarters in Madison: 1-800-362-9080 or 257-6781 in the Madison area. ■

EXCERPTS FROM A SYMPOSIUM
"THE TREATMENT OF SLEEP DISORDERS"[8]

"...highly effective for both sleep induction and sleep maintenance"

Sleep Laboratory Investigator
Pennsylvania

"...onset of action is rapid...provides sleep with no rebound effect to agitate the patient the following day"

Psychiatrist
California

"...appears to have the best safety record of any of the benzodiazepines"

Psychiatrist
California

After 15 years, the experts still concur about the continuing value of Dalmane (flurazepam HCl/Roche). It provides sleep that satisfies patients... and the wide margin of safety that satisfies you.

The recommended dose in elderly or debilitated patients is 15 mg. Contraindicated in pregnancy.

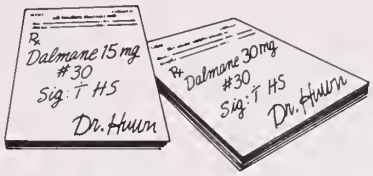
DALMANE®

flurazepam HCl/Roche Ⓜ

sleep that satisfies

15-mg/30-mg
capsules

References: **1.** Kales J, *et al: Clin Pharmacol Ther 12* 691-697, Jul-Aug 1971 **2.** Kales A, *et al. Clin Pharmacol Ther 18*:356-363, Sep 1975. **3.** Kales A, *et al. Clin Pharmacol Ther 19*:576-583, May 1976 **4.** Kales A, *et al. Clin Pharmacol Ther 32*:781-788, Dec 1982 **5.** Frost JD Jr, DeLucchi MR: *J Am Geriatr Soc 27*:541-546, Dec 1979 **6.** Dement WC, *et al: Behav Med*, pp. 25-31, Oct 1978 **7.** Kales A, Kales JD: *J Clin Psychopharmacol 3* 140-150, Apr 1983 **8.** Tennant FS, *et al.* Symposium on the Treatment of Sleep Disorders, Teleconference, Oct 16, 1984 **9.** Greenblatt DJ, Allen MD, Shader RI: *Clin Pharmacol Ther 21* 355-361, Mar 1977.



DALMANE®
flurazepam HCl/Roche Ⓜ

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening, in patients with recurring insomnia or poor sleeping habits, in acute or chronic medical situations requiring restful sleep. Objective sleep laboratory data have shown effectiveness for at least 28 consecutive nights of administration. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended. Repeated therapy should only be undertaken with appropriate patient evaluation.

Contraindications: Known hypersensitivity to flurazepam HCl, pregnancy. Benzodiazepines may cause fetal damage when administered during pregnancy. Several studies suggest an increased risk of congenital malformations associated with benzodiazepine use during the first trimester. Warn patients of the potential risks to the fetus should the possibility of becoming pregnant exist while receiving flurazepam. Instruct patients to discontinue drug prior to becoming pregnant. Consider the possibility of pregnancy prior to instituting therapy.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. An additive effect may occur if alcohol is consumed the day following use for nighttime sedation. This potential may exist for several days following discontinuation. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Potential impairment of performance of such activities may occur the day following ingestion. Not recommended for use in persons under 15 years of age. Withdrawal symptoms rarely reported, abrupt discontinuation should be avoided with gradual tapering of dosage for those patients on medication for a prolonged period of time. Use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated patients, it is recommended that the dosage be limited to 15 mg to reduce risk of oversedation, dizziness, confusion and/or ataxia. Consider potential additive effects with other hypnotics or CNS depressants. Employ usual precautions in severely depressed patients, or in those with latent depression or suicidal tendencies, or in those with impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported: headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins, and alkaline phosphatase; and paradoxical reactions, *e.g.* excitement, stimulation and hyperactivity.

Dosage: Individualize for maximum beneficial effect. *Adults:* 30 mg usual dosage, 15 mg may suffice in some patients. *Elderly or debilitated patients:* 15 mg recommended initially until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.

ROCHE®
Roche Products Inc.
Manati, Puerto Rico 00701

#1 FOR SLEEP

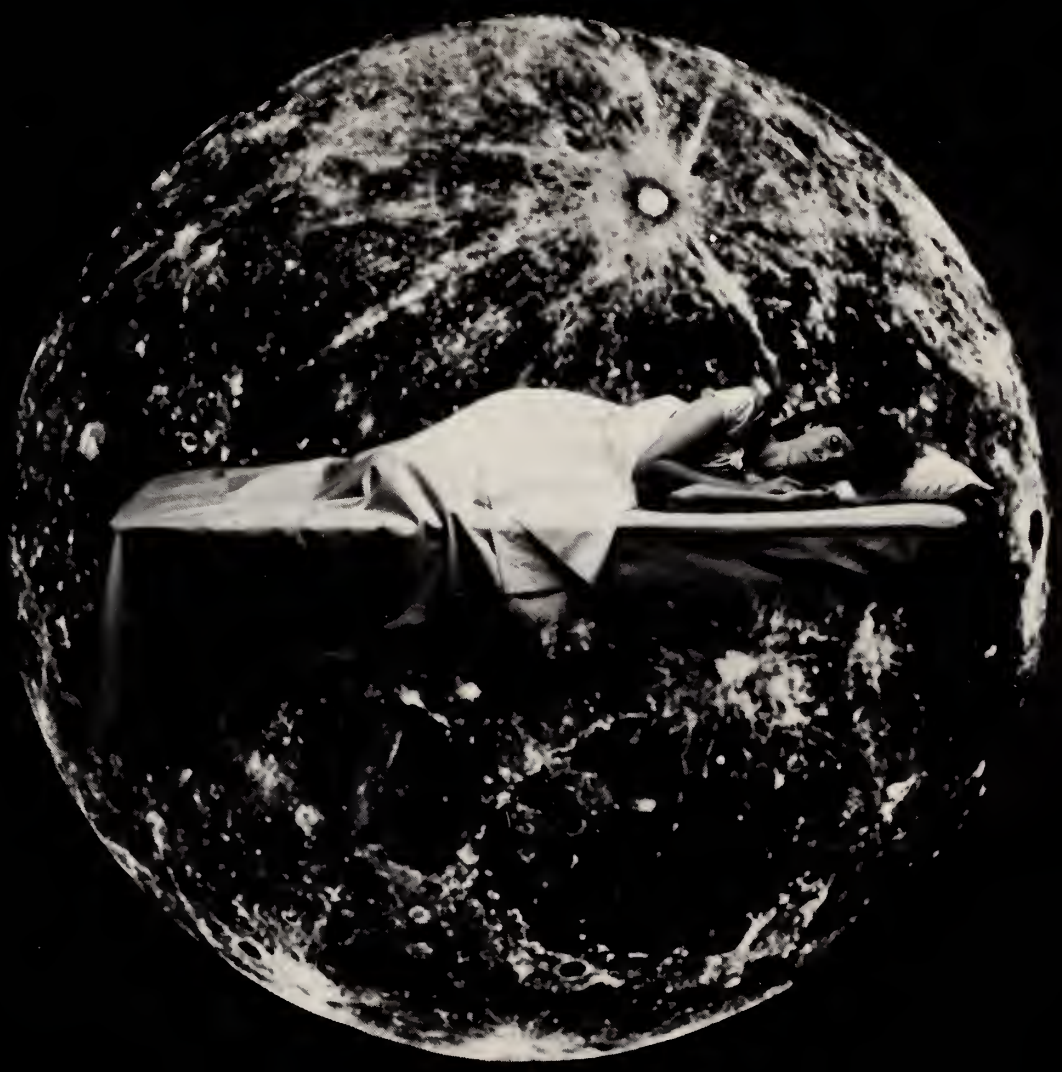
After more than 15 years of use, it's #1 for sleep that satisfies. Patients are satisfied because they fall asleep fast and stay asleep till morning.[1-8] And *you're* satisfied by the exceptionally wide margin of safety.[7-9] As always, caution patients about driving or drinking alcohol.

Please see references and summary of product information on reverse side

DALMANE®

flurazepam HCl/Roche ⓒⅣ

sleep that satisfies



ROCHE®

Copyright © 1985 by Roche Products Inc. All rights reserved.

Official Publication of the State Medical Society of Wisconsin

WISCONSIN MEDICAL JOURNAL

Have you paid your 1986 membership dues?

Your membership in organized medicine will help insure the continued "safety" of your practice and quality care for all patients. Your voice *will* be heard through participation. Membership in the State Medical Society of Wisconsin also requires membership in the county medical society (AMA membership is optional but encouraged). For Regular, Part-time Practice, or Over Age 70 membership classifications, dues may be paid in one lump sum or in two equal installments: one-half of the total payable by January 1, the other half not later than May 15, 1986 which is the removal date for those members who have not completed payment. You are urged to renew your membership. See page 46 for further details.

Malpractice and physician discipline issues

- Medical malpractice: True police powers needed (See page 10)
- The state as "public protector" (See page 14)
- SMS asks for "total overhaul" of MEB (See page 45)
- SMS urging special session on malpractice reform (See page 53)
- SMS launches drive to push SB 328 (See page 53)
- Letter to Governor Anthony Earl (See page 55)

LIBRARY OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA
M. D. S.
MAY 7 - 1986

APRIL 1986

WISCONSIN MEDICAL JOURNAL

ISSN 0043-6542 / Established 1903

Owned and published by
State Medical Society of Wisconsin

Medical Editor
Victor S Falk MD, Edgerton

Editorial Board
Victor S Falk MD, Edgerton *Chairman*
Melvin F Huth MD, Baraboo
M C F Lindert MD, Milwaukee
Andrew B Crummy Jr MD, Madison
Richard D Sautter MD, Marshfield
Dean M Connors MD, Madison
George W Kindschi MD, Monroe
Charles H Raine MD, Racine
Darrell L Witt MD, Wausau
Garrett A Cooper MD, Madison *Emeritus*

Editorial Director
Wayne J Boulanger MD, Milwaukee

Editorial Associates
R Buckland Thomas MD, Monroe
Russell F Lewis MD, Marshfield
Raymond A McCormick MD, Green Bay
Victor S Falk MD, Edgerton
Medical Editor

Staff
Earl R Thayer, Madison
Secretary-General Manager
State Medical Society of Wisconsin

H B Maroney II, Madison
Assistant Secretary-Corporate Counsel
State Medical Society of Wisconsin

Mrs Mary Angell, Madison
Managing Editor

Mrs Marjorie Stafford, Madison
Publications Assistant

NATIONAL ADVERTISING REPRESENTATIVE: State Medical Journal Advertising Bureau, Inc, 711 South Blvd, Oak Park, Ill 60302. Ph 312/383-8800.

LOCAL (WISCONSIN) ADVERTISING: Contact: Mrs Mary Angell, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701. Ph 608/257-6781.

SUBSCRIPTION RATES: Members, $12.50 per year (included in dues); nonmembers, $25.00. Single copy: current year, $2.00; previous years, $3.00. SPECIAL RATES: Foreign and Canada, $30.00. Blue Book issue, $8.00. Membership Directory issue, $15.00.

SECOND CLASS POSTAGE PAID at Madison, Wisconsin, and at additional mailing offices.

PUBLISHED MONTHLY. "Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized August 7, 1918." Address all communications to THE WISCONSIN MEDICAL JOURNAL. Street address: 330 East Lakeside Street. Mailing address: Box 1109, Madison, Wis 53701.

POSTMASTER: Send address changes to Wisconsin Medical Journal, PO Box 1109, Madison, Wis 53701.

COPYRIGHT 1986
State Medical Society of Wisconsin

CONTENTS

April 1986

SPECIAL FEATURES

President's Page

4 Individual and joint ventures in understanding and addressing health issues, by *John K Scott, MD,* Madison

Editorials

7 The prospective payment system—Is anyone happy with it?, by *Wayne J Boulanger, MD,* Milwaukee

7 Mind bogglers, by *Victor S Falk, MD,* Edgerton

8 Fry now, pay later, by *Charles H Raine, MD,* Racine

8 "Soundings," by *Victor S Falk, MD,* Edgerton

8 Hepatitis B, by *Wayne J Boulanger, MD,* Milwaukee

9 Senior status, by *Victor S Falk, MD,* Edgerton

9 Tit-for-tat, by *Victor S Falk, MD,* Edgerton

9 Closer to home, by *Victor S Falk, MD,* Edgerton

9 *Diner's diarrhea*—another product liability, by *M C F Lindert, MD,* Milwaukee

Letters

10 Medical malpractice: True police powers needed, by *John K Scott, MD,* Madison

10 Nuclear armaments, by *Ben R Lawton, MD,* Marshfield

Soundings

12 The professor's secret, by *David L Schiedermayer, MD,* Milwaukee

Special

14 The State as "public protector," by *Susan F Behrens, MD,* Beloit

Socioeconomics

53 SMS urging special session on malpractice reform

53 SMS launches drive to push SB 328

54 Ambulatory care survey launched

54 Medicaid contract alert!

54 Medical Examining Board elects new officers

55 Medical malpractice: Letter to Governor Anthony Earl from *Earl R Thayer,* Secretary of SMS

56 Members of Wisconsin Assembly

57 Members of Wisconsin Senate

57 Physicians Alliance Field Staff

Miscellaneous

69 AMA Physician's Recognition Award Recipients

News you can use

6 More than 400 physicians in West Virginia . . . New booklet on HMOs now available

78 The AMA's Council on Ethical and Judicial Affairs . . . New professional liability law that focuses on malpractice . . . Electronic processing available for Medicaid claims . . . New blood pressure pamphlet available . . . AIDS and other infections videotape available

WISCONSIN MEDICAL JOURNAL (ISSN 0043-6542) is the official publication of the State Medical Society of Wisconsin, devoted to the interests of the medical profession and health care in Wisconsin. Its affairs are handled by the Editorial Board, subject to policy direction of the Society's Board of Directors. The Managing Editor is responsible for the production, business operation, and coordination of contents as well as the final responsibility of the entire publication. The Editorial Director is responsible for Editorials. Unsigned Editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed Editorials express personal views of the author for which the Society takes no responsibility. Neither the Editors nor the State Medical Society will accept responsibility for statements made or opinions expressed in the pages of the Journal. Indexed in "Index Medicus," "Hospital Literature Index," and "Cambridge Scientific Abstracts."

Vol. 85 No. 4

CONTENTS

STATE MEDICAL SOCIETY OF WISCONSIN

SCIENTIFIC MEDICINE

23 Skin cancer prevention and detection; results of a free screening program in Madison, Wisconsin, by *Stephen N Snow, MD* and *Derek Cripps, MD,* Madison

26 CLINICAL CANCER: Progress in acute leukemia, by *Joseph J Mazza, MD* and *William R Friedenberg, MD,* Marshfield (Number 5 of a series)

27 ABSTRACT: Chylous ascites following resection of a ruptured abdominal aneurysm; treatment with a peritoneovenous shunt, by *William G Sarazin, MD* and *Kendall E Sauter, MD,* Milwaukee

28 ABSTRACT: Improved survival in the treatment of advanced Hodgkin's disease at a non-university institution (1970–1979) by *William R Friedenberg, MD et al,* Marshfield

30 Balloon pulmonary valvuloplasty for treatment of congenital pulmonary stenosis, by *Thomas M Sutton, MD; Robert Carlson, MD; Harry Bayron, MD;* and *George G Griese, MD,* Marshfield

32 ABSTRACT: High-dose cytosine arabinoside-associated pancreatitis, by *Ross F Siemers, MD et al,* Marshfield

33 An implantable pump for regional chemotherapy of liver metastases, by *James L Weese, MD* and *Guillermo Ramirez, MD,* Madison

ORGANIZATIONAL

43 Directors raise thresholds, oppose Medicare fee freeze

44 SMS to identify areas of healthcare concern

44 Ad hoc committee on uninsured met

44 Two late resolutions set for House action

45 Doctor Flaherty named to AMA committee

45 SMS asks for "total overhaul" of MEB

46 Membership facts

48 CES FOUNDATION: Contributions—December 1985

49 Membership Directory—Update

70 OBITUARIES:
Daniel R Werba, MD Milwaukee; *Royden F Collins, MD* Madison; *John L Sella, MD* Milwaukee; *George J Hopkins, MD* Cumberland; *Michael J Kuhn Sr, MD* Milwaukee; *Hildegard Kuecken Gerger, MD* Wauwatosa; *J Francis Wilkinson, MD* Oconomowoc

DEPARTMENTS

64 COUNTY SOCIETIES

68 PHYSICIAN BRIEFS

71 MEDICAL YELLOW PAGES: Physicians exchange . . . Medical facilities . . . Miscellaneous . . . Medical meetings/continuing medical education . . . Advertisers■

THE STATE MEDICAL SOCIETY OF WISCONSIN, created by the Territorial Legislature in 1841, represents over 6200 member physicians in Wisconsin, comprising 55 county medical societies and 26 medical specialty sections. The purpose of the Society is to "bring together the physicians of the State of Wisconsin to advance the science and art of medicine and the better health of the people of Wisconsin, and to secure the enactment and enforcement of just medical laws." The major activities of the Society include continuing medical education, peer review, legislation, community health education, scientific affairs, socioeconomics, health planning, services for physicians, operation of a Charitable, Educational and Scientific Foundation, and publication of the *Wisconsin Medical Journal.*

Officers

PRESIDENT: *John K Scott, MD,* Madison
PRESIDENT-ELECT: *John P Mullooly, MD,* Milwaukee
SECRETARY-GENERAL MANAGER: *Earl R Thayer,* Madison
TREASURER: *John J Foley, MD* Menomonee Falls

Board of Directors

CHAIRMAN: *Darold A Treffert, MD* Fond du Lac
VICE CHAIRMAN: *Roger L von Heimburg, MD,* Green Bay

FIRST DISTRICT
Jerome W Fons Jr, MD, Cudahy
Carl S Eisenberg, MD, Milwaukee
Thomas A Hofbauer, MD, Menomonee Falls
Wayne H Konetzki, MD, Waukesha
Fredrick Wood Jr, MD, Kenosha
William L Treacy, MD, Milwaukee
Richard D Fritz, MD, Milwaukee
William J Listwan, MD, West Bend
Glenn H Franke, MD, Milwaukee
Lucille B Glicklich, MD, Milwaukee

SECOND DISTRICT
J D Kabler, MD, Madison
Cyril M Hetsko, MD, Madison
James J Tydrich, MD, Richland Center
Alwin E Schultz, MD, Madison
Kenneth I Gold, MD, Beloit

THIRD DISTRICT
Pauline M Jackson, MD, La Crosse

FOURTH DISTRICT
John J Kief, MD, Rhinelander
Jung K Park, MD, Wisconsin Rapids
W George Locher, MD, Wausau

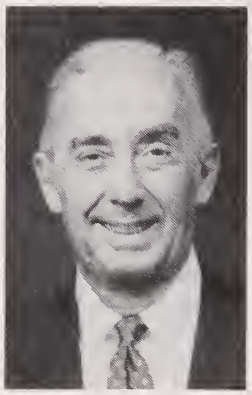
FIFTH DISTRICT
Darold A Treffert, MD, Fond du Lac
Kenneth M Viste Jr, MD, Oshkosh
C William Freeby, MD, Appleton

SIXTH DISTRICT
Roger L von Heimburg, MD, Green Bay
Joseph C DiRaimondo, MD, Manitowoc

SEVENTH DISTRICT
Marwood E Wegner, MD, St Croix Falls
Philip J Happe, MD, Eau Claire

EIGHTH DISTRICT
Joseph M Jauquet, MD, Ashland

PRESIDENT: *Doctor Scott*
PRESIDENT-ELECT: *Doctor Mullooly*
PAST PRESIDENT: *Timothy T Flaherty, MD,* Neenah
SPEAKER: *Duane W Taebel, MD,* La Crosse
VICE SPEAKER: *Vernon M Griffin, MD,* Mauston



John K Scott, MD

Individual and joint ventures in understanding and addressing health issues*

I WANT TO address the health issues and challenges facing both healthcare professionals and consumers as we approach the second half of the 80s decade and prepare for the 1990s.

Such a discussion is not only worthwhile but also necessary, given the fact that the first half of this decade was witness to the fastest fundamental changes in healthcare in my lifetime.

Changes since 1980 have occurred not only in how healthcare is delivered but also where it is delivered, who pays for the care (and oftentimes who *doesn't* pay), and the technological possibilities that are now available when the care is rendered.

In order to gain a basic understanding of what joint ventures are possible between providers, payors, employers, and employees it is necessary to look at the economics of healthcare from both a philosophical and a practical perspective.

Healthcare economics is like fruit—it may be fresh today but green and fuzzy in two months!

In addition much like politics, healthcare economics suffers from a basic shortcoming—that is, *perception is reality,* and perhaps the recent comment on healthcare by Aaron Wildausky is correct: "The patient is doing better, but feeling worse!"

Initially it is important to summarize several basic factors at work today in the healthcare arena:

. . . the changing profile and concerns of patients;

. . . the growing number of providers and competitiveness;

. . . the effect of competition and provider cohesiveness, and

. . . the growing involvement of governmental and corporate authority.

The first three factors have received wide commentary in the media and economic literature.

We've all read or heard about patients' concerns over costs, the numbers of providers now in open competition with one another, and the impact that competition has had upon traditional alliances such as physicians and hospitals.

But a major shift has occurred, and is still underway, when you look at governmental and corporate influence.

What is this shift? The shift is obvious when you look at changes in healthcare planning, capital investment, pricing, and new technology.

Whether the issue is benefits planning and delivery system design, for-profit systems, maximum allowable fee schedules, or emerging technology, one factor stands out. That factor is the shift in the decision making system away from medicine to corporations, the courts, and legislative bodies. And my fear that without a joint venture by business, labor *and* providers, some bad decisions will be made and quality healthcare will suffer.

From the standpoint of physicians, change is coming, and in some areas of Wisconsin change has already happened. Physicians in many parts of the state have realized that they must be the so-called "gatekeepers" to the healthcare delivery system. Those same physicians must also become planners and must now deliver care within the confines of fixed budgets and limits.

continued next page

*Presented before a coalition of business and medical representatives meeting in La Crosse. A special appreciation to Brian Jensen, former director of the State Medical Society's Physicians Alliance Division, for his assistance in preparing this presentation.

In moving from patient advocate to patient "planner," the doctor must:

. . . remain *responsible* to the patient;

. . . develop *intelligent* constraints in the variables that exist in medical practice, and

. . . provide a *balance*—a balance between hospitalization and ambulatory care, between cognitive and technical skills, and the like.

It is critical that physicians adjust in this fashion, otherwise others can and will find these answers themselves. The doctor who fails to become an educator, a communicator, a planner, and an advocate will fail economically in the future. Likewise, the corporation or employer that ignores these trends and the new role of the provider will fail as well.

It is clear that open-ended financial commitments by the payors of healthcare are over. But head-strong plunges into prepaid plans, or mandatory second opinion programs, or "preferred provider" plans just because others are doing so is just as dangerous as the provider who ignores the trends.

As much as I believe that the traditional fee-for-service system may be a thing of the past for many, the new schemes of healthcare financing and delivery should be analyzed *very carefully*. Different plans and different payment mechanisms must be looked at critically. These schemes are *not* automatic replacements for one another. One is not intrinsically better than another, in all situations.

Financial constraints, provider characteristics, and patient/employee needs must be factored into any decision as to how, where, and by whom healthcare is to be delivered.

The biggest mistake employers can make is to change their approach to healthcare just for the sake of change.

Employees—consumers of healthcare—must also realize the emerging trends.

Consumers must come to grips with the fact that their choices may be restricted and that their financial obligations will increase.

In December, I participated in a day-long conference that examined healthcare cost-containment strategies. We looked at strategies that have worked, those that haven't worked, and several still in the planning stages. After much discussion about prepaid plans, hospital mergers, patient cost-sharing, peer review, medical education, regulation, and rationing, the question became "who is responsible for future actions to 'manage healthcare?' "

I believe it may be worthwhile to briefly summarize for you the major findings of the conference attendees regarding this question.

- **For physicians**, knowledge of and adjustment to new financial reimbursement mechanisms was considered crucial, along with viable peer review mechanisms.
- **For business**, knowledge of healthcare systems generally is needed before sound decisions can be made regarding healthcare, along with a stronger commitment to long-term health and safety in the work place.
- **For government**, a forum for public debate on healthcare policy, and insuring a fair system of taxation, providing indigent care, preserving quality medical education, and addressing the malpractice crisis. In addition, the conference felt that government must not hinder free market solutions by over-regulation.
- **For consumers**, wise use of benefits and greater responsibility for the costs of healthcare is essential to sound management, along with a much stronger commitment to healthy lifestyles.

Those recommendations strike me as fairly sound advice for the future. And they also again point out the necessity for cooperation between providers, payors, and consumers in order to strike a balance and provide a fiscally sound and medically healthy delivery and reimbursement system.

In addition, these recommendations also have one common theme—the need for *education*. The education of providers, payors, and consumers must include a basic working understanding of prepaid plans, peer review systems, traditional cost containment schemes, and most importantly an understanding of basic demographics and healthcare needs of a community, a region, or an employee group.

How does a "joint venture" between these three elements of the system develop? This is perhaps the toughest question of all. Healthcare cost containment, healthy lifestyles, fiscal solvency, and quality healthcare will not be possible unless all three participants are committed to these goals. Planning is a key to the solution—*joint* planning that is characterized by openness, fairness, and realistic expectation. Without one of the participants, success will not be possible.

continued next page

Throughout my presidency of the State Medical Society, I have urged physicians to do whatever they can to preserve their commitment to the patient.

That commitment includes the need for a willingness to change, to experiment, to try new avenues as long as quality is preserved and patient satisfaction is optimized.

Provider and business coalitions are the first step towards the common goals I mentioned earlier. Frequent and honest exchanges between these elements are essential. Dictatorial approaches never work, and every city in Wisconsin should have a physician-business coalition. If nothing else, such a relationship provides a forum for the educational exchanges that will be essential in the future.

With that conceptual admonition in mind, I cannot resist leaving you without mentioning my "predictions" for healthcare and healthcare costs in the future. If nothing else, these predictions should cause you to think long and hard over the necessity for working together.

- Prepaid plans will continue to grow and new schemes for delivery and reimbursement will continue to emerge. Providers will be participants in multiple plans, and traditional fee-for-service will be but one option out of many for physicians, patients, and employers-payors.
- Utilization of healthcare services will continue to grow, as will costs. The public has come to expect quality care, and the "graying" of the population will dramatically affect continued utilization and cost.
- Relationships between provider, payors, and patient may very well be annual rather than lifetime. Contracts, new schemes, and new systems will cause change, shifts in patient base, and corporate costs.
- Financial peaks and valleys will emerge for providers and that will affect costs, competition, and provider supply.
- Every physician, every business, and every consumer will face changes, some of which will not be attractive or desirable and only time and experimentation will be necessary for success.
- There is an emerging willingness on the part of providers to either help design new systems or form their own in response to pressures for change. That will impact upon employers and employees alike.

As I leave you with these thoughts, I can only hope that throughout it all, we can jointly work to insure that the "patient"—the "consumer"—the human being is not lost in the shuffle and shift towards change.■

NEWS YOU CAN USE

MORE THAN 400 PHYSICIANS IN WEST VIRGINIA have joined a preferred provider organization (PPO) currently being implemented by the state's medical society. West Virginia State Medical Association officials anticipate that 700 of the state's MDs will have chosen to be part of the Preferred Medical Care Network of West Virginia, Inc (PMCN) by the time it is in operation June 1 of this year. West Virginia has no surviving health maintenance organizations (HMOs) or PPOs, according to medical association officials. "We decided that, if physicians were to maintain a voice and leadership role in medicine in this state, now was the time to move in this direction," said David Z Morgan, MD, an internist and president of the West Virginia State Medical Association. (Reprinted from *AMA Newsletter,* March 19, 1986) ■

NEW BOOKLET ON HMOs NOW AVAILABLE. Physicians who want to gain a better understanding of Medicare HMOs may be interested in a new AMA booklet—***Medicare and Prepaid Plans: New Directions for HMOs.*** The publication (OP-196) discusses key elements of Medicare regulations governing HMOs and competitive medical plans. It also discusses future prospects for physicians as a result of anticipated expansion of Medicare HMOs and other prepaid plans for older Americans. To order copies, $6 each, call the AMA Order Department at 312-280-7291 or write PO Box 10949, Chicago, IL 60610. There is a 10% discount for medical societies and AMA members, and discounts for bulk orders.■

Unsigned editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed editorials express personal views of the author for which the Society takes no responsibility.

The prospective payment system—Is anyone happy with it?

WHEN WiPRO won the $7 million contract to function as Wisconsin's PRO, many of us wondered how they could possibly spend all that money in two years. We should have known better.

We are now informed that on-site review is causing budget problems at WiPRO; hence the need to resort to the tactic of forcing hospitals to provide copies of medical records for delivery to the WiPRO office. This, of course, shifts costs to already burdened hospitals, but doesn't eat into the seven million dollars.

Multiply Wisconsin's PRO costs by 50, and you come up with some pretty big numbers to support a program over a 50-state area, the sole purpose of which, in the first place, was to save money.

And if it costs in excess of $350 million to fund PROs nationally (the hospitals are probably spending twice that much in total to comply with their directives, through having to hire extra personnel and copy everything but the patient's mail), then we're talking about a billion dollars a year to pay for a system which patients hate, frustrates physicians, and can bankrupt those hospitals which are burdened with a disproportionate number of the elderly sick.

Shorter hospital stays and fewer admissions are cited as proof of cost-cutting, but if everything that is being "saved" in that effort is spent on administrative costs, and the product is of low quality besides, where is the benefit?

It is time, I believe, for a shift in emphasis. After two years, the prospective payment system has achieved about all it could be expected to accomplish with its stress on keeping the patient out of the hospital whenever possible. There always has been a promise of improvement of the quality of care in the PRO concept—since long before TEFRA and cost-containment measures took over, but the promise has always remained unkept because of utilization review concerns. With the new contract coming up, this seems to be the appropriate moment to shift gears.

—*Wayne J Boulanger, MD,* Milwaukee

Mind bogglers

IF ONE SURVEYS a variety of literature , some unbelievable figures surface. Here are some that boggled my mind:

Forbes magazine reported that the average 1984 product liability award was $1.07 million and the average medical malpractice award was $950,000. It went on to say that Americans now regard a civil suit as a kind of lottery to be played whenever possible and that there was one private civil lawsuit filed for every 15 Americans during 1984.

The Journal of American Insurance expresses concern that insurance may become an endangered species because of the poor financial condition of the insurance industry itself. The problem is not only with professional liability coverage for physicians but also for such diverse risks as day care centers, municipalities, and retail liquor dealers. The "Deep Pocket Theory" is not a myth. The Rand Corporation conducted a study of 9,000 jury awards in damage cases in Cook County where severe injuries resulted in permanent disability. When the defendant was a corporation, the median award was $161,000; when the government was the defendant, the median award was $98,000; and when the defendant was an individual, the median award was $37,000.

Lawyers are also becoming concerned about their own malpractice crisis. The *Journal of the American Bar Association* (quoted in the *Bulletin of the American College of Surgeons*) noted that "the legal community is concerned about the 300 percent rate increase that lawyers' liability insurance carriers are passing on when they increase this year."

Even the future of the airshow and Experimental Aircraft Association's Fly-ins at Oshkosh is endangered because of insurance problems. During that convention its airfield is the world's busiest. The Fly-in's insurance rates have tripled in recent years and for much less ($5 million) coverage. The show's chairman says this is "because Americans have become more willing to file liability suits." What a familiar refrain!

The AMA, through the *Chicago Tribune's* Washington bureau, reports that 1,000 people a day die from the use of tobacco and tobacco products and that the 1,000 deaths a day are preventable. The same article quotes US Surgeon General Koop as saying, "Since 1964 there have been in excess of 54,000 scientific articles in reputable journals that take the opposite point of view of RJ Reynolds." This is certainly a field where physicians can exert influence both by setting examples and by education.

Smoking's adverse effects on health cost the United States about $65 billion a year in increased medical bills, premature death, and time lost from work—$2.17 for every pack of cigarettes

consumed, according to a congressional study. The new estimate by the Office of Technology Assessment is higher than previous estimates made by other researchers, but the study's authors said even the higher figures represent a conservative estimate. Focusing on the three major diseases attributed to smoking—cancer, heart disease, and lung ailments—researchers said the habit adds $22 billion a year to the nation's healthcare costs and costs $43 billion in lost productivity and wages.

A report by the American Council on Science and Health also comes up with some startling figures. Since the advent of the horseless carriage, more than 2.4 million Americans have died in traffic collisions. In 1983 alone, 44,000 Americans died on our nation's highways, and 1.6 million suffered disabling injuries. A full one-third of our national medical costs are due to traffic collisions and the yearly cost is estimated at $41.6 billion. Other sources indicate that, at least in younger drivers, alcohol is involved in 50 percent of the accidents.

The medical profession (SMS) is campaigning for the use of seat belts. As one law enforcement official put it, he had never had to unbuckle a corpse from a wreck. More stringent drunk driving laws also would be effective. This has been demonstrated in the Scandinavian countries where one individual in each group abstains and does the driving—rather than risk automatic incarceration and loss of license.

One might expect that *International Wildlife* would be concerned about endangered species and the running out of land. This is true, but the problem is with the alarming soaring of the world population. In 1900 the world population was 1.6 billion. Today it is 4.8 billion. It is projected that by the year 2000 (which is not that far away) it will be 6.2 billion and there will be 22 cities with more than 10 million each. Some of their problems can be attributed to the success of the medical profession at both ends of the scale. People are living longer (and are being kept alive longer despite the advice of Governor Lamm of Colorado) and the infant mortality rate has decreased worldwide. The use of vaccines has wiped out many of the childhood scourges and the use of a simple oral formula has salvaged thousands of infants who formerly died of diarrhea and dehydration. In a country such as Kenya where the average woman bears eight children and the population has doubled in 17 years, starvation both for the people and wildlife is inevitable.

And those are enough figures to boggle anyone's mind.

—*Victor S Falk, MD,* Edgerton

Fry now, pay later

FRY NOW, pay later states the American Cancer Society advertisement showing their vivacious sun worshipper. This well done Public Education ad of the ACS subtly points to the dangers of a solar exposure. Elsewhere in this issue of the Journal, Snow, et al discovered evidence of solar damage in 48% of nearly 500 caucasians examined in the Madison, Wisconsin area. Fully 15% had lesions that were suspicious enough to warrant referral, and 5% of the entire group had confirmed skin cancer. There was one melanoma.

To extrapolate their data, a primary care physician in the State of Wisconsin who sees 20 patients a day, on average, should find about one skin cancer per day. That same practitioner should find about one melanoma per month. While the human predicament and the incidence of disease in a given population are not entirely predictable (. . . else we would be replaced by computers), this study highlights the need for physicians to have a high level of awareness when examining patients and to look specifically for evidence of solar skin damage, as well as cancerous and precancerous lesions.

—*Charles H Raine, MD,* Racine

"Soundings"

IN THIS ISSUE of the Journal is a new section entitled "Soundings" —as in sounding the depths, not the passing of an instrument into an orifice. This will feature a brief essay on any subject. It might be compared to "A Piece of My Mind" as it appears in the *Journal of the American Medical Association.*

The project was conceived by Dr David Schiedermayer, a prolific writer and internist with the Medical College of Wisconsin. The first several essays have been written by Doctor Schiedermayer. Other authors are encouraged to submit essays for "Soundings." Manuscripts will be subject to the usual approval by the Editorial Board.

—*Victor S Falk, MD,* Edgerton

Hepatitis B

IF ANY OF YOU had any doubt regarding the need for vaccination against hepatitis B, it ought to be dispelled by the Brief Report (in *JAMA,* Feb 21, 1986; 255:934) titled "Transmission of Hepatitis B with Resultant Restriction of Surgical Practice."

The key words are "restriction of surgical practice."

Even with complete recovery from hepatitis B, a young surgeon could be professionally and financially ruined if he or she became a carrier.

The vaccine is safe and effective.

Do it now—even if you aren't so young anymore.

—*Wayne J Boulanger, MD,* Milwaukee

Senior status

MOST MEDICAL organizations waive membership dues when the member reaches 65 years of age. Our State Society cuts the dues in half at age 70, and this seems fair. However, the AMA last year changed its dues structure. Formerly when a member reached age 70, the AMA dues were waived. Now for dues exemption, the physician must be 70 years of age or older *and* fully retired. This seems unreasonable since most surviving septuagenarians are simply not as productive in their practice.

Thus a number of loyal and longstanding members of the AMA who were not age 70 prior to 1985 may elect to terminate their AMA membership. The AMA will lose a few dollars, but it is unlikely that it will notice the absence of these oldsters. The former members will undoubtedly miss the Association more than the Association will miss them.

—*Victor S Falk, MD,* Edgerton

Tit-for-tat

THERE IS A COMPUTER service available called Physicians Alert that warns physicians about patients who have a history of filing numerous malpractice suits. The computer can report within 30 seconds whether a patient has a history of filing malpractice, personal injury, or product liability suits. A survey in Detroit revealed that one patient had filed 22 suits.

It was inevitable that this would result in a response from the trial lawyers. There is now "victims rights hotline," a service started by the Los Angeles Trial Lawyers Association, to alert patients of physicians who have been sued. Naturally, this originated in California.

The computer printouts on the sued physicians simply will indicate the number of times the physician has been sued. It does not indicate whether the suits were won or lost or whether the suits might have been entirely groundless. It was pointed out that half of New York state's OB-GYN specialists have been sued three times, but between 70 and 80 percent of those suits were without merit. Thus these statistics can be very misleading. The computer figures could influence a patient away from a perfectly competent physician.

In any event the whole situation is reminiscent of the childish tit-for-tat exchange.

—*Victor S Falk, MD,* Edgerton

Closer to home

LATE IN OCTOBER my wife had five-vessel coronary artery bypass surgery. The cardiac surgeon and cardiologist prescribed routine cardiac rehabilitation which was begun about four weeks later. She had a total of four one-hour cardiac rehabilitation sessions.

In February a Notice of Medicare Claim Determination was received. This stated that "the amount, frequency, and duration of the services are not reasonable."

In response I questioned how any examiner could conclude that four such sessions were not reasonable because of "amount, frequency, and duration" and that the opinion was unreasonable, unrealistic, and incomprehensible. Cardiac rehabilitation is routine after cardiac surgery and the duration is not uncommonly in excess of four sessions.

I requested that this determination be reviewed by a competent, knowledgeable examiner. To date there has been no response.

—*Victor S Falk, MD,* Edgerton

Diner's diarrhea—another product liability

IN RECENT WEEKS, requests were received from attorneys regarding the precise documentation of acute, partially disabling gastroenteritis. In one instance two persons had dined at an ethnic restaurant; another, a party of four persons . . . again at an exotic food-type restaurant. In the former, *Salmonella typhinum* was cultured from three stools. In the second, stools were free of pathogenic organisms but samples of the food served revealed staphylococci.

Most physicians are alerted to the clinical entity of "traveler's diarrhea" and give advice for prophylaxis and therapy. In contrast, local dining is thought to be much less hazardous.

Precise data are probably not available regarding the incidence of diner's diarrhea, but I suspect it is far greater than the traveler's type. It is suggested that we attempt to investigate cases thoroughly, and temporarily hold off therapy. It is further urged that more rigid and frequent health inspection be made of an ever-increasing number of dining places. Physicians who have served in the armed forces cannot help but question the adequacy of civilian public health department surveillance of food handling establishments. Just another area where "an ounce of prevention would be worth a pound of cure"—and pounds lost the hard way.

—*M C F Lindert, MD,* Milwaukee■

SMS Toll-free
number in Wisconsin
1-800-362-9080

The Editors would like to encourage physicians to contribute to the LETTERS section where they can ventilate their frustrations as well as opinions. This feature is intended to be lively and spirited as well as informative and educational. As with other material which is submitted for publication, all letters will be subject to the usual editing. Address correspondence to: The Editor, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701.

Medical malpractice: True police powers needed

To Governor Anthony Earl (dated February 26, 1986): On several occasions at which I have been present in the past six months, you have responded to inquiries about the medical liability issue with the statement in effect, that "don't expect government to help you with that problem until you doctors police yourselves."

With every due respect, Governor, that assertion begs the question and is severely misleading to others in government, including legislators, as well as the public.

The *only effective* way in which doctors can "police" themselves is through the agency with police powers, the Wisconsin Medical Examining Board. You appoint that Board; your designee runs the Department of which the Board is a part. And the Board *has not* and *is not* doing the job of being tough about discipline that we in the Medical Society expect it to do, that I believe you expect it to be, and that the public expects it to do.

There are many reasons for this, and most can be remedied.

For starters, SB 328 now pending in Joint Finance (the medical liability bill) does some very important positive things that you should be aware of:

1. It requires the Medical Board to meet at least 12 times per year to clean up a big backlog of cases.
2. It permits the Board to impose education requirements when they think a doctor is deficient in knowledge. We think it ought to go further and permit re-examination (testing) if a doctor appears to have competence deficiencies.
3. It authorizes the Board to require an errant doctor to be supervised in his practice or in certain procedures if the Board feels that's needed.
4. It declares that a finding by a court or a Patients Compensation Panel *will* be *conclusive* as to whether negligence occurred, thus relieving the Board of the need to re-investigate or start from scratch in evaluating that doctor.
5. Greater protection is provided to peer review committees against lawsuits when they act in good faith. Bad faith must be proven by "clear and convincing evidence." This will encourage better peer review and more direct accusation when justified.
6. Surcharges can be imposed on health care providers when they have multiple claims. This is only an economic sanction, but it could be helpful in removing some doctors from practice or forcing them to practice more carefully.

The law recently was changed to require *all* settlements and panel or court awards to be reported to the Medical Examining Board. This will add greatly to the workload in an already badly overburdened Board and staff.

There are many more very important changes to be made in the system in which that Board operates. Our Society's Task Force on Physician Review and Discipline will be making major recommendations soon. That report will be public and we intend to strongly pursue the changes it proposes.

The public is not well served by the present statutes, structures or operations of the Board and the Department of Regulation and Licensing. That hurts the public, it hurts you and it hurts us. Our Society does not intend to tolerate further the inability of this system to police the profession as needed. Our Society has no true police powers; the Board does. We want it to work. We need your help, not your mistrust.

I'm eager to talk with you further at your convenience to aid in resolving this critical problem.

—*John K Scott, MD,* President
State Medical Society of Wisconsin
330 East Lakeside St
Madison, Wisconsin 53701

Editor's note: See articles elsewhere in this issue relative to the medical malpractice crisis, SB 328, and the Medical Examining Board.

Nuclear armaments

To the Editor: I am writing to thank you for your kind editorial regarding the Nobel prize and the activities of PSR (Physicians for Social Responsibility) (*WMJ*, November 1985). As you know, I have been involved in this movement for some years and it was refreshing to be able to cooperate with Dr John Scott in the reception for the Russian physicians. I hope that it signals some movement in the State Medical Society on this most important issue.

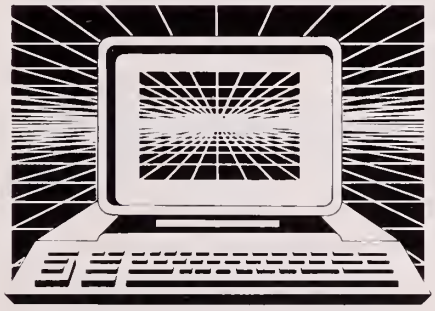
I am serving on the Ad Hoc Committee on the Public Health Consequences of Nuclear Armaments and attended a meeting of the committee in Madison recently. I think we are making slow but definite progress.

—*Ben R Lawton, MD*
1000 North Oak Ave
Marshfield, Wisconsin 54449

MDX APPOINTMENT SCHEDULING IS AN OPEN BOOK

Today, accurate and efficient patient appointment scheduling is one key to the success of any medical organization, from a single practitioner to a multi-facility clinic. Which is precisely why Advanced Technology Associates suggests that you investigate MDX, the clinical management tool that makes efficient appointment scheduling a matter of routine.

This open book scheduling package combines the flexibility of a manual book with all the speed, accuracy and security of computerization. MDX maintains an appointment calendar containing instantly accessible information on the availability of all providers involved in patient management, and prints out route slips, day sheets and appointment calendars for them all.



When you consider that MDX also lets you automate everything from patient records to accounting to correspondence, and has the unique distinction of being endorsed by SMS Services Inc. for members of the State Medical Society of Wisconsin, you'll see why it's clearly the system of choice for you.

For a *free videotape on MDX, please call us, toll free at 1-800-242-4280 or 1-414-445-4280.

*Qualified callers only.

ATA
ADVANCED
TECHNOLOGY
ASSOCIATES

4710 WEST NORTH AVENUE MILWAUKEE, WI 53208 414/445-4280

The professor's secret

David L Schiedermayer, MD, Milwaukee, Wisconsin

INTERNS WERE terrified by him. He had a certain way of looking at them, especially when they had neglected to do an essential part of the workup. If, for example, they didn't review the sputum Gram stain or look at each urinalysis, he would stare disapprovingly. When they hadn't gone through all of the records on the patient and were unaware of even a small detail of the prior history of the patient, he would grimace.

He was more than insistent. He demanded the very best, the most exacting, the finest medical care for every patient. He did not tolerate any excuses such as "the patient was a difficult historian." That only made him ask "does that mean you had a difficult time finding the old chart to look up the prior history?"

The morning report room where he held forth was like the morning report room in a thousand hospitals. There was an old table, chairs enough for himself, the chief resident, the residents, and many interns. There was really nothing unusual about the room, but it was a very feared room. We were worried when we entered that room in the morning, some of us with good reason.

Even for those who through fortunate circumstances had admissions with simple problems and who had taken the time to read extensively beforehand, there was reason to fear. If the house officer exhibited clear-cut confidence in the patient's case and seemed to know great detail about the patient's history of present illness, the professor would pick out some component in the medical history and trace that down until he had a bite into a soft underbelly of incompetence. And he would gnash on it, growling, until the resident gave in, knowing that he or she didn't know it all.

None of this was done maliciously, although that look and smile gave the impression that it was something he enjoyed. But he never made any vitriolic attacks on house officers; it was more a style, an approach to teaching. No, it was more than that, it was really an approach to medicine. He taught us that good medicine is really very hard work. It is not something which happens easily, by going the route of least resistance. It requires steadfast, honest research into the facts of each case. It requires a thorough history and physical and a scrutiny of the available laboratory data. He never made excuses about the difficulty of these steps. He never allowed any of us to glaze over them without being aware of his disapproval. Other teachers seemed to excuse our habits of inattention to these details, but he never did. In return for good performance he would just give a nod of approval, never being over-free with praise. But that nod of approval meant more to us than glowing recommendations from others, because we knew that his standards were the highest.

He didn't advance very rapidly, for it took him a long time to accumulate the publications and other accouterments necessary for promotion. He was much more concerned with individual teaching. While others rose to professorship ahead of him, he was by far the best known and loved teacher; eventually he became the professor.

He died of unexpected cancer. He had no poor health habits, but his cancer arose out of one of the cell lines that is not a respector of persons. He was an astute enough historian to notice the subtle changes happening. He did not suspect the disease was a tumor, but his differential diagnoses, always thorough, considered the possibility.

And now for the secret: he was a very gentle and kind man. This sometimes puzzled us and surprised us as we realized more and more that it was true. Somehow, he was able to strike fear into all of our hearts, and make us tremble as we contemplated morning report. Somehow he was able to mold us, by sheer power of coercion and example, into diligent physicians. This was no small task, for we were in reality quite a manipulative group, able to bend attendings to our will. We were superb at the art of making excuses for ourselves and our actions, and we had no difficulty with the other staff in getting away with things he would never tolerate. Part of his secret was his greying hair and his friendly manner, his austerity, his reputation. But I think part of it was also ourselves, for we needed him. We needed someone to whom we could look up to as the ideal, as one who would leave no stone unturned. An idealist who would continue to believe that patients have treatable disease, or at least diagnosable disease, and that the search for these diseases is the goal of the physician. We needed some sort of yardstick, some form of ultimate measure for ourselves,

Doctor Schiedermayer is Assistant Professor, Department of Medicine, Medical College of Wisconsin, 8700 West Wisconsin Ave, Milwaukee, Wisconsin 53226.
Copyright 1986 by the State Medical Society of Wisconsin.

both in training and in the future, and he was that yardstick.

Now, as I look back, I can see that his secret really was the secret of any good teacher—the desire to lead us forth, to show, partly by example and partly by instruction, the way to be a physician. He was not a severe man. But he was able to convey his approval or disapproval with just a few simple looks and words. He used these tactics to drive his points home.

The continued admiration and love of his students, fellows, and colleagues is a tribute to his success. While his secret is hardly revolutionary, it must be a secret of sorts, for it has been some years now since he has died. No matter who sits in his chair at morning report, the chair is always partly empty. It will be years, perhaps never, before someone like him can listen to the stories of last night's admissions. Perhaps he was the end of an era. Perhaps our permissive and tolerant time will not produce someone who can see things with such clarity of right and wrong. We will want to let the interns sleep, want to avoid the extra trouble of the urinalysis, forego getting the Gram stain in the middle of the night. Without him around, we will just do what we can. He would have insisted on much more than that.■

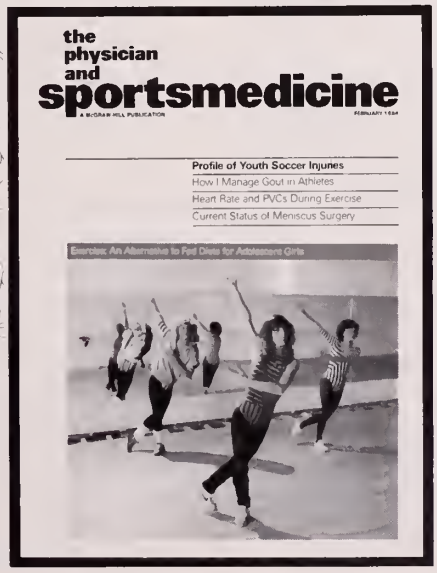
Medical malpractice conference tapes

Requests for the audio cassette tapes of the May 10-11 Medical Malpractice Conference are being processed as rapidly as possible, with about a three-week waiting period.

Because of the overwhelming response for these tapes members who receive the tapes are asked to make every effort to return them to SMS as soon as possible. Requests are being handled on a first-come, first-served basis.

Requests should be directed to the SMS Physicians Alliance Division: 1-800-362-9080 or Madison 257-6781 (ext 162).

OVER 66,000 FAMILY PHYSICIANS READ THIS JOURNAL



Practical information on the medical aspects of fitness and exercise.

Tennis elbow: Joint resolution by conservative treatment.

Hypertrophic cardiomyopathy and the athlete.

Effects of sunscreen use during exercise in the heat.

Overuse injuries to the knee in runners.

How I manage ingrown toenails.

The State as "public protector"

Susan F Behrens, MD, Beloit, Wisconsin

ABSTRACT: ***Doctor Behrens discusses the history of the Wisconsin Medical Examining Board, explains the disciplinary process from the time complaints are logged in through the disciplinary hearing, the licensing process, and points out chief problems encountered by the Board in fulfilling its duty to the state as public protector.***

Historical overview

In the past, medical examining boards were no more than rubber stamps with regard to licensing and discipline. In the mid-1970s, medical practice acts were enacted throughout the US which had "teeth" in them, giving medical examining boards the authority to discipline physicians. Although the modern Wisconsin Medical Practice Act was written in 1976, it wasn't until 1981 that the first quality of care case came before the Board and a physician's license revoked as a result of Board action. This revocation initiated a lawsuit by the physician which was eventually heard by the Wisconsin Supreme Court three years later.

Several important decisions came out of this Supreme Court case. The first conclusion made by the Court was that the Board does have the authority to discipline physicians. Second, when the Board looks at data on a physician's license, the witnesses and the evidence brought during the hearing process must be such that a lay person could conclude that the physician was incompetent. In other words, the Board members themselves cannot use their own medical knowledge to interpret the hearing results—the conclusion must come from the evidence and witnesses' testimonies presented during the hearing.

Medical Examining Board functions

Briefly, one of the non-licensing functions of the Medical Examining Board is reviewing legislation that addresses medical issues and, based on this review, advising both the Governor and the Legislature. Also, the Board promulgates rules and regulations regarding medical practices. The focus of this discussion is on the licensing and, to a greater degree, on the disciplinary process.

Discipline. What happens when a complaint comes before the Board? Usually, the complaint comes from a patient, and occasionally from a physician or nurse. The complaint, or rather, allegation, is then reviewed by the secretary of the Board who happens to be one of our public members. If the Board has jurisdiction over the matter, the complaint is logged in as a case, or informal complaint. The Board has no jurisdiction if the physician works for a Veterans Administration hospital, is in the military, or is working on an Indian reservation, or if the matter involves a fee dispute. (In the case of a fee dispute, the Medical Examining Board refers the complainant to the State Medical Society except when fraud is alleged.)

> *"The case is assigned to three people: an investigator, the attorney, and a Board Advisor."*

> *"Once a formal complaint is issued, the formal hearing process is initiated, and the case becomes public record."*

Occasionally, the Board will receive a series of complaints on one physician, or on many physicians, from one person. The Board has trouble dealing with these complainants—usually the matters will be investigated the first time. When the complaint is found to have no merit, and the same complainant pursues the matter, the new or repeat allegations are not necessarily logged in and investigated.

Once a case is logged in, several things happen. First, the case is given a priority number according to the Board's priority system using established criteria to rank the seriousness of the complaint. For example, the Board will consider a number of things. These in-

This paper is a modification of Doctor Behrens' presentation at the SMS Leadership Conference held in Appleton October 26, 1985 and subsequently presented as a report to the SMS Task Force on Physician Review and Discipline November 8, 1985 in Madison. Doctor Behrens is a member of the Wisconsin Medical Examining Board and was chairman at the time of the presentation.

clude the seriousness of this complaint versus other complaints, the financial effect of the complaint, if the complaint presents an ongoing problem to this patient and others, if there is a hint of drug or alcohol impairment on the physician's part, the existence of prior disciplinary actions, and whether the physician currently practices in Wisconsin. Based upon these considerations, a priority number is assigned, a number which can be changed later if the matter is found to be more or less serious.

The case is then assigned to three people: the investigator, the attorney, and a board advisor. The investigator obtains information about the complaint through physician and complainant interviews, medical charts when authorized by the patients, and previous hearing transcripts. Currently, the Board has 2.75 fulltime equivalent investigators, meaning that although there are five investigators working for the Board, some of the investigators' time is spent working for the other licensing boards within the Department of Regulation and Licensing. Seldom does an investigator go "undercover" to investigate a physician.

There are three prosecuting attorneys who work with the Medical Examining Board, although the actual figure is 2.1 fulltime equivalents. The attorneys review the legal aspects of the cases, a part of the process where much of the delay in disciplinary process occurs. On a yearly basis, each attorney is able to take only five or six cases to hearing. Each attorney has about 20 cases waiting for prosecution, amounting to a two-to-three-year backlog for each attorney. I recently spoke with Department of Regulation and Licensing Secretary Barbara Nichols about this problem. Secretary Nichols related that four new attorneys will be added to staff the Department and *temporarily* assigned to the Medical Examining Board. In addition, the department will be hiring one new investigator, and the investigator is also temporarily assigned to the Medical Examining Board. It is hoped that this new staff will help to reduce the current backlog of cases, currently amounting to 386 cases.

The third person involved in the review of a case is the Board Advisor, who is a member of the Medical Examining Board. The person advises on the case and has all the information about the case status. Because some of this information will not be admissible in the hearing process, the Board Advisor is not present during discussion or the voting on the case should it go to formal hearing and disciplinary review. In addition, Board members do not discuss the cases in their individual files among themselves so that hearsay evidence does not influence the outcome of subsequent decisions on these cases. The primary duty of the Board Advisor is to give advice to the attorneys and investigators on the medical aspects of the case, a time consuming matter involving quite a bit of "homework." As an example, in the middle of this summer, I brought home a trunkload of newly assigned cases from that Board meeting. The paperwork to be read measured 27 inches, plus, two large boxes full of patient records. The boxes were 2½' by 1½'. When all the paperwork was measured, it amounted to a stack of paper 5 feet tall! This is an example of the work involved for the Board members during just the investigatory stages of discipline and review.

> *"What accounts for the backlog of 386 cases? . . . due process rights, and . . . inadequate staffing. In addition, some reorganization in the DRL is necessary to best use the attorneys and investigators."*

Once the investigation is completed, and the attorney has reviewed the case and believes that there is probable cause for unprofessional conduct, the matter goes into the formal complaint stage. As a rule, the majority of cases are closed without action being taken, about 87% of cases that come before the Medical Examining Board. If at the close of investigation the decision is made to file a formal complaint, the complaint becomes public record along with the name of the physician against whom the complaint is filed. Up until this point, the complaint is only an unproven allegation, so no release of information is allowed. Any allegation in the Department of Regulation and Licensing is not made public because of the potential damage to a licensee's reputation caused by unverified or unsubstantiated charges of unprofessonal conduct. This suppression of complaint information was questioned two years ago and the Wisconsin Attorney General issued an opinion upholding the Department of Regulation and Licensing position that, in order to safeguard the process, case information should not be released to the public, individuals, or the press until a formal complaint is filed.

Once a formal complaint has been issued, the formal hearing process is initiated. As previously mentioned, the formal hearing process can take up to three years to complete, a frustrating fact for those involved. A hearing examiner conducts the hearing on the case and has all the powers of a judge. The Department of Regulation and Licensing has two hearing examiners

on its staff. Each hearing examiner presides at hearings for seven of the 14 Boards and acts as legal counsel for the other seven in the Department.

There is a short-cut from the investigation phase to the hearing stage through the use of stipulations. Stipulations have been used by the Board more often over the past few years. In a stipulation, the physician may or may not admit wrong-doing (much like a settlement), but the result is that the physician does take the discipline based upon the stipulation. This device works well for the Board because it speeds up the process. However, stipulations create a problem for other states where the physician holds licenses since the allegation of misconduct has not been proven in a court of law. If another state does want to take action against the physician's license, it must come to Wisconsin to obtain the evidence and then conduct its own hearing and review, based upon this evidence.

> *"A major impediment for the Medical Examining Board in accomplishing its work and goals concerns the negative public perception of the Board."*

As another device available to avoid the long formal hearing process, the Medical Examining Board would like to be able to write a letter of concern to physicians whose practices are marginal but not so bad as to require formal discipline. This letter would advise the physician of some specific areas reviewed by the Board. It must be carefully worded by the Board's attorneys so as to be in accordance with due process guarantees. It is only recently that the Wisconsin Board has started using this method of communicating with physicians. However, some other states have used informal methods successfully when dealing with their licensees.

To cite one example, in Utah, a physician known for being a quality medical care provider was supplying drugs to one patient. Instead of issuing a complaint, the chairman of the Utah medical board called him on the telephone to tell him to stop this practice, to which the physician agreed. In a subsequent check, the physician had stopped supplying the drugs. Although some would consider this approach inappropriate in that the physician should have been disciplined, Utah's informal treatment served several purposes. First, the Board allowed a good physician to continue functioning—he did not have to take time from his practice to "fight a lawsuit." Secondly, the Utah Board was protecting the public because the misconduct stopped and is unlikely to occur again. Finally, the informal action saved the Board and consequently those paying state licensure fees the expense of a formal hearing. Utah is not alone in this informal approach—Colorado and Vermont are just two of the several states which use the letter of concern. Wisconsin's Medical Examining Board would like to be enabled to use this route to help deal with the ever-increasing backlog of cases.

What accounts for the backlog of 386 cases? First, due process rights, while important, do involve a considerable amount of time. The time lag may or may not be subject to change. Secondly, inadequate staffing has contributed to this backlog. It is hoped that the staffing increases promised to the Board will somewhat remedy this situation. Regardless, the Board's work is slow and frustrating—the average complaint requiring 13 to 18 months to investigate and two to three years to complete the hearing process, although some cases go through the entire process much faster. In addition, some reorganization within the Department of Regulation and Licensing is necessary in order to best use those new attorneys and investigators. Even with our excellent staff, getting through the existing backlog will be difficult at best.

Finally, a major impediment from which the Medical Examining Board suffers concerns the negative public perception of the Board and its work. As one example, Wisconsin State Senator Van Sistine's subcommittee on medical malpractice recently recommended in its report that the Board meet 12 times per year in order to take care of the discipline problem.

> *"The Medical Examining Board now meets 20 full days each year."*

The irony of this suggested improvement is that the Board now meets 20 full days a year—an equivalent of a full working month. Obviously, the subcommittee's recommendation would decrease the amount of time spent by the Board reviewing and disciplining physicians. The Medical Examining Board members are not the rate-limiting step. Cases reviewed by the Board members (when they are serving as Board advisors) are handled expeditiously. Usually only several weeks elapse from the time a Board member gets the paperwork on a case until they have reviewed it and returned it to the attorney and investigative staff. By contrast, it had taken those investigators and attorneys

more than a few months to collect the information necessary for the Board Advisor's review.

Something that must be fully evaluated is the possibility of increasing licensure fees. Wisconsin's licensure fee is $82 every two years, one of the lowest fees in the nation. Another example of a resource problem finally resolved concerned the previously low FLEX exam charge. Wisconsin's examination fee was only $50 although the exam cost the state over $250 to administer. Therefore, people came from out of state to take the FLEX exam, with the state losing money on every examination given. Now the state charges $250, plus an administration fee, so the state will at least break even on the exam.

"Something that must be fully evaluated is the possibility of increasing licensure fees."

At the last Board of Directors meeting of the Federation of State Medical Boards, it was recommended and adopted by that Board that it be recommended that all medical examining boards be autonomous, that they not be under the auspices of an umbrella agency such as the Department of Regulation and Licensing. There are both advantages and disadvantages to this organizational change. One of the main advantages is that medical boards would have their own staff which would be accountable only to the medical board. However, the disadvantage would be that there would be some necessary duplication of staff such as secretarial services and other administrative staff involved in operating a state medical board. Admitting a prejudiced view that the medical board's activities should take precedence over those of the other licensing boards, more staff resources need to be allocated to the medical board. However, autonomy alone would not remedy the resource shortage problem.

One of the questions frequently asked of me is whether there is a method to remove a "really bad" doctor from practice as fast as possible. The Board is able to do so under the summary suspension procedure which is outlined in two places in the Wisconsin statutes. The two keys to summary suspension are that the physician is a "clear danger" and a "present danger." Part of the problem in using this remedy is that not only must the danger be clear but present, that is, not concerning an incident that occurred in the past unless the Board can see that this conduct continues to occur in the present. At the Federation of State Medical Boards meeting last year, Virginia described its

"One of the questions frequently asked of me is whether there is a method to remove a 'really bad' doctor from practice as fast as possible."

summary suspension procedure concerning two cases, one involved a physician in jail. It would not be possible to summarily suspend an incarcerated physician in Wisconsin because the physician is not a "present" danger.

At present, the statutes leave something to be desired as far as outlining the procedure for summarily suspending a physician. The Department of Regulation and Licensing has a committee which is evaluating and rewriting these and other licensing statutes so that the law is more applicable and usable, particularly for the department attorneys. As the law stands, officers of the Board can summarily suspend a physician, but a preliminary hearing must be provided within 72 hours of the suspension and a full hearing within 60 days. The entire issue of refining the summary suspension procedure is crucial because the Board is taking away a physician's livelihood and, consequently, the due process rights involved are extensive. This statutory revision is aimed at eliminating the present ambiguity of the law which makes it difficult to properly apply the summary suspension process, not just for the Medical Board but for all boards in the Department.

Concerning the "mountain" of Patients Compensation Panel cases coming to the Board (a result of the 1985 budget bill which refers all cases, including settlements to the Board). Overnight, the Board's backlog of cases will go from 386 cases to over 700 cases. It will be necessary for the Board to have some method by which to handle this sudden increase of cases for investigation and review. The Department, rather than the Board, is responsible for setting up some method of dealing with this problem and is currently attempting to do so. The Secretary of DRL, Barbara Nichols, would like to convey to physicians that as a first step she is planning a telephone survey to determine the public's perception of licensure issues in general and, more specifically, how the public feels about

"For a doctor to be summarily suspended, he or she must be a 'clear danger' and a 'present danger.' "

the various forms of professional discipline. In addition, the department is considering alternatives to the formal hearing process and other forms of disciplinary action. Again, these proposed solutions are only in the planning stages.

Recently, the State Medical Society suggested to the State Legislature that since the joint efforts between SMS and state agencies in areas of Medicaid audits and impaired physicians have been successful, this contracting of peer review services could be expanded to disciplinary review for the Medical Examining Board. This proposal, although sincere and appreciated by the Board, is not likely to be accepted by the Legislature or department, primarily because of the public perception problem. The concern is that it would appear that, once again, physicians will protect one another and peer review and discipline will be hampered rather than aided. If this rejection happens, physicians should not be discouraged, but rather, either as SMS members or nonmembers, recruit quality physicians in their communities to assist the Board in review services. Even if SMS is not asked to do case reviews, physicians should still be ready to volunteer to help if the Medical Examining Board requests it.

> *"The investigation may take 13 to 18 months, and the hearing and appeals may take up to three years to accomplish. Many cases, however, are handled in a much shorter time."*

Currently before the Legislature, Senate Bill 345 proposes to reorganize the licensing boards of the Department of Regulation and Licensing. One of the bill's proposals is for 50% public representation to the licensing boards. This change would result in a decrease in the number of physician board members on the Medical Examining Board from seven to five. The Board has gone on record as stating that it is not concerned about the number of public members on the board so long as the number of physician members is not reduced in light of the current caseload for which each physician member is responsible. Even if more staff were hired for the purpose of reviewing charts, the final decision regarding discipline must be made with the help of a physician board member. In other words, the proposed changes would increase the amount of homework required of each physician board member, who is already doing as much work as is humanly possible.

Also contained in SB 345 are recommendations regarding how to speed up the review and discipline process. At a recent meeting with Secretary Nichols, the Board expressed its doubt to her that the proposed changes would make the critical difference. What is going to make the difference is additions to the Board's support staff and changes in the Board's method of handling complaints, and not the changes in Senate Bill 345.

Licensure. Wisconsin is one of six states that requires an oral examination as part of the licensing procedure. This requirement applies to all candidates for licensure. The oral examination is standardized and was developed with the help of a consultant who has a PhD in Education. The test is designed to review the candidate's training and experience, clinical competency, and knowledge of applicable Wisconsin law. Most candidates are excellent. However, through that same exam, the Board has found people who are psychotic, and other physicians who did not display the basic knowledge necessary for their specialty let alone general licensure. These situations are few, the failure rate on the oral exam being only 2%–4%. Without doubt, the difficulty involved in taking away a physician's license more than justifies the time spent in keeping the grossly incompetent from being licensed.

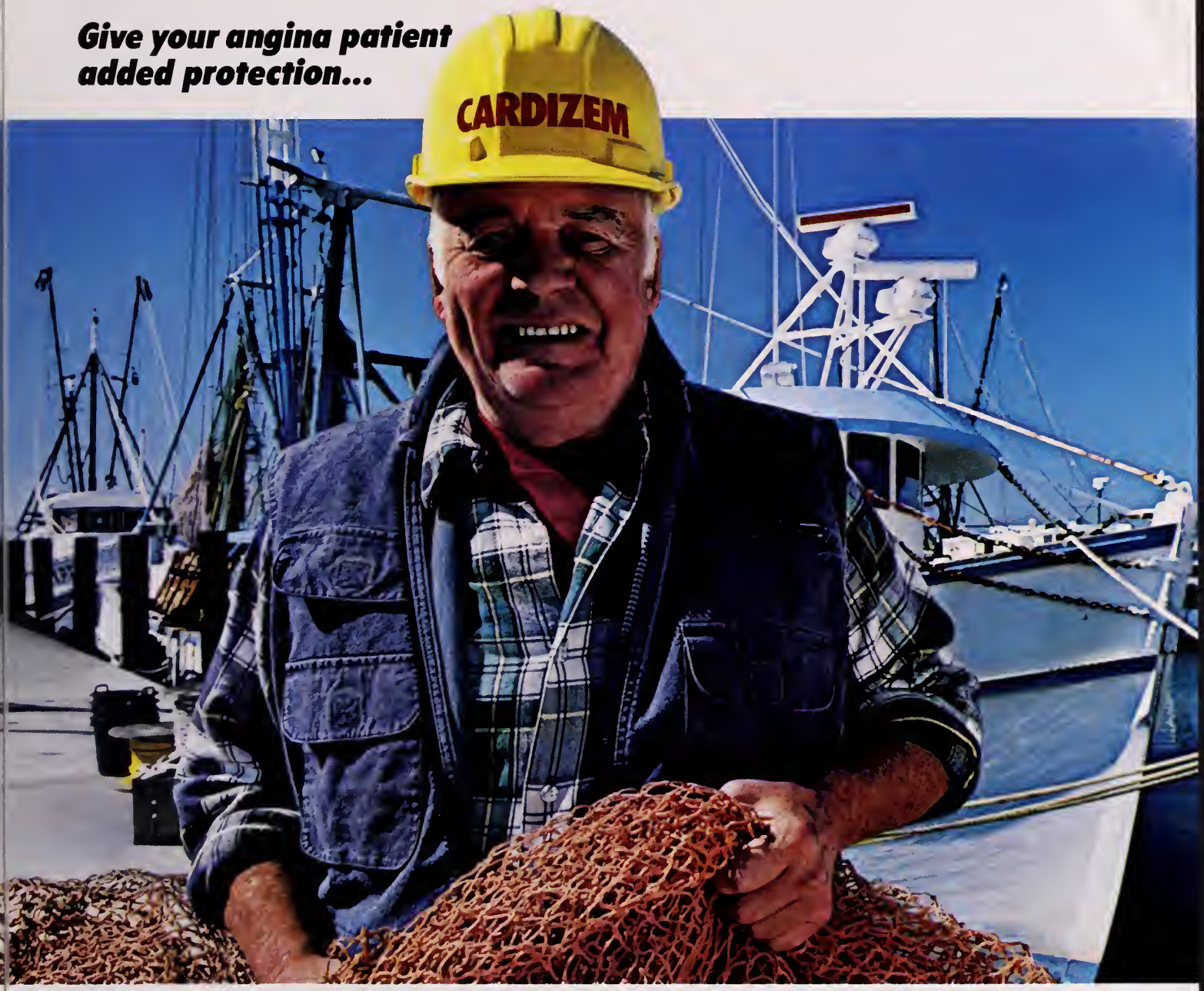
To perform this important function of licensure, the

To perform this important function of licensure, the

Board needs physicians from the state to volunteer their time and talents as examiners. It would be appreciated if physicians in leadership would recruit quality physicians to serve as examiners. Expenses are paid and the experience provides an opportunity to be involved with the licensure process, in addition to serving the people of Wisconsin. After a training session, each examiner would be needed for two to four days each year. If the Board is to continue administering this exam in an expeditious manner, it will need more physicians to volunteer to be examiners within the next few months.

In closing, I would like to make two comments on behalf of the Medical Examining Board: First, I want to thank the State Medical Society for publishing in the *Wisconsin Medical Journal* a statement prepared by the Medical Examining Board describing its duties and functions. Secondly, I also want to thank the SMS for the Statewide Impaired Physicians Program, a joint effort between the SMS and the Medical Examining Board. This physician impairment program is regarded as one of the best programs anywhere in the United States. The Medical Examining Board is appreciative of this cooperation and assistance.■

Give your angina patient added protection...



CARDIZEM®: FEWER SIDE EFFECTS

diltiazem HCl/Marion

- ***The lowest incidence of side effects among the calcium channel blockers[1]***
- ***An exceptionally safe choice for angina patients with coexisting hypertension, diabetes, asthma, or COPD[1-3]***
- ***Proven efficacy when used alone in angina[1,4-6]***
- ***Compatible with both beta-blockers and nitrates[7]***

Please see brief summary of prescribing information on the next page.

CARDIZEM® 60 mg tid or qid

diltiazem HCl/Marion

FEWER SIDE EFFECTS IN ANTIANGINAL THERAPY

BRIEF SUMMARY

CARDIZEM® (diltiazem hydrochloride) is a calcium ion influx inhibitor (slow channel blocker or calcium antagonist).

INDICATIONS AND USAGE

1. **Angina Pectoris Due to Coronary Artery Spasm.** CARDIZEM is indicated in the treatment of angina pectoris due to coronary artery spasm. CARDIZEM has been shown effective in the treatment of spontaneous coronary artery spasm presenting as Prinzmetal's variant angina (resting angina with ST-segment elevation occurring during attacks).
2. **Chronic Stable Angina (Classic Effort-Associated Angina).** CARDIZEM is indicated in the management of chronic stable angina. CARDIZEM has been effective in controlled trials in reducing angina frequency and increasing exercise tolerance.

There are no controlled studies of the effectiveness of the concomitant use of diltiazem and beta-blockers or of the safety of this combination in patients with impaired ventricular function or conduction abnormalities.

CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic).

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt). Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients.
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury.** In rare instances, patients receiving CARDIZEM have exhibited reversible acute hepatic injury as evidenced by moderate to extreme elevations of liver enzymes. (See PRECAUTIONS and ADVERSE REACTIONS.)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.

Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)

Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%.

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats.

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women, therefore, use CARDIZEM (diltiazem hydrochloride) in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers. It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, exercise caution when CARDIZEM is administered to a nursing woman if the drug's benefits are thought to outweigh its potential risks in this situation.

Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded.

In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy.

The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences, as well as their frequency of presentation, are edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%), AV block (1.1%). In addition, the following events were reported infrequently (less than 1%) with the order of presentation corresponding to the relative frequency of occurrence.

Cardiovascular	Flushing, arrhythmia, hypotension, bradycardia, palpitations, congestive heart failure, syncope
Nervous System:	Paresthesia, nervousness, somnolence, tremor, insomnia, hallucinations, and amnesia.
Gastrointestinal	Constipation, dyspepsia, diarrhea, vomiting, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH.
Dermatologic:	Pruritus, petechiae, urticaria, photosensitivity.
Other:	Polyuria, nocturia.

The following additional experiences have been noted.

A patient with Prinzmetal's angina experiencing episodes of vasospastic angina developed periods of transient asymptomatic asystole approximately five hours after receiving a single 60-mg dose of CARDIZEM.

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: erythema multiforme; leukopenia; and extreme elevations of alkaline phosphatase, SGOT, SGPT, LDH, and CPK. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established.

OVERDOSAGE OR EXAGGERATED RESPONSE

Overdosage experience with oral diltiazem has been limited. Single oral doses of 300 mg of CARDIZEM have been well tolerated by healthy volunteers. In the event of overdosage or exaggerated response, appropriate supportive measures should be employed in addition to gastric lavage. The following measures may be considered:

Bradycardia	Administer atropine (0.60 to 1.0 mg). If there is no response to vagal blockade, administer isoproterenol cautiously.
High-Degree AV Block	Treat as for bradycardia above. Fixed high-degree AV block should be treated with cardiac pacing.
Cardiac Failure	Administer inotropic agents (isoproterenol, dopamine, or dobutamine) and diuretics.
Hypotension	Vasopressors (eg, dopamine or levarterenol bitartrate).

Actual treatment and dosage should depend on the severity of the clinical situation and the judgment and experience of the treating physician.

The oral LD_{50}'s in mice and rats range from 415 to 740 mg/kg and from 560 to 810 mg/kg, respectively. The intravenous LD_{50}'s in these species were 60 and 38 mg/kg, respectively. The oral LD_{50} in dogs is considered to be in excess of 50 mg/kg, while lethality was seen in monkeys at 360 mg/kg. The toxic dose in man is not known, but blood levels in excess of 800 ng/ml have not been associated with toxicity.

DOSAGE AND ADMINISTRATION

Exertional Angina Pectoris Due to Atherosclerotic Coronary Artery Disease or Angina Pectoris at Rest Due to Coronary Artery Spasm. Dosage must be adjusted to each patient's needs. Starting with 30 mg four times daily, before meals and at bedtime, dosage should be increased gradually (given in divided doses three or four times daily) at one- to two-day intervals until optimum response is obtained. Although individual patients may respond to any dosage level, the average optimum dosage range appears to be 180 to 240 mg/day. There are no available data concerning dosage requirements in patients with impaired renal or hepatic function. If the drug must be used in such patients, titration should be carried out with particular caution.

Concomitant Use With Other Antianginal Agents:

1. **Sublingual NTG** may be taken as required to abort acute anginal attacks during CARDIZEM therapy.
2. **Prophylactic Nitrate Therapy** — CARDIZEM may be safely coadministered with short- and long-acting nitrates, but there have been no controlled studies to evaluate the antianginal effectiveness of this combination.
3. **Beta-blockers.** (See WARNINGS and PRECAUTIONS.)

HOW SUPPLIED

CARDIZEM 30-mg tablets are supplied in bottles of 100 (NDC 0088-1771-47) and in Unit Dose Identification Paks of 100 (NDC 0088-1771-49). Each green tablet is engraved with MARION on one side and 1771 engraved on the other. CARDIZEM 60-mg scored tablets are supplied in bottles of 100 (NDC 0088-1772-47) and in Unit Dose Identification Paks of 100 (NDC 0088-1772-49). Each yellow tablet is engraved with MARION on one side and 1772 on the other. Issued 4/1/84

See complete Professional Use Information before prescribing.

0642T5

References: **1.** *Physicians' Desk Reference®* ed 39. Oradell, NJ, Medical Economics Company Inc, 1985. **2.** Cohn PF, Braunwald E. Chronic ischemic heart disease, in Braunwald E (ed). *Heart Disease. A Textbook of Cardiovascular Medicine*, ed 2. Philadelphia, WB Saunders Co, 1984, chap 39. **3.** Schroeder JS: Calcium and beta blockers in ischemic heart disease. When to use which. *Mod Med* 1982; 50(Sept):94-116. **4.** Subramanian VB. Comparative evaluation of four calcium antagonists and propranolol with placebo in patients with chronic stable angina. *Cardiovasc Rev Rep* 1984; 5:91-104. **5.** Schroeder JS, Feldman RL, Giles TD, et al: Multiclinic controlled trial of diltiazem for Prinzmetal's angina. *Am J Med* 1982; 72:227-231. **6.** Weiner DA, McCabe CH, Cutler SS, et al. The efficacy and safety of high-dose verapamil and diltiazem in the long-term treatment of stable exertional angina. *Clin Cardiol* 1985; 7:648-653. **7.** Shapiro W. Calcium channel blockers. Actions on the heart and uses in ischemic heart disease. *Consultant* 1984; 24(Dec):150-159.

Another patient benefit product from

PHARMACEUTICAL DIVISION
MARION LABORATORIES, INC.
KANSAS CITY, MO 64137

Motrin® 800 mg TABLETS

ibuprofen

Extra strength
Convenience
Economy

Upjohn 100 A Century of Caring 1886·1986

©1986 The Upjohn Company

J-6138 January 1986

Before prescribing, see complete prescribing information in SK&F CO. literature or *PDR*. The following is a brief summary.

* **WARNING**

This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

Contraindications: Concomitant use with other potassium-sparing agents such as spironolactone or amiloride. Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. **Associated widened QRS complex or arrhythmia requires prompt additional therapy.** Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available. Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma. Possible exacerbation or activation of systemic lupus erythematosus has been reported with thiazide diuretics.

Precautions: The bioavailability of the hydrochlorothiazide component of 'Dyazide' is about 50% of the bioavailability of the single entity. Theoretically, a patient transferred from the single entities of Dyrenium (triamterene, SK&F CO.) and hydrochlorothiazide may show an increase in blood pressure or fluid retention. Similarly, it is also possible that the lesser hydrochlorothiazide bioavailability could lead to increased serum potassium levels. However, extensive clinical experience with 'Dyazide' suggests that these conditions have not been commonly observed in clinical practice. Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids, and during concurrent use with amphotericin B or corticosteroids or corticotropin [ACTH]). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Cumulative effects of the drug may develop in patients with impaired renal function. Thiazides should be used with caution in patients with impaired hepatic function. They can precipitate coma in patients with severe liver disease. Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic and hemolytic anemia have been reported with thiazides. Thiazides may cause manifestation of latent diabetes mellitus. The effects of oral anticoagulants may be decreased when used concurrently with hydrochlorothiazide; dosage adjustments may be necessary. Clinically insignificant reductions in arterial responsiveness to norepinephrine have been reported. Thiazides have also been shown to increase the paralyzing effect of nondepolarizing muscle relaxants such as tubocurarine. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. Triamterene has been found in renal stones in association with the other usual calculus components. Therefore, 'Dyazide' should be used with caution in patients with histories of stone formation. A few occurrences of acute renal failure have been reported in patients on 'Dyazide' when treated with indomethacin. Therefore, caution is advised in administering nonsteroidal anti-inflammatory agents with 'Dyazide'. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine. Hypokalemia is uncommon with 'Dyazide', but should it develop, corrective measures should be taken such as potassium supplementation or increased dietary intake of potassium-rich foods. Corrective measures should be instituted cautiously and serum potassium levels determined. Discontinue corrective measures and 'Dyazide' should laboratory values reveal elevated serum potassium. Chloride deficit may occur as well as dilutional hyponatremia. Concurrent use with chlorpropamide may increase the risk of severe hyponatremia. Serum PBI levels may decrease without signs of thyroid disturbance. Calcium excretion is decreased by thiazides. 'Dyazide' should be withdrawn before conducting tests for parathyroid function.

Thiazides may add to or potentiate the action of other antihypertensive drugs.

Diuretics reduce renal clearance of lithium and increase the risk of lithium toxicity.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances; postural hypotension (may be aggravated by alcohol, barbiturates, or narcotics). Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and respiratory distress including pneumonitis and pulmonary edema, transient blurred vision, sialadenitis, and vertigo have occurred with thiazides alone. Triamterene has been found in renal stones in association with other usual calculus components. Rare incidents of acute interstitial nephritis have been reported. Impotence has been reported in a few patients on 'Dyazide', although a causal relationship has not been established.

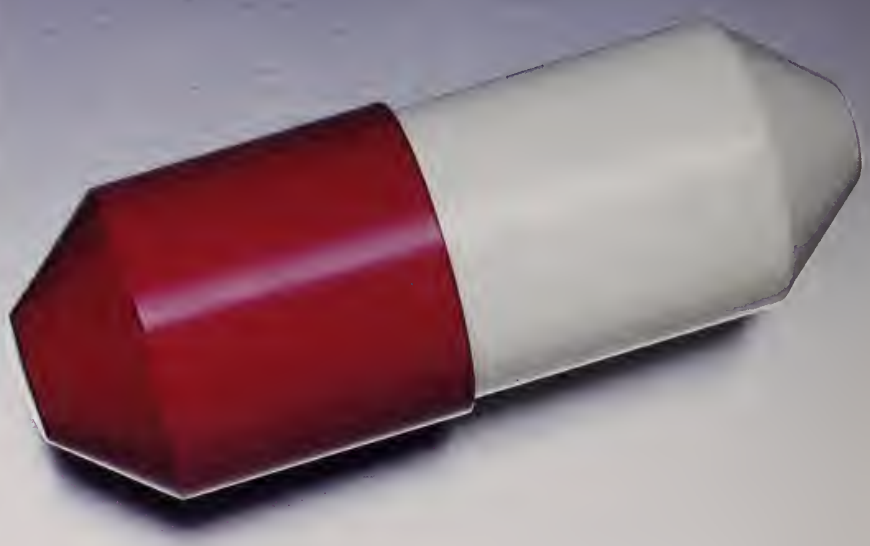
Supplied: 'Dyazide' is supplied as a red and white capsule, in bottles of 1000 capsules; Single Unit Packages (unit-dose) of 100 (intended for institutional use only); in Patient-Pak™ unit-of-use bottles of 100.

BRS-DZ:L39

In Hypertension*... When You Need to Conserve K+

Remember the Unique Red and White Capsule: Your Assurance of SK&F Quality

Serum K^+ and BUN should be checked periodically (see Warnings and Precautions).



Potassium-Sparing

DYAZIDE®

25 mg Hydrochlorothiazide/**50 mg** Triamterene/SKF

Over 19 Years of Confidence

The unique red and white Dyazide® capsule: Your assurance of SK&F quality.

a product of

SK&F CO.

Carolina, P.R. 00630

©SK&F Co., 1983

Skin cancer prevention and detection; results of a free screening program in Madison, Wisconsin

Stephen N Snow, MD and *Derek Cripps, MD,* Madison, Wisconsin

ABSTRACT. *During the period March 28–30, 1985, free skin cancer examinations were given in the Madison, Wisconsin area. A total of 477 caucasian Americans were examined. Clinical evidence of solar damage was found in 228 persons (48%). Of these, 72 persons were referred for evaluations of clinically suspicious lesions or growths. Followup data are available in 71 persons. Thirty-eight had biopsies that confirmed the presence of skin cancer in 26 persons: 20 basal cell carcinomas, 5 squamous cell carcinomas, and 1 melanoma. Biopsies confirmed skin cancer in 5.5% of the 477 persons examined. Our findings suggest that solar damage and the associated development of skin cancer are fairly common among residents of the Madison, Wisconsin area, and emphasize the continued need for free screening for skin cancer. Good organization, the involvement of many devoted people, and the commitment of several pharmaceutical companies all contributed to the success of the program.*

Key words: Skin cancer; Health fairs; Basal cell carcinoma; Squamous cell carcinoma; Melanoma

At the annual meeting of the American Academy of Dermatology (AAD), a national campaign was launched calling for a law proclaiming the first full week of spring, March 24–30, 1985 as National Skin Cancer Prevention and Detection week. This campaign was a direct result of new projections by the National Cancer Institute, released through the American Cancer Society (ACS), showing a 25% increase in malignant melanoma over the previous year. This year (1985) an estimated 22,000 cases of melanoma and 5,000 to 6,000 deaths are predicted.[1] In addition, more than 400,000 new cases of non-melanoma skin cancers (basal- and squamous-cell carcinoma), and 2,000 deaths, are expected. If the projected rate of incidence continues, about one in 150 persons in the United States will develop malignant melanoma by the year 2000.[2]

Five-year cure rates for deep melanoma remain discouraging; however, studies released by New York University's Melanoma Cooperative Group indicate that when the melanoma is thin, and recognized and treated without delay, cure rates in excess of 95% are possible. The AAD therefore asked its members to conduct screening programs to emphasize early detection and prevention of melanoma and other skin cancers. The screenings were to be held during the first week of spring. To generate national support, attendees of the AAD meeting were asked to contact their US Senators and Representatives. The fruition of these efforts was the signing of the proclamation into law by President Ronald Reagan on March 22, 1985.

In the Madison, Wisconsin area, a free program to screen for skin cancer was held from March 28–30, 1985. Two afternoon sessions and one morning session, each four hours long, were held at different sites each day.

The screening sites were selected for their accessibility to groups, both interested in participating in the program and susceptible to the development of skin cancer. These groups consisted of individuals in farming and outdoor construction industries, as well as retirees.

The medical personnel consisted of 18 local dermatologists, dermatology residents, and medical students. There were six participating nurses and more than two dozen volunteers representing the ACS. Prospective participants were asked to preregister about one week before the program, either at the screening site or through the mail.

Screening. The skin examination concentrated on sun-exposed surfaces of the face, upper chest, and forearms. The torso and other covered areas of the body were examined on request. The entire examination took about five to seven minutes, which included the distribution of sunscreens and a brief explanation of their usefulness in preventing skin cancer.

Individuals with significant precancerous lesions or suspicious growths were referred to their family physicians for followup care. Participants who did not have a family physician were given a list of local dermatologists.

Doctor Snow is Assistant Professor, Chemosurgery, Department of Surgery; and Doctor Cripps is Professor and Head, Division of Dermatology, Department of Medicine, University Hospital and Clinics, Center for Health Sciences, Madison. Reprint requests to: Stephen N Snow, MD, Dept of Surgery, CHS, 600 Highland Ave, Madison, Wis 53792 (phone: 608/263-6226). Copyright 1986 by the State Medical Society of Wisconsin.

These participants were also told to expect a phone call from us in eight to ten weeks.

Before the examination the participants watched a film on skin cancer, filled out a questionnaire, and were given information on skin cancer and the use of sunscreens. In addition to standard demographic information, we collected information on skin types, occupation, and the use of sunscreens.

Results. We examined 477 caucasian Americans. Although the examination concentrated on sun-exposed surfaces of the body, 58 also had other parts of their trunk examined. There were 261 male and 216 female participants. The age distribution of persons screened was: 7, age 0 to 19 years; 21, age 20 to 29 years; 44, age 30 to 39 years; 60, age 40 to 49 years; 83, age 50 to 59 years; 122, age 60 to 69 years; and 125 older than 70 years. Five people declined to give their age. There were 72 persons referred for followup examination of clinically suspicious lesions or growths (Table 1).

A biopsy was subsequently performed in 38 persons. Of these, 26 persons were found to have skin cancer. The overall biopsy-confirmed skin cancer detection rate was 5.5% (26/477). The biopsy of one elderly person, who had a clinical lentigo maligna, was read as an atypical junctional nevus. The remaining biopsies showed benign skin conditions or premalignant actinic keratoses. Multiple skin cancers were found in three persons, yielding a total of 31 identified skin cancers. These cancers consisted of 25 basal cell carcinomas, five squamous cell carcinomas, and one melanoma.

Table 2 shows the anatomic distribution of the 31 skin cancers. The face was the most common location, accounting for 48% (15/31) of the cancers. Eleven basal cell carcinomas in the facial category included six on the cheek, three on the forehead, and one each on the temple and chin. All three squamous cell carcinomas and the melanoma were also on the cheek. Two skin cancers were found on the lower neck, and three on the back. The age distribution of persons with skin cancer is shown in Table 3. There were 247 persons more than 60 years old; 21 (80%) cancers were found in this group.

A biopsy was not obtained for 34 of the referred participants. Among the offered explanations were: the patient did not see or consider seeing a physician (15 persons), the local physician suggested observation (12 persons), and the patient had a future appointment (four persons). In the first category, one person had three obvious basal cell carcinomas, but refused treatment because of her age. Two other persons were treated without obtaining a biopsy, and one person was lost to followup. Of the 72 persons referred for followup care and biopsy, 53 (75%) had their own physician.

Among the remaining 405 participants, there were 30 with clinically atypical pigmented nevi and 156 with inactive solar keratoses. These people were asked to watch for changes in the lesions and to use their own judgment regarding

Table 1—*Number of clinically suspicious lesions and biopsy*

	Clinical diagnosis	*Biopsy*
Melanoma	2	1
Squamous cell carcinoma	5	5
Basal cell carcinoma	65	20
Atypical junctional nevus	—	1
Other benign conditions	—	11
Total	72	38

Table 2—*Anatomic distribution of skin cancers*

	Type of cancer		
Location	*Basal*	*Squamous*	*Melanoma*
Face	11	3	1
Nose	7	—	—
Eyelid	2	—	—
Ear	—	1	—
Lower Lip	—	1	—
Neck and Torso	5	—	—
Total	25	5	1

Table 3—*Age distribution of participants with detected skin cancer*

Age Range (Years)	*Type of cancer*		
	Basal	*Squamous*	*Melanoma*
20-29	1	—	—
30-39	1	—	—
40-49	1	—	—
50-59	1	1	—
60-69	7	3	—
>70	9	1	1
Total	20	5	1

followup examination by their physician. Yearly checkups were specifically advised for five persons: four with clinically appearing, large atypical nevi and one with a history of melanoma. Benign skin conditions also recognized included eczema, acne, psoriasis, seborrheic dermatitis, and fungal infections. At the time of screening 95 participants (20%) were using sunscreens.

Comment. In our screening program, the incidence of clinically recognizable premalignant or malignant skin lesions was 48% (228/477). This frequency is higher than those for earlier public screenings in Virginia,[3] North Carolina,[4] California,[5] and Hawaii,[6] which reported incidence rates of 21, 25, 38, and 41%, respectively. We attribute our findings to a screening campaign directed primarily toward individuals whose lifestyles or occupations included a high degree of cumulative sun exposure. Fifty-four percent of the participants in our program were more than 60 years old and were mainly retired farmers, construction workers, and other outdoor workers.

There are apparently little published data on biopsy-confirmed skin cancers as detected through screening programs. Such data are unavailable for the public programs mentioned earlier. In our survey we found that 5.5% of the persons examined actually had some form of skin cancer. This finding may be an underestimation, however, because only 51% (38/72) of the persons referred had actually had a biopsy by the time of our two-month followup survey. Indeed, there were 16 cases in which the person or physician preferred to observe the lesion rather than perform a biopsy. Thus a subsequent survey may show a higher incidence of cancer. Lastly, only 12% (58/477) of the participants requested an examination of the chest and back. Among these individuals we found three basal cell carcinomas. Clearly, a more extensive examination would yield a higher incidence of cancer.

Public screening programs obviously increase awareness about preventing skin cancer. Moreover, our program actually resulted in the detection of skin cancers in some participants. These participants were therefore referred for treatment at an earlier stage of the disease than had they waited to seek professional advice. Although most skin cancers do not metastasize, early treatment minimizes both the local destruction of tissue and the regional spread of the disease. More importantly, the early diagnosis and treatment of thin melanomas can be life-saving.[2]

Many participants expressed their sincere appreciation for the time and effort donated to the program. We were also encouraged to learn that many people came mainly for the skin cancer examination, although free sunscreen samples and hats were provided. We attribute the large turnout of participants to good organization and the commitment of several large organizations early in the planning stages. Madison, Wisconsin, both a university town and the state capital, has the advantage of having a well-informed, well-educated general public. We were also fortunate to have favorable weather throughout the screening period. The Skin Cancer Prevention and Detection Screening was jointly sponsored by the American Academy of Dermatology and the American Cancer Society.

ACKNOWLEDGMENTS. We are grateful for the assistance of the following people: Ms Nancy Freeman, ACS-Director of Public Education; Ms Barbara Busse, ACS-Executive Director; Ms Laurie Schultz, Madison Senior Center; Mr Don Jones, Dane County Farm Bureau; Robert Niebuhr and Carlo Cimino, AFL-CIO; Kathy Wright-Kelly, Public Relations-University of Wisconsin Hospital; Rachel Caruso, RN; Lois McFadden, RN; and Julie Goodwin, ACS-Intern.

We also thank the participating physicians (and medical students): Ken Beres (MS 4), Eric Berg, John Bertram, Tsu Yi Chuang, David Falk, Bryan Gaul, Christopher Knuth (MS 4), Larry Lantis, Sharon Lantis, Paul Larson, Hubert Moss, Tara Passow, George Pavlidakey, George Reizner, Hal Ridgway, and Donald Schuster; and the participating nurses: Kris Helgeson, Norine Miller, and Arlene Sasser.

We appreciate the involvement of the following Pharmaceutical Companies: Charles of the Ritz, Greites Altstatten, Johnson and Johnson, and Westwood Pharmaceuticals.

REFERENCES

1. Cancer Facts and Figures. American Cancer Society, 1985.
2. Rigel DS, Friedman RJ, Rodriguez-Sains R: *Melanoma Letter* 1985; 3:1.
3. Weary PE: Two-year experience with a series of rural skin and oral detection clinics. *JAMA* 1971; 217:1862-1863
4. Kanof EP: Experience with skin cancer detection clinic at the state fair. *North Carolina Med J* 1974; 35:159-161.
5. Loeffel ED: Screening for skin cancer at the county fair. *Western J Med* 1975; 122:123-126.
6. Goldstein N: Skin cancer screening clinic at Lions Club health fair. *Hawaii Med J* 1981.
7. Ramsay DL, Fox AB: The ability of primary care physicians who recognize the common dermatoses. *Arch Derm* 1981; 117:620-622 ■

Impaired Physician Program

Persons interested in the Impaired Physician Program may call 608/257-6781 or toll-free in Wisconsin: 1-800-362-9080 and explain their concern to Mr John LaBissoniere or Mr H B Maroney of the State Medical Society staff. The caller's identity will be kept in complete confidence.

CLINICAL CANCER: Number 5 of a series

Progress in acute leukemia

Joseph J Mazza, MD and *William R Friedenberg, MD*
Marshfield, Wisconsin

ABSTRACT. *Significant strides have been made over the past three decades in the treatment of acute leukemia. With current treatment programs we have been able to achieve complete remission in over 60% of adults and greater than 90% in children treated. These results have been due primarily to newer, more aggressive chemotherapy programs and improved support care in the treatment centers. Bone marrow transplantation has proved capable of increasing long-term survival in both children and adults with acute leukemia. Toxicity and complications remain formidable problems with both chemotherapy and bone marrow transplantation in attempts to improve on these data.*

Key words: Acute leukemia; Chemotherapy; Bone marrow transplantation

SIGNIFICANT advances in the treatment of acute leukemia can now be appreciated from several perspectives that have been developed over the past two to three decades. Multi-drug aggressive chemotherapy programs and allogeneic bone marrow transplantation (BMT) technology have led to unprecedented rates of remission with prolonged survival from this traditionally fatal disease. These improved results in the treatment of acute leukemia are most impressive in children who develop acute lymphocytic type of leukemia (ALL). In this group we are able to induce a complete remission (CR) in more than 90% of patients treated with standard multi-drug chemotherapy. Greater than 50% of those patients who achieve a CR will remain in remission for five years or longer and those patients who do relapse and are fortunate enough to have a histocompatibly matching sibling can achieve prolonged survival through an allogeneic BMT.

In adults with acute leukemia, progress has been slower and the results are not nearly as impressive as those achieved in children. Acute adult leukemia continues to be a fatal disease in the majority of patients afflicted with this illness. Unlike childhood acute leukemia, the vast majority of acute adult leukemias are of the non-lymphocytic type (80% to 85%) whereas in children they account for only 20% of the acute leukemias.

Although we have not been able to achieve results similar to those achieved in children with respect to survival, significant strides in the treatment of acute adult leukemia over the past three decades have been made and we have recently begun to see a small but significant percentage of patients treated having a prolonged disease-free survival. However, there is obviously much need to improve further on this data with the ultimate goal of cure in mind.

Hopefully, as we continue to study the possible etiologic factors and the unique peculiarities of acute leukemia, we will be able to manipulate and alter our therapeutic approaches in the future, directing them to a more specific target or vulnerable feature of the disease. Possible etiologic agents, unique cellular kinetic factors, and altered host-immune status all show promise in elucidating further the characteristics of this disease and will undoubtedly help in the planning of improved therapy programs.

Induction therapy. The primary goal in the treatment of acute leukemia is to first achieve a complete remission (CR); *ie*, the bone marrow shows normal myeloid proliferation with less than 5% leukemic blasts being present and normal peripheral blood counts. These findings are indicative of a recovered or a regenerated post-treatment bone marrow. A CR is achieved only with aggressive multi-drug chemotherapy aimed at a rapid cytoreduction of the proliferating leukemic cell population. We have been able to make continued improvements in our

From the Department of Medicine, Section of Hematology, Marshfield Clinic, Marshfield. Reprint requests to: Joseph J Mazza MD, Dept of Medicine, Marshfield Clinic, 1000 North Oak Ave, Marshfield, Wis 54449 (phone: 715/387-5426). Copyright 1986 by the State Medical Society of Wisconsin.

Series Coordinator:

Ernest C Borden, MD, Madison

American Cancer Society Professor of Clinical Oncology, University of Wisconsin Clinical Cancer Center, 600 Highland Ave, Madison, Wisconsin 53792

Physicians are encouraged to contact the authors if they wish to discuss these topics further or obtain additional information. Comments or suggestions for topics would be welcome.

ability to achieve CR in patients with acute leukemia using newer chemotherapeutic agents and combining them with other agents which have shown effectiveness in the treatment of this disease. The mainstay of chemotherapy in the treatment of children with acute lymphocytic leukemia (ALL) has been corticosteroids, vincristine and L-asparaginase yielding an initial CR rate of over 90%.[1] Over the past decade, standard treatment of acute nonlymphocytic leukemia (ANLL) has been the combination of anthracycline (Daunomycin), with cytosine arabinoside (Cytarabrine) plus an antimetabolite such as 6-thioguanine (Thioguanine). At present, single institution studies boast CR rates of about 80% in patients with ANLL while multi-institution cooperative group studies show a CR rate approaching 60% in this population of patients.[2-4] Escalation of doses of these agents has been allowed by improvements in supportive care including better nursing care, rapidly available blood products, and newer, more effective antibiotics.

In the treatment of adults with ANLL it has become evident that a successful induction phase of therapy is the key factor in improving the duration of the remission and survival of these patients. It has also become apparent that with dose escalation and repeated induction cycles of chemotherapy a complete remission can sometimes be achieved in those patients who have failed a single course of standard induction therapy. Using high doses of cytosine arabinoside combined with a relatively new antileukemic agent called mAMSA (4-methanesulfone-m-anisidide), it has been possible to achieve a CR rate of almost 70% of those patients who have relapsed or have been refractory to standard therapy.[5]

Consolidation and maintenance therapy. Despite the gratifying improvement in our ability to induce a CR rate in 60% or more of patients treated with ANLL, we are still unable to maintain the CR in the majority of these cases for one year or longer. The efficacy of additional therapy as consolidation and/or maintenance has not shown to be consistently beneficial in improving the duration of the CR and survival. This painfully slow improvement in the duration of the CR and survival in adults with ANLL has caused great concern and created significant controversy as to the cost-benefit results of treating adults with ANLL and especially those patients of the older age population. Recently, we have begun to recognize a significant percentage of patients who can be maintained in complete remission up to two years and longer, with 25% to 30% remaining in first remission using newly devised repeated courses of continued intensification or consolidation therapy.[6-9] Children with ALL who achieve a CR are continued on a maintenance program of chemotherapy over a period of three years after which time therapy is discontinued. Such an approach has led to impressive continuous CR and prolonged survival.[10,11] With the exception of a few studies, there has been no convincing evidence showing that continued chemotherapy over a variable period (usually one to three years) using compromised doses of effective chemotherapeutic agents has had any beneficial effect on the prolongation of a CR and survival in adults with ANLL. A wide variety of chemotherapy regimens have been tried, including immunotherapy, in an effort to maintain these patients in CR. Such attempts at prolonging survival are not without their hazards. It must be emphasized that repeated courses of intensive chemotherapy are fraught with significant risks and life-threatening toxicity, and supportive care aimed at reducing such complications that frequently ensue with treatment must be readily available. Such approaches to therapy should

ABSTRACT

Chylous ascites following resection of a ruptured abdominal aneurysm; treatment with a peritoneovenous shunt

WILLIAM G SARAZIN, MD; KENDALL E SAUTER, MD, MS, Department of Surgery, St Joseph's Hospital (WGS & KES), and the Medical College of Wisconsin, Milwaukee, Wis (KES). *Arch Surg* 1986;121:246-247

The development of chylous ascites after an abdominal surgical procedure is potentially grave. It frequently leads to malnutrition and significant mortality. Chylous ascites developed after emergency repair of a ruptured abdominal aneurysm. In spite of treatments with low-fat diet (medium-chain triglycerides), hyperalimentation, and abdominal paracentesis, hypoproteinemia and peripheral edema developed and symptomatic ascites continued. Though some success has been reported following ligation of leaking lymphatics, the authors avoided laparotomy because the patient was recovering from formidable complications. A peritoneovenous shunt was placed. No complications occurred and permanent recovery promptly resulted. The authors believe this is a reasonable alternative to laparotomy.■

only be undertaken in treatment centers where personnel are experienced in caring for such patients and in dealing with high-risk complications.

Bone marrow transplantation. Following the initial studies of bone marrow transplantation (BMT) in animals, the first attempts in man were reported in the late 1950s. Although originally unsuccessful, better antibiotics, improved supportive care including parenteral nutrition and platelet transfusions, increased knowledge of human histocompatibility typing, and better venous access (central venous catheters) have contributed to steady improvement in the results of BMT in the treatment of acute leukemia.[12] Currently in children with acute lymphocytic leukemia (ALL) this procedure is reserved for those patients who relapse after the first or subsequent remission. Transplants are usually done using a histocompatibly matching sibling of the patient as the donor (allogeneic transplant) from whom a specifically calculated number of bone marrow cells can be extracted and infused intravenously into the patient (recipient). If the patient is fortunate enough to have an identical twin, many of the complications of post transplantation can be avoided (syngenic transplant).

Initially, the Seattle transplant group treated patients with all types of far advanced acute leukemia after failure of multiple combination chemotherapy regimens. Of the original 110 patients transplanted through 1975, 13 appeared to be cured and continued to survive 6 to 11 years following transplantation. They also transplanted 34 end-stage identical twins and 8 of these recipients remain apparently cured (24%).[13]

Over the past decade there has been a dramatic increase in the number of transplant centers and improved results as patients have been transplanted earlier in their diseases. Patients with acute nonlymphocytic leukemia (ANLL) were transplanted in first remission because the results of standard chemotherapy at that time showed a median survival of only 12 to 15 months with very few patients being cured. In Seattle, of the 75 patients with ANLL transplanted in first remission, about half are still alive and in complete remission with only 10% of these patients suffering a relapse of their leukemia.[14] Other bone marrow transplant centers have reported similar results.[15]

Patients with acute leukemia who receive a BMT while in florid relapse continue to have a relatively poor prognosis with long-term survival in the range of 10% to 20% at multiple transplant centers.[16] However, since the possibility of long-term, disease-free survival with combination chemotherapy for this group of patients is essentially zero, BMT remains the only possibility for long-term survival or cure.

Complications of BMT include

ABSTRACT

Improved survival in the treatment of advanced Hodgkin's disease at a nonuniversity institution (1970-1979)

WILLIAM R FRIEDENBERG, MD; P DIRKS, MT (ASCP), E BELTAOS, MD; JOSEPH J MAZZA, MD, FACP; JAMES L HOEHN, MD; ROBERT H GREENLAW, MD; HOMER H RUSS, MD; LEE L SCHLOESSER, MD, Sections of Hematology and Radiation Oncology, and the Departments of Surgery and Pathology, Marshfield Clinic, Marshfield, Wis. *Cancer* 1986; 57:12-17

There has been a dramatic improvement in survival for patients with advanced Hodgkin's disease because of the development of more effective chemotherapy. We analyzed our data regarding Hodgkin's disease from 1970 through 1979 to see if we had an improvement at our institution similar to that reported at many single large institutions and multi-institutional cooperative groups. In addition, we wondered what factors could be identified that contribute to this improvement. Between 1970 and 1979, 89 patients with Hodgkin's disease were treated at the Marshfield Clinic/St Joseph's Hospital. We compared Group I (1970 through 1973) with Group II (1974 through 1979). Overall, 76% of patients achieved complete remission. In advanced stage disease (Stage III and IV), 50% of patients achieved complete remission in Group I compared with 68% in Group II. At five years, 50% of patients were alive without COPP (cyclophosphamide, vincristine, procarbazine, prednisone) chemotherapy; with this treatment, 75% of patients survived (P is equal to 0.02). There was also improved survival comparing Group I (56% at 5 years) with Group II (76% at 5 years) patients with advanced disease (P is equal to 0.0004). More aggressive combination chemotherapy was related to the improvement in survival (P less than 0.001).

The authors conclude that the advances in treatment made by cooperative groups and universities are being transferred to nonuniversity institutions with appropriate improvement in survival of Hodgkin's disease.■

graft *vs* host disease (GVHD), opportunistic infections, and toxicity associated with the preparatory treatment regimen. These problems remain major obstacles associated with the procedure and account for the vast majority of mortality/morbidity in this group of patients. GVHD appears to be a frequent complication of bone marrow transplantation, occurring in more than 50% of patients undergoing this procedure.[17] Despite attempts at manipulating and treating the donor marrow before infusion as well as initiating immunosuppressive therapy following infusion of the donor marrow, it remains an unsolved problem and is the focus of continued ongoing research in this technology. The initial acute GVHD can involve the skin, gastrointestinal tract, liver, and possibly the lung. These complications are seen after engraftment has occurred and can occur at any time within the subsequent three-month period. Chronic GVHD appears to be a separate major immunologic complication occurring usually three months or more following engraftment and causes a different syndrome complex resulting in significant debilitation. Prior acute GVHD appears to be a risk factor for subsequent development of chronic GVHD.[18] Attempts to prevent GVHD with chemotherapy, corticosteroids, and more recently cyclosporin A following transplantation have not been entirely successful.[19]

All BMT recipients have a severe immune-deficiency state for months following transplantation. Initially, this is secondary to granulocytopenia and is complicated by infections of a wide variety including bacterial, viral, and fungal types. Granulocytes frequently recover within three to five weeks following transplantation but lymphocyte function is delayed for several additional months. During this period cytomegalovirus infection, *Pneumocystis carinii,* and other viral and fungal disease may contribute significantly to the mortality associated with BMT. In addition, those patients who develop GVHD become more immunesuppressed, and the treatment required to control this disease contributes further to their immunodeficiency state. Idiopathic interstitial pneumonitis is another common complication seen in BMT patients. This complication may be attributable to total body radiation and high-dose chemotherapy required in the preparatory regimen for transplantation. Many centers are exploring alternative approaches to treatment before transplantation in an effort to limit or abolish this complication.

The other major problem in the treatment of acute leukemia with BMT is the relapse of disease. With current preparatory regimens only 10% to 15% of those patients with ANLL transplanted in first remission will relapse. However, as many as 40% to 50% of the ALL patients will develop recurrent disease.

Currently, bone marrow transplantation (BMT) is usually restricted to patients under the age of 40 years who have HLA-matched siblings. It is possible that within the next ten years, new techniques and additional knowledge of immunobiology will allow transplantation between nonHLA-matched individuals and new preparatory regimens will be more efficacious and less toxic to the recipient. Such advances may also recognize BMT as a reasonable approach in the treatment of lymphoma and other malignancies.

References

1. Ortega JA, Nesbit ME, Donaldson MH, et al: L-asparaginase, vincristine and prednisone for induction of first remission in acute lymphocytic leukemia. *Cancer Res* 1977; 37:535-540.
2. Gale RP, Cline MJ: High remission induction rates in acute myeloid leukemia. *Lancet* 1977; 1:497.
3. Rees JKL, Sandler RM, Challener J, et al: Treatment of acute myeloid leukemia with a triple cytotoxic regimen. *Brit J Cancer* 1977; 36:770.
4. ECOG Study. Protocol #1479: Treatment of acute nonlymphocytic leukemia (unpublished data).
5. Hines JD, Oken MM, Mazza JJ, Keller A, Glick J: High-dose cytosine arabinoside and mAMSA in refractory acute nonlymphocytic leukemia. *Blood* 1981; 58:142a.
6. Rai KR, Glidewell O, Holland JF, et al: Treatment of acute myelocytic leukemia: A study by cancer and leukemia, Group B. *Blood* 1981; 58:1203.
7. Coltman Jr CA, Freireich EJ, Savage RA, et al: Long-term survival of adults with acute leukemia. *Proc Am Soc Clin Oncol* 1979; 21:387.
8. Ellisen RR, Glidewell O, (CAIGB): Improved survival in adults with acute myelocytic leukemia. *Proc Am Assoc Cancer Res* 1979; 20:161.
9. Whittaker JA, Raezenstein P, Callender ST, et al: Long-term survival in acute myelogenous leukemia; an international collaborative study. *Brit Med J* 1981; 282:692.
10. Nesbit NE, Sather HN, et al: Randomized study of 3 years versus 5 years of chemotherapy in childhood acute lymphoblastic leukemia. *J Clin Oncol* 1983; 1(No5): 308-316.
11. George SL, Aur RJA, Maurer AM, et al: A reappraisal of the results of stopping therapy in childhood leukemia. *N Engl J Med* 1979; 300:269-273.
12. Thomas ED: The use and potential of bone marrow allograft and whole body irradiation in the treatment of leukemia. *Cancer* 1982; 50:1449-1454.
13. Fefer A, Cheever MA, Thomas ED, et al: Bone marrow transplantation for refractory acute leukemia in 34 patients with identical twins. *Blood* 1981; 57:421-430.
14. Thomas ED, Clift RA, Buckner CD: Marrow transplantation for patients with acute nonlymphoblastic leukemia who achieve a first remission. *Cancer Treat Rep* 1982; 66:1463-1466.
15. Buetler E, McMillan R, Spruce W: The role of bone marrow transplantation in the treatment of acute leukemia in remission. *Blood* 1982; 59:1115-1117.
16. Thomas ED, Saunders JE, Flournoy N, et al: Marrow transplantation for patients with acute lymphoblastic leukemia; a long-term followup. *Blood* 1983; 62:1139-1141.
17. Weiden PL: Graft-vs-host disease in allogeneic marrow transplantation. In: *Biology of Bone Marrow Transplantation.* Gale RP and Fox CF (eds), Academic Press, New York, 1980, pp 37-48.
18. Sullivan KM, Shulman HM, Storb R, et al: Chronic graft-versus-host disease in 52 patients: Adverse natural course and successful treatment with combination immunosuppression. *Blood* 1981; 57:267-275.
19. Sullivan KM: Graft-versus-host disease. In: *Clinical Bone Marrow Transplantation,* Blume KG, Petz LD (eds), Churchill Livingston, 1983. ■

Balloon pulmonary valvuloplasty for treatment of congenital pulmonary stenosis

Thomas M Sutton, MD; Robert Carlson, MD; Harry Bayron, MD and *George G Griese, MD*
Marshfield, Wisconsin

ABSTRACT. *Between June and September 1985, five patients with congenital pulmonary valve stenosis underwent heart catheterization with balloon pulmonary valvuloplasty. Patients' ages ranged from 21 months to six years nine months. Mean initial right ventricular pressure was 74 mm mercury (range 40–125 mm mercury). Mean initial gradient between the pulmonary artery and right ventricle was 58 mm mercury (24–107 mm mercury). Mean post valvuloplasty right ventricular pressure was 43 mm mercury (range 36 mm to 65 mm). Mean residual gradient from the pulmonary artery to right ventricle was 27 mm mercury (range 12–53 mm mercury). The mean gradient was decreased by 31 mm mercury (range 3–80 mm mercury). Four patients experienced mild transient bradycardia and hypotension. No other complications were noted. Balloon pulmonary valvuloplasty offers a safe and less expensive alternative to cardiac surgery for congenital pulmonary stenosis.*

Key words: Valvuloplasty; Congenital pulmonary stenosis; Pulmonary balloon angioplasties

CONGENITAL pulmonary valve stenosis is among the most common of congenital cardiac lesions. It occurs as an isolated lesion in approximately 10% of patients presenting with congenital heart disease, and is a common associated finding in complex congenital heart disease.[1] While mild pulmonary valve stenosis does not require treatment, moderate and severe pulmonary valve stenosis has been surgically treated with pulmonary valvulotomy performed on cardiopulmonary bypass. In 1982, the first successful treatment of congenital pulmonary stenosis with balloon valvuloplasty was reported.[2] Since that time, several centers have reported good results with balloon pulmonary valvuloplasty with apparently very low risk.[3-7] To our knowledge this procedure has not been previously reported in Wisconsin.

Methods. Five consecutive patients with moderate to severe pulmonary valve stenosis underwent cardiac catheterization and pulmonary balloon valvuloplasty between June and September 1985. There were three males and two females, ranging in age from one year nine months to six years and nine months. All patients had a complete history and physical examination performed with findings typical for pulmonary valve stenosis. Noninvasive studies including chest x-ray films, electrocardiograms and Doppler echocardiograms had previously been performed in all patients and suggested moderate to severe pulmonary valve stenosis. Following detailed explanation of the procedure, informed consent was obtained from the parents of all children.

Using percutaneous technique, the right femoral vein was entered. All patients except one had an arterial monitoring line placed in the femoral artery. A standard right-heart catheterization was performed, including pressure recordings in the right ventricle and pulmonary artery. All patients had a right ventricular cineangiogram from which the annulus of the pulmonary valve was measured. The measured annulus diameter was multiplied by 1.2 to estimate the desired dilation. The appropriate size balloon catheter was chosen according to this.

Following placement of a curved guide wire into the left lower pulmonary artery segment, the appropriate balloon dilation catheter was advanced over this guide wire, through the skin incision, and subsequently placed across the pulmonary valve (Fig 1). With the catheter in this position, the balloon was inflated with a mixture of 30% Renografin® 76 and 70% normal saline until valve disruption was noted (Fig 2). In all cases this occurred at a pressure of 3.5 atmospheres or less.

Following the dilation procedure, the catheter was removed and pressures in the right ventricle and pulmonary artery were re-measured. At the termination of the procedure the monitoring lines and catheters were removed. All patients left the catheterization laboratory in good condition. All were discharged from the hospital with no morbidity the day following the procedure.

From the Department of Pediatrics (Pediatric Cardiology), Marshfield. Reprint requests to: Thomas M Sutton, MD, Dept of Pediatrics, Marshfield Clinic, 1000 North Oak Ave, Marshfield, Wis 54449 (phone: 715/387-5251). Copyright 1986 by the State Medical Society of Wisconsin.

Results. All five patients underwent successful balloon pulmonary valvuloplasty with variable reduction in the right ventricular to pulmonary artery gradient. Mean initial right ventricular pressure was 74 mm mercury at peak systole (range 40–125 mm mercury), and mean gradient across the pulmonary valve was 58 mm mercury (range 24–107 mm mercury). Immediately following the balloon valvuloplasty, mean peak right ventricular systolic pressure had fallen to 43 (range 36–65 mm mercury), and mean gradient from the pulmonary artery to the right ventricle decreased to 27 mm mercury (range 12–53 mm mercury).

No serious complications were observed. Four patients experienced mild transient bradycardia with hypotension. One of these patients required atropine intravenously, and very quickly returned to a normal hemodynamic state.

In all cases bleeding from the catheterization site ceased promptly following local application of pressure. The patients were observed overnight in the pediatric intensive care unit and were all discharged the morning following the procedure with no after effects other than mild tenderness at the catheterization site. No followup catheterizations have been performed to date.

FIGURE 1—*Partially inflated balloon valvuloplasty catheter. The "waist" in the balloon is produced by the stenotic pulmonary valve.*

FIGURE 2—*Fully inflated balloon valvuloplasty catheter demonstrating relief of pulmonary valve stenosis.*

Discussion. Our initial experience with balloon pulmonary valvuloplasty for congenital pulmonary stenosis has been quite favorable. Our five patients were all treated successfully without evidence of significant morbidity and no mortality. All patients had reduction in the gradient across the pulmonary valve.

This new technique offers several advantages over surgical correction by pulmonary valvulotomy on cardiopulmonary bypass. The procedure appears to be very effective, as well as safe. There is substantial reduction in costs due to elimination of surgery, and markedly reduced hospital stay. There is no scarring associated with thoracotomy, and only one small scar is produced at the top of the leg.

While the number of procedures performed nationwide remains relatively small, it appears that this procedure is quite safe. A national registry for interventional catheterization in pediatrics has been established at Boston Children's Hospital. To date, our information indicates that no mortality and no significant morbidity has been reported with this procedure.[8] Long-term followup results are not yet available in these patients, but preliminary results in patients who have had followup catheterizations appear to show

persistent relief of right ventricular hypertension.[9] None of our patients has been recatheterized yet.

One of our patients had both infundibular and valvular pulmonary stenosis. While valvuloplasty relieved the pulmonary valve stenosis successfully, there was persistent infundibular pulmonary stenosis noted. A followup echocardiogram with Doppler in this patient one month following catheterization with valvuloplasty suggested that there has been a decrease in the infundibular stenosis since the procedure. We have experience with one other patient who had severe infundibular and pulmonary valve stenosis who underwent balloon pulmonary valvuloplasty at another institution. While the initial right ventricular pressure following valvuloplasty remained very high, a followup catheterization four months following the procedure demonstrated a significant fall in the right ventricular pressure.

Other interventional catheterization procedures with balloons are now being used in pediatrics for treatment of aortic stenosis,[10] coarctation of the aorta,[11] and peripheral pulmonary stenosis.[12] Initial results with these lesions have been good in most cases, although morbidity and mortality appear to be significantly greater than in pulmonary balloon valvuloplasty.

Our initial experience with balloon pulmonary valvuloplasty has been favorable. It is possible that this may become the treatment of choice for congenital pulmonary stenosis since the procedure is safe, effective, and relatively inexpensive.

Addendum: Since the acceptance of this paper, we have attempted four additional pulmonary balloon angioplasties. Two of these were considered to be successful. One attempt was unsuccessful in a very small baby with critical pulmonary stenosis. No morbidity was associated with this attempt. One additional successful procedure was performed in a five-year-old who had a previous tetralogy of Fallot repair with residual supravalvular pulmonary stenosis.

References

1. Emmanoulides GC, Baylen BG: *Heart Disease in Infants, Children, and Adolescents,* (3d ed). Williams & Wilkins, Baltimore, 1983.
2. Kan JS, White RI, et al: Percutaneous balloon valvuloplasty: new method for treating congenital pulmonary valve stenosis. *N Engl J Med* 1982; 307(9):540-542.
3. Kan JS, White RI, Mitchell SE, et al: Percutaneous transluminal balloon valvuloplasty for pulmonary valve stenosis. *Circulation* 1984; 69(B):554-560.
4. Lababidi Z, Wu J-R: Percutaneous balloon pulmonary valvuloplasty. *Am J Cardiol* 1983; 52:560-562.
5. Walls J, Lababidi Z, Curtis J: Operative evaluation of percutaneous balloon pulmonary valvuloplasty. *J Am Coll Cardiol* 1984; 3(2): 584.
6. Latson L, Caha D, Cheatham J, et al: Echocardiographic *vs* angiographic measurements of pulmonary annulus diameter in patients undergoing successful balloon pulmonary valvuloplasty. *J Am Coll Cardiol* 1985; 5(2):405.
7. Rocchini AP, Kveselis DA, Crowley D, et al: Percutaneous balloon valvuloplasty for treatment of congenital pulmonary valvular stenosis in children. *J Am Coll Cardiol* 1984; 3(4):1005-1012.
8. Lock JE: Personal communication, May 1985.
9. Cooper R, Ritter S, Golinko R: Percutaneous balloon valvuloplasty (PSV); initial and long-term results. *J Am Coll Cardiol* 1985; 5(2):405.
10. Lababidi Z, Wu J-R, Walls JT: Percutaneous balloon aortic valvuloplasty: results in 23 patients. *Am J Cardiol* 1984; 53:194-197.
11. Lock JE, Bass JL, et al: Balloon dilation angioplasty of aortic coarctations in infants and children. *Circulation* 1983; 68(1):109-116.
12. Lock JE, Castaneda-Zuniga WR, et al: Balloon dilation angioplasty of hypoplastic and stenotic pulmonary arteries. *Circulation* 1983; 67(5):962-967. ■

ABSTRACT

High-dose cytosine arabinoside-associated pancreatitis

ROSS F SIEMERS, MD; WILLIAM R FRIEDENBERG, MD; ROBERT G NORFLEET, MD, Department of Medicine, Sections of Hematology and Gastroenterology, Marshfield Clinic, Marshfield, Wis. *Cancer* 1985; 56:1940-1942

Pancreatitis is a complication of many drugs. Patients with leukemia and lymphoma frequently are treated with a variety of chemotherapeutic agents and other medications. The authors treated 30 patients with leukemia and lymphoma with high doses of cytosine arabinoside (Ara-C) frequently in association with other medications. There were frequent gastrointestinal symptoms following therapy and six of 30 patients had severe abdominal pain. Of the six, two had pancreatitis; two had normal amylase and lipase determinations; and, in two patients, neither amylase nor lipase levels were determined. The two patients with pancreatitis are described. The authors conclude that pancreatitis can follow high-dose Ara-C chemotherapy and that patients with abdominal pain following this treatment should be evaluated for pancreatitis.■

An implantable pump for regional chemotherapy of liver metastases

James L Weese, MD and *Guillermo Ramirez, MD*
Madison, Wisconsin

ABSTRACT. *Regional chemotherapy for hepatic metastases has been repopularized by implantable drug pumps. Between September 1982 and May 1984, 19 patients with metastatic colon cancer underwent implantation of Infusaid model 400 pumps for intrahepatic 5-fluorodeoxyuridine (5-FUDR) infusion. Nine patients had failed prior systemic chemotherapy and two had progressed after percutaneous hepatic artery infusions of 5-fluorouracil (5-FU). Twelve patients had liver metastases at diagnosis. Three patients (15.8%) had normal liver function tests at the time of pump implantation. There were no pump infections or operative deaths. Currently five patients are alive and 14 are dead with a median survival of 15 months from pump implant, 18 months from diagnosis of liver metastases, and 27 months from diagnosis of primary tumor. There were no complete remissions. Nine patients (47%) were partial responders, six patients had stable scans and laboratory studies (32%), four patients (21%) progressed in the liver while on therapy. Overall, 15 patients (79%) had stabilization or regression of hepatic disease during chemotherapy. Two of the first six patients developed drug-induced cholecystitis and required subsequent cholecystectomy. Five patients (26%) developed "chemical hepatitis" from therapy. Twelve of the 14 patients who have developed extrahepatic tumors had liver metastases controlled by infusion therapy. The Infusaid pump reliably delivers regional chemotherapy without limiting patient activity. Cholecystectomy should be part of pump implantation to avoid cholecystitis. Frequent hepatic toxicity despite good regional control makes 5-FUDR a questionable drug choice. New therapy must be directed towards decreased toxicity and increased systemic effect.*

Key words: Liver metastases; Hepatic arterial infusion; FUDR; Infusaid pump

LIVER METASTASES are a frequent occurrence in patients with colon and rectal carcinoma. Approximately 50% of patients have liver metastases at the time of primary diagnosis.[1] Overall 75% of patients who die from colon or rectal cancer develop liver metastases prior to their death.[2] Most of these patients die from their hepatic involvement. Systemic chemotherapy with available agents have demonstrated poor response rates in patients with metastases. Two active agents in colon cancer, 5-fluorouracil (5-FU) and mitomycin C, have response rates of 20% and 18%, respectively, in the best series. In many series the response rate to systemic therapy for patients with liver metastases is even lower.[2] Improved survival rates have been reported in patients undergoing regional chemotherapy for disease limited to the liver. We have previously reported that 55% of patients with liver metastases will respond to 5-FU administered through the hepatic artery.[3] Unfortunately, although short courses of intrahepatic chemotherapy can transiently reduce hepatic disease, this form of therapy has not been shown to prolong survival.[3]

The justification for regional chemotherapy is based on several unique characteristics of colon cancer. Venous blood draining from intraabdominal colon cancers selectively passes into the portal venous system via the inferior mesenteric and superior mesenteric veins prior to entering the systemic venous system. Therefore, it is not unusual to see extensive intrahepatic metastatic disease without evidence of systemic disease. Although colon cancers appear to metastasize to the liver through the portal system, established metastases tend to be primarily nourished from branches of the hepatic artery.[4-8] Many drugs currently used for colon cancer are metabolized within the liver. As a result, intrahepatic chemotherapy has the advantages of limited systemic toxicity because of intrahepatic extraction, metabolism, and degradation of drugs. Unfortunately long-term regional chemotherapy has been technically difficult to accomplish because of complications related to catheter positioning. Percutaneously placed catheters or surgically placed catheters attached to external pumps significantly limit patient mobility and diminish the quality of life of these terminally ill individuals. The Infusaid model 400 pump has allowed repeat courses of infusion therapy without interfering with a patient's lifestyle. Recent studies utilizing this pump have reported objective response rates ranging from 29%–88%.[9-12] Median survival for patients undergoing this form of therapy has been reported to be approximately 22 months from pump placement. Because of the early successes with this form of therapy and the long tradition

From the Departments of Surgery and Human Oncology, University of Wisconsin and William S Middleton VA Hospitals, Madison. Publication support provided. Doctor Weese's current address is: American Oncologic Hospital, Fox Chase Cancer Center, Central and Shelmire Avenues, Philadelphia, PA 19111. Reprint requests to: Doctor Weese at the above address. Copyright 1986 by the State Medical Society of Wisconsin.

of infusion therapy at our institution, we undertook a phase I study to evaluate the toxicity of infusion intrahepatic chemotherapy with the implanted Infusaid model 400 pump using 5-FUDR in patients with metastatic colon and rectal cancer.

Methods. Patients were considered for pump placement once they were known to have liver metastases from a primary colon cancer. Their clinical studies included a complete blood cell count (CBC), prothrombin time, platelet count, liver function tests—bilirubin, alkaline phosphatase, lactic dehydrogenase, serum glutamic oxaloacetic transaminase, serum glutamic pyruvic transaminase—(LFTs), carcinoembryonic antigen (CEA), urinalysis, liver scan, and computed axial tomography (CAT) scan of the chest, abdomen and pelvis to rule out extrahepatic disease.

Patients in whom disease was found to be limited to the liver were then subjected to celiac and superior mesenteric angiography to define hepatic vascular anatomy. They then signed informed consents for this project which had been approved by our Human Subjects Committee. These patients underwent exploratory laparotomy to delineate the extent of hepatic disease as well as to rule out extrahepatic tumor. Omentectomy was performed in all patients. A catheter was placed into the gastroduodenal artery in cases with normal hepatic anatomy or into the proper hepatic, left gastric, or multiple vessels in cases where the anatomy was not normal. An extensive Kocher maneuver and division of branches of the hepatic artery to the stomach, duodenum, and pancreas was performed. Distribution of flow from the catheter was determined intraoperatively by fluorescein injection under "black light" and methylene blue injection. Any vessels still perfusing organs other than the liver were divided; if necessary, technetium labelled albumin scans were performed in the operating room.

Originally, cholecystectomy was not performed when a normal appearing gallbladder was found; however, after two of our first six patients developed symptomatic cholecystitis while on therapy, cholecystectomy became a routine part of the surgical implantation procedure. The catheter was then brought into a subcutaneous pocket where it was attached to an Infusaid model 400 pump. The pump is a self-contained device made of Silastic, titanium, and stainless steel consisting of a 50 cc reservoir, a propellant chamber, high resistance tubing, and a side port for bolus injections. When the pump is filled via its central port, Freon vapor is compressed to Freon liquid. At body temperature, pumps will reliably infuse drug at a flow rate ranging from 1.5–2.5 cc per day. (The rate is specified for each pump.) Patients were not fed until gastrointestinal function returned on the third to fifth postoperative day. Pumps were filled with 5-FUDR, 0.3 mg/kg per day, on the day of discharge (usually one week postoperatively). Pumps were refilled on a biweekly schedule in which patients received two weeks of FUDR followed by two weeks of heparinized saline. This cycle was repeated every four weeks. Patients were examined at each visit. Laboratory studies were repeated monthly and liver scans and/or CAT scans every three months.

Clinical response was based on Eastern Cooperative Oncology Group (ECOG) criteria.[13] Disappearance of all disease by CAT scan with normalization of laboratory studies was considered to represent a complete response. A partial response was consistent with a decrease in hepatic lesions by at least 50% on CAT or ^{99}technetium liver scans and a decline of CEA or liver function tests by at least 50% of their preoperative elevation over normal values. Patients with increase in size of lesions by scan by ≥25% or with an increase in CEA and liver function studies ≥50% above pretreatment levels during the course of therapy, or deterioration of performance status by at least two grades, were considered to have progressive disease. Stabilization of disease was considered in those patients with an unchanging appearance in the scan or a decrease in size of lesions seen on scans of <50% or of liver function tests or CEA of less than what would be considered a partial response. Patient response was assessed every three months looking specifically for survival, tumor response, and evaluation of quality of life.

Results. Between September 1982 and May 1984, 19 patients (eight female, 11 male) had Infusaid pumps implanted for treatment of metastatic colon cancer in the liver. Three patients during the same time period were explored and found to have extensive extrahepatic disease not detected by the CAT scan and therefore did not undergo pump implantation (14% of total series). The median age in our series was 58 years with a range of 24 to 70 years. Nine patients had failed prior systemic chemotherapy and two of these patients had progressed after percutaneous 5-FU infusions. The median time from colon resection to liver metastases was 46 months in two Duke's B-2 patients and seven months in five patients with Duke's C-2 lesions. Twelve patients had liver metastases at the time of diagnosis.

Fourteen patients in this series had normal hepatic vascular anatomy with a gastroduodenal artery coming off the proper hepatic artery proximal to the left and right hepatic artery bifurcation. Five had vascular anomalies. These included replaced left hepatic artery [off the left gastric (three patients)],

three separate hepatic trunks (one patient) and trifurcation anatomy [left hepatic take off proximal to the takeoff of the gastroduodenal artery (one patient)]. Three patients (15.8%) had normal liver function studies at the time of pump implantation. Early in the series, patients with two hepatic arteries were treated with a catheter placed in the gastroduodenal artery with ligation of the left hepatic artery. Later in the series, a dual catheter pump was placed in one patient after separate catheters were placed in the gastroduodenal and left hepatic arteries. There were no pump infections or operative deaths. Currently five patients are still alive after pump placement and 14 are dead with a median survival of 15 months from pump implant, 18 months from diagnosis of liver metastases, and 27 months from diagnosis of primary tumors. There were no complete remissions. Nine patients (47%) were partial responders. Six patients had stable scans and laboratory studies with an overall stabilization or partial response rate of 79%. Four patients (21%) progressed in the liver while on therapy. Two of our first six patients with gallbladders *in situ* developed drug-induced cholecystitis and required subsequent cholecystectomy.

Five patients (26%) developed significant "chemical hepatitis" while on therapy within the first four cycles of drug. In these patients the bilirubin level rose acutely to levels ranging from 9.5 to 18.4 mg/dL. Three of these patients underwent percutaneous liver biopsies during these episodes. Two demonstrated intrahepatic cholestasis. One patient's liver demonstrated focal hemorrhagic necrosis, thought to represent true chemical hepatitis. Preoperative liver function tests were no different in patients developing hepatitis from those not developing this complication. Two patients developed duodenal ulcers from collateral vessels forming after laparotomy, as documented by duodenal perfusion on technetium-labelled albumin scan performed through the side port of the pump. These two patients underwent reoperation for more extensive duodenal devascularization.

Twelve of the 14 patients who developed extrahepatic disease did so at a time when their liver metastases were fully controlled by infusion therapy. Most importantly, 18 of 19 patients were able to return to work, travel, and engage in all of their routine daily activities after pump placement. Characteristics of each patient are shown in Table 1.

Discussion. Liver metastases are the cause of substantial morbidity and mortality in patients with co-

Table 1—*Characteristics of 19 patients, with metastatic colon cancer, who underwent implantation of Infusaid model 400 pumps for intrahepatic 5-fluorodeoxyuridine infusion*

Patient	Age	Sex	Duke's class at diagnosis	Current status	% Liver* replaced	Response+	Survival from dx (months)	Survival from dx of Mets (months)	Survival from pump placement (months)	Prior chemotherapy	Complications
1	51	M	B-2	Dead	90	PR	73	15	15	No	
2	71	M	B-2	Alive	10	PR	69	25	25	No	
3	47	M	C-2	Dead	90	ST	31	27	8	5-FU infusion 5-FU	
4	59	M	C-2	Dead	40	PR	26	19	19	No	
5	60	F	C-2	Dead	90	PD	21	14	9	5-FU, MeCCNU	
6	53	F	C-2	Dead	40	PD	40	15	10	5-FU, MeCCNU	
7	64	M	C-2	Dead	25	PR	42	18	18	No	Chemical hepatitis
8	49	F	C-2 + Mets	Alive	50	ST	44	44	26	5-FU infusion 5-FU	
9	53	F	C-2 + Mets	Alive	50	PR	28	28	27	No	Chemical hepatitis
10	64	M	C-2 + Mets	Alive	50	PR	16	16	16	No	Chemical hepatitis
11	68	F	C-2 + Mets	Dead	50	PR	16	16	15	No	
12	32	M	C-2 + Mets	Dead	60	PD	13	13	9	5-FU	
13	57	M	C-2 + Mets	Dead	75	PR	32	32	22	5-FU	
14	24	F	C-2 + Mets	Dead	75	ST	27	27	18	F-FU, MeCCNU	Cholecystitis, Chemical hepatitis
15	64	F	C-2 + Mets	Dead	50	ST	18	18	10	5-FU	
16	57	M	C-2 + Mets	Dead	75	ST	27	27	10	5-FU	Chemical hepatitis
17	61	M	C-2 + Mets	Alive	50	PD	20	20	18	No	Duodenal ulcer
18	67	M	C-2 + Mets	Dead	50	ST	27	27	25	No	
19	58	F	C-2 + Mets	Dead	50	PR	15	15	15	No	Cholecystitis, Duodenal ulcer

*Based on surgeon's estimate intraoperatively. + By Eastern Cooperative Oncology Group (ECOG) criteria
PR—partial response; ST—stable disease; PD—progressive disease; Mets—metastases.

lon cancer. At least 75% of patients who die from colon cancer have liver metastases at the time of death, and in most the liver metastases directly contributed to their death. The natural history of patients with liver metastases has always been unclear. Median survival has been reported to be as short as 75 days[14] to as long as two years for those with a solitary metastatic lesion untreated by surgery or chemotherapy.[15,16] Up to 43% of patients with a solitary surgically resectable liver metastasis can be cured.[17] Unfortunately, patients who have liver metastases which are not resected fare much less well. Numerous studies have examined the effects of systemic chemotherapy (usually with 5-FU, methyl CCNU, and/or mitomycin C) in patients with metastatic colon cancer. Unfortunately the response rates are rarely above 10% to 20% with few reports of long-term survival.[18-21] Although percutaneously placed hepatic artery catheters have given increased response rates with shrinkage of disease in the liver, there is little data to suggest that one three-week course of intrahepatic infusion followed by systemic therapy will prolong survival over untreated patients or patients receiving systemic chemotherapy.[3]

Recent studies have suggested that patients who had Infusaid pumps implanted for multiple courses of intrahepatic chemotherapy fare much better than patients treated in other manners. The response rate for these patients ranges from 29% to 88%,[9-12] and using strict ECOG criteria, our response rate was 47%. Thirty-two percent of our patients had stable disease on therapy. Our median survival of 15 months is not as good as that reported by others.[9,11] Recent studies have suggested that patients with liver metastases diagnosed before they are clinically apparent may fare as well as pump patients.[15,16]

Unfortunately there are no controlled studies available in which systemic 5-FU therapy is compared to intrahepatic chemotherapy using the Infusaid pump. Although these studies are currently in progress, there is not conclusive data regarding the superiority of one method over the other.

Early in our series, patients who had grossly normal gallbladders did not undergo cholecystectomy. Two of our initial six patients who had normal-appearing gallbladders required a repeat laparotomy for cholecystectomy for symptomatic cholecystitis. As a result we are currently advocating cholecystectomy at the time of pump placement.

The incidence of "chemical hepatitis" in these patients has been significant.[22] In our own series, 26% of patients developed chemical hepatitis by the fourth cycle of chemotherapy which necessitated either cessation of therapy or significant dose reduction. Four of these five patients were able to resume therapy with intrahepatic 5-FUDR.

Overall, we believe that intrahepatic therapy has several major advantages. From this study we may conclude: (1) this technique allows high doses of chemotherapy with minimal systemic toxicity; (2) patients tolerate therapy well and generally return to their daily routine; and (3) cholecystectomy should be incorporated into the pump placement procedure because of the high incidence of chemically induced cholecystitis in this form of therapy. As a result of our high incidence of "chemical hepatitis," we have changed the drug therapy used in the implantable pump. We currently are treating patients with a combination of 5-FU and 5-FUDR based on data suggesting enhanced tumor cell killing *in vitro* with this combination.[23] Utilizing this protocol we anticipate less hepatic toxicity.

Overall the implantable Infusaid model 400 pump provides a reliable delivery system for regional chemotherapy in patients with liver metastases secondary to colorectal cancer. The pump has a low complication rate, and placement and therapy can be performed without problems in most patients. Unfortunately the incidence of hepatic toxicity raises questions about the use of 5-FUDR as an appropriate agent in these patients. Although prospective studies have been started in comparing systemic with regional chemotherapy, there is no available data to decide which method should be favored for the treatment of hepatic metastases. We believe that intrahepatic therapy has many theoretic advantages; however, until the intrahepatic toxicity can be reduced, this form of therapy must be recommended with caution.

References

1. Stehlin JS, Hafstrom L, Greeff PJ: Experience with infusion with resection in cancer of the liver. *Surg Gynec Obst* 1974; 138:855-863.
2. Ramirez G, Ansfield FJ: Chemotherapy of liver metastases. In *Liver Metastases*, L Weiss and HA Gilbert (ed), GK Hall Med Publishers, Boston, Mass, 1982, pp 348-359.
3. Ansfield FJ, Ramirez G, Davis HL, et al: Further clinical studies with intrahepatic arterial infusion with 5-fluorouracil. *Cancer* 1975; 36:2413-2417.
4. Bierman HR, Byron RL, et al: Studies on the blood supply of tumour in man. III. Vascular patterns of the liver by hepatic arteriography *in vivo*. *J Natl Cancer Instit* 1951; 12:107-117.
5. Ackerman NB, Lien WM, et al: The blood supply of experimental liver metastases. I. The distribution of hepatic artery and portal vein blood to "small" and "large" tumors. *Surgery* 1969; 66:1067-1072.
6. Watkins E, Khazei AM, Nahra KS: Surgical basis for arterial infusion chemotherapy of disseminated carcinoma of the liver. *Surg Gynec Obst* 1970; 130:581-605.
7. Ackerman NB: The blood supply of experimental liver metastases. IV. Changes in vascularity of increasing tumor growth. *Surgery* 1974; 75:589-596.
8. Lin G, Lunderquist A, et al: Postmortem examination of the blood supply and vascular pattern of small liver metastases in man. *Surgery* 1984; 96:517-526.
9. Balch CM, Urist MM, et al: A prospective phase II clinical trial of continuous FUDR regional chemotherapy for colorectal metastases to the liver using a totally implantable

drug infusion pump. *Ann Surg* 1983; 198:567-573.
10. Weiss GR, Garnick MB, Osteen RT, et al: Long-term hepatic arterial infusion of 5-fluorodeoxyuridine for liver metastases using an implantable infusion pump. *J Clin Oncol* 1983; 1:337-344.
11. Neiderhuber JE, Ensminger W, Gyves J, et al: Regional chemotherapy of colorectal cancer metastatic to the liver. *Cancer* 1984; 53:1336-1343.
12. Schwartz SI, Jones LS, McCune CS: Assessment of treatment of intrahepatic malignancies using chemotherapy in an implantable pump. *Ann Surg* 1985; 201:560-567.
13. Oken MM, Creech RH, Tormey DC, et al: Toxicity and response criteria of the Eastern Cooperative Oncology Group. *Am J Clin Oncol* 1982; 5:649-655.
14. Jaffe BM, Donegan WL, et al: Factors influencing survival in patients with untreated hepatic metastases. *Surg Gynec Obst* 1968; 127:1-11.
15. Goslin R, Steele G Jr Zamcheck N, et al: Factors influencing survival in patients with hepatic metastases from adenocarcinoma of the colon or rectum. *Dis Colon Rectum* 1982; 25:749-754.
16. Wagner JS, Adson MA, VanHeerden JAV, et al: The natural history of hepatic metastases from colorectal cancer. *Ann Surg* 1984; 199:502-508.
17. Fortner JG, Silva JS, Golbey RB, et al: Multivariate analysis of a personal series of 247 consecutive patients with liver metastases from colorectal cancer. 1. Treatment by hepatic resection. *Ann Surg* 1984; 199:306-316.
18. Ansfield FJ, Schroeder JM, Curreri AK: Five years clinical experience with 5-fluorouracil. *JAMA* 1962; 181:295-299.
19. Moertel CG, Schutt AJ, et al: Therapy of advanced gastrointestinal cancer with a combination of 5-FU, methyl CCNU, and vincristine. *JNCI* 1975; 54:69-71.
20. Lokich JJ, Skarin AT, et al: Lack of effectiveness of combined 5-FU and methyl-CCNU therapy in advanced colorectal cancer. *Cancer* 1977; 40:2792-2796.
21. Grage TB, Vasilopoulos PP, Shingleton WW, et al: Results of a prospective randomized study of hepatic artery infusion with 5-fluorouracil versus intravenous 5-fluorouracil in patients with hepatic metastases from colorectal cancer: A central oncology group study. *Surgery* 1979; 86:550-555.
22. Hohn D, Melnick J, Stagg R, et al: Biliary sclerosis in patients receiving hepatic arterial infusions of floxuridine. *J Clin Oncol* 1985; 3:98-102.
23. Benson AS, Trump DL, et al: Modulation of 5-Iodo-2'-deoxyuridine metabolism and cytotoxicity in human bladder cancer cells by fluoropyrimidines. *Biochem Pharm*, in press. ■

NIH Consensus Development Conference

The impact of routine HTLV-III antibody testing on public health

July 7–9, 1986—Bethesda, Maryland

Warren Grant Magnuson Clinical Center, National Institutes of Health

Sponsored by the National Heart, Lung, and Blood Institute; the Centers for Disease Control; the Food and Drug Administration; the Clinical Center; the National Institute of Allergy and Infectious Diseases; the National Institute of Mental Health; and the NIH Office of Medical Applications of Research.

Discussion will center on questions concerning experience with routine HTLV-III antibody testing and its impact on the public health of the Nation.

The consensus conference will bring together biomedical investigators, blood bank specialists, clinicians, consumers, and representatives of public interest groups. Following two days of presentation by medical experts and discussion by the audience, a Consensus Panel will weigh the scientific evidence and formulate a draft statement in response to several key questions:

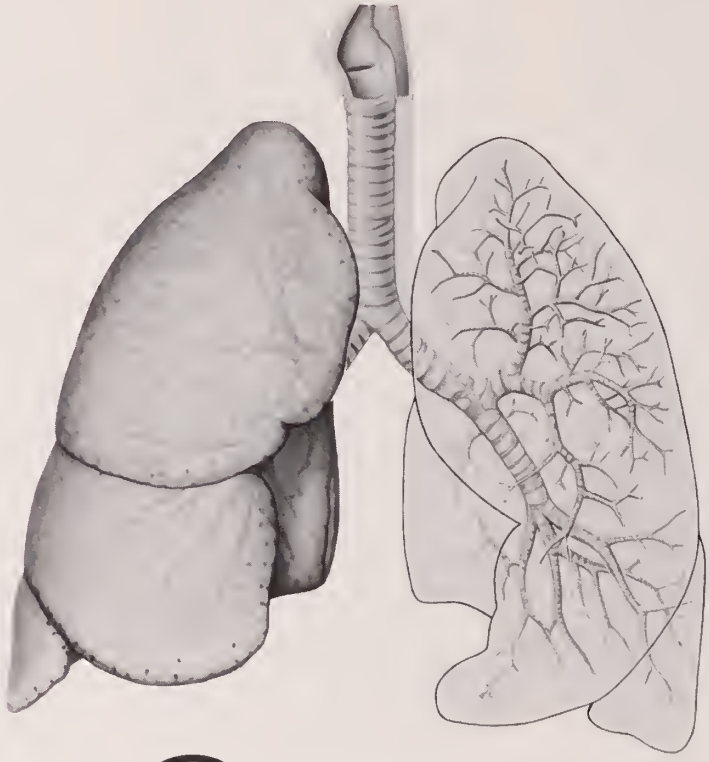
- What tests are currently being used? What are their performance characteristics? How should these tests be used?
- What impact has testing had on transfusion medicine?
- What constitutes a positive test? How should a positive HTLV-III antibody test result be interpreted?
- How should positive test results be handled?
- What are the psychosocial ramifications for blood donors of knowledge of a positive test result?
- What research directions should be pursued?

On the final day of the meeting, the Consensus Panel Chairman will read the draft statement before the conference audience and invite comments and questions.

To register to attend the conference, contact Ms Barbara McChesney, Prospect Associates, 2115 East Jefferson Street, Suite 401, Rockville, Maryland 20852; telephone (301) 468-6555.

NIH consensus development conferences bring together medical experts and others to review scientific information and to assess the current status of drugs, devices, and procedures. These conferences differ from standard scientific meetings in that a panel of medical specialists and generalists and the audience consider data presented by experts concerning the specific technology or issue under review. A consensus statement is written by the panel, addressing a set of questions regarding the current status of the issue being evaluated. These statements are circulated widely to the health professions, the public, the lay media and medical publications. —Michael J Bernstein, Director of Communications, Office of Medical Applications of Research, Department of Health & Human Services, Public Health Service, National Institutes of Health, Bethesda, Maryland 20205

Consider the causative organisms...



Ceclor®
cefaclor

250-mg Pulvules® t.i.d.

offers effectiveness against the major causes of bacterial bronchitis

H. influenzae, H. influenzae, S. pneumoniae, S. pyogenes
(ampicillin-susceptible) (ampicillin-resistant)

Brief Summary Consult the package literature for prescribing information

Indications and Usage Ceclor* (cefaclor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

Lower respiratory infections, including pneumonia caused by *Streptococcus pneumoniae (Diplococcus pneumoniae), Haemophilus influenzae*, and *S. pyogenes* (group A beta-hemolytic streptococci)

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Ceclor

Contraindication Ceclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics

Warnings: IN PENICILLIN-SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS, INCLUDING ANAPHYLAXIS, TO BOTH DRUG CLASSES

Antibiotics, including Ceclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics (including macrolides, semisynthetic penicillins, and cephalosporins), therefore, it is important to consider its diagnosis in patients who develop diarrhea in association with the use of antibiotics. Such colitis may range in severity from mild to life-threatening

Treatment with broad-spectrum antibiotics alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is one primary cause of antibiotic-associated colitis

Mild cases of pseudomembranous colitis usually respond to drug discontinuance alone. In moderate to severe cases, management should include sigmoidoscopy, appropriate bacteriologic studies, and fluid, electrolyte, and protein supplementation. When the colitis does not improve after the drug has been discontinued, or when it is severe, oral vancomycin is the drug of choice for antibiotic-associated pseudomembranous colitis produced by *C. difficile*. Other causes of colitis should be ruled out

Precautions: *General Precautions* — If an allergic reaction to Ceclor* (cefaclor, Lilly) occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids

Prolonged use of Ceclor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken

Positive direct Coombs' tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs' testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs' test may be due to the drug

Ceclor should be administered with caution in the presence of markedly impaired renal function. Under such conditions, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended

As a result of administration of Ceclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinitest* tablets but not with Tes-Tape* (Glucose Enzymatic Test Strip, USP, Lilly)

Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis

Usage in Pregnancy — Pregnancy Category B — Reproduction studies have been performed in mice and rats at doses up to 12 times the human dose and in ferrets given three times the maximum human dose and have revealed no evidence of impaired fertility or harm to the fetus due to Ceclor* (cefaclor, Lilly). There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed

Nursing Mothers — Small amounts of Ceclor have been detected in mother's milk following administration of single 500-mg doses. Average levels were 0.18, 0.20, 0.21, and 0.16 mcg/ml at two, three, four, and five hours respectively. Trace amounts were detected at one hour. The effect on nursing infants is not known. Caution should be exercised when Ceclor is administered to a nursing woman

Usage in Children — Safety and effectiveness of this product for use in infants less than one month of age have not been established

Adverse Reactions: Adverse effects considered related to therapy with Ceclor are uncommon and are listed below

Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70).

Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment. Nausea and vomiting have been reported rarely

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbiliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions (erythema multiforme or the above skin manifestations accompanied by arthritis/arthralgia and, frequently, fever) have been reported. These reactions are apparently due to hypersensitivity and have usually occurred during or following a second course of therapy with Ceclor. Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome

Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

Causal Relationship Uncertain — Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician

Hepatic — Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40)

Hematopoietic — Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

Renal — Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

[0617B2R]

Note: Ceclor* (cefaclor, Lilly) is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information

© 1984, ELI LILLY AND COMPANY

Lilly

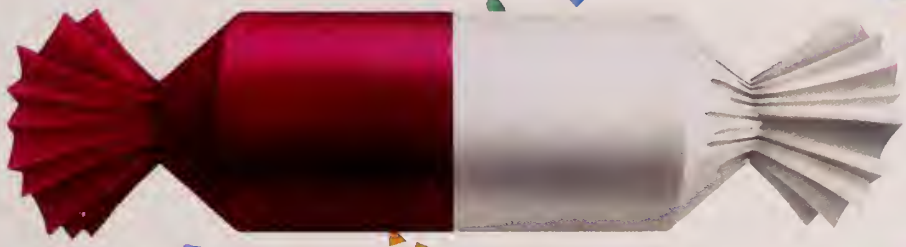
Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285

Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630

400441

YEARS

Thank you for your loyal support



DYAZIDE®

25 mg Hydrochlorothiazide/**50 mg** Triamterene/SKF

SK&F CO.

On nitrates,
but angina still
strikes...

After a nitrate, add ISOPTIN®
(verapamil HCl/Knoll)

To protect your patients, as well as their quality of life, add Isoptin instead of a beta blocker.

First, Isoptin not only reduces myocardial oxygen demand by reducing peripheral resistance, but also increases coronary perfusion by preventing coronary vasospasm and dilating coronary arteries — both normal and stenotic. These are antianginal actions that no beta blocker can provide.

Second, Isoptin spares patients the beta-blocker side effects that may compromise the quality of life.

With Isoptin, fatigue, bradycardia and mental depression are rare. Unlike beta blockers, Isoptin can safely be given to patients with asthma, COPD, diabetes or peripheral vascular disease. Serious adverse reactions with Isoptin are rare at recommended doses; the single most common side effect is constipation (6.3%).

Cardiovascular contraindications to the use of Isoptin are similar to those of beta blockers: severe left ventricular dysfunction, hypotension (systolic pressure <90 mm Hg) or cardiogenic shock, sick sinus syndrome (if no artificial pacemaker is present) and second- or third-degree AV block.

So, the next time a nitrate is not enough, add Isoptin... for more comprehensive antianginal protection without side effects which may cramp an active life style.

ISOPTIN. Added antianginal protection without beta-blocker side effects.

Please see brief summary on following page.

ISOPTIN®
(verapamil HCl/Knoll)
80 mg and 120 mg scored, film-coated tablets

Contraindications: Severe left ventricular dysfunction (see *Warnings),* hypotension (systolic pressure < 90 mm Hg) or cardiogenic shock, sick sinus syndrome (except in patients with a functioning artificial ventricular pacemaker), 2nd- or 3rd-degree AV block. **Warnings:** ISOPTIN should be avoided in patients with severe left ventricular dysfunction (e.g., ejection fraction < 30% or moderate to severe symptoms of cardiac failure) and in patients with any degree of ventricular dysfunction if they are receiving a beta blocker. (See *Precautions.)* Patients with milder ventricular dysfunction should, if possible, be controlled with optimum doses of digitalis and/or diuretics before ISOPTIN is used. (Note interactions with digoxin under *Precautions.*) ISOPTIN may occasionally produce hypotension (usually asymptomatic, orthostatic, mild and controlled by decrease in ISOPTIN dose). Elevations of transaminases with and without concomitant elevations in alkaline phosphatase and bilirubin have been reported. Such elevations may disappear even with continued treatment; however, four cases of hepatocellular injury by verapamil have been proven by rechallenge. Periodic monitoring of liver function is prudent during verapamil therapy. Patients with atrial flutter or fibrillation and an accessory AV pathway (e.g. W-P-W or L-G-L syndromes) may develop increased antegrade conduction across the aberrant pathway bypassing the AV node, producing a very rapid ventricular response after receiving ISOPTIN (or digitalis). Treatment is usually D.C.-cardioversion, which has been used safely and effectively after ISOPTIN. Because of verapamil's effect on AV conduction and the SA node, 1° AV block and transient bradycardia may occur. High grade block, however, has been infrequently observed. Marked 1° or progressive 2° or 3° AV block requires a dosage reduction or, rarely, discontinuation and institution of appropriate therapy depending upon the clinical situation. Patients with hypertrophic cardiomyopathy (IHSS) received verapamil in doses up to 720 mg/day. It must be appreciated that this group of patients had a serious disease with a high mortality rate and that most were refractory or intolerant to propranolol. A variety of serious adverse effects were seen in this group of patients including sinus bradycardia, 2° AV block, sinus arrest, pulmonary edema and/or severe hypotension. Most adverse effects responded well to dose reduction and only rarely was verapamil discontinued. **Precautions:** ISOPTIN should be given cautiously to patients with impaired hepatic function (in severe dysfunction use about 30% of the normal dose) or impaired renal function, and patients should be monitored for abnormal prolongation of the PR interval or other signs of excessive pharmacologic effects. Studies in a small number of patients suggest that concomitant use of ISOPTIN and beta blockers may be beneficial in patients with chronic stable angina. Combined therapy can also have adverse effects on cardiac function. Therefore, until further studies are completed, ISOPTIN should be used alone, if possible. If combined therapy is used, close surveillance of vital signs and clinical status should be carried out. Combined therapy with ISOPTIN and propranolol should usually be avoided in patients with AV conduction abnormalities and/or depressed left ventricular function. Chronic ISOPTIN treatment increases serum digoxin levels by 50% to 70% during the first week of therapy, which can result in digitalis toxicity. The digoxin dose should be reduced when ISOPTIN is given, and the patients should be carefully monitored to avoid over- or under-digitalization. ISOPTIN may have an additive effect on lowering blood pressure in patients receiving oral antihypertensive agents. Disopyramide should not be given within 48 hours before or 24 hours after ISOPTIN administration. Until further data are obtained, combined ISOPTIN and quinidine therapy in patients with hypertrophic cardiomyopathy should probably be avoided, since significant hypotension may result. Clinical experience with the concomitant use of ISOPTIN and short- and long-acting nitrates suggest beneficial interaction without undesirable drug interactions. Adequate animal carcinogenicity studies have not been performed. One study in rats did not suggest a tumorigenic potential, and verapamil was not mutagenic in the Ames test. *Pregnancy Category C*: There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy, labor and delivery only if clearly needed. It is not known whether verapamil is excreted in breast milk; therefore, nursing should be discontinued during ISOPTIN use. **Adverse Reactions:** Hypotension (2.9%), peripheral edema (1.7%), AV block: 3rd degree (0.8%), bradycardia: HR < 50/min (1.1%), CHF or pulmonary edema (0.9%), dizziness (3.6%), headache (1.8%), fatigue (1.1%), constipation (6.3%), nausea (1.6%), elevations of liver enzymes have been reported. (See *Warnings.*) The following reactions, reported in less than 0.5%, occurred under circumstances where a causal relationship is not certain: ecchymosis, bruising, gynecomastia, psychotic symptoms, confusion, paresthesia, insomnia, somnolence, equilibrium disorder, blurred vision, syncope, muscle cramp, shakiness, claudication, hair loss, macules, spotty menstruation. **How Supplied:** ISOPTIN (verapamil HCl) is supplied in round, scored, film-coated tablets containing either 80 mg or 120 mg of verapamil hydrochloride and embossed with "ISOPTIN 80" or "ISOPTIN 120" on one side and with "KNOLL" on the reverse side. Revised August, 1984. 2385

KNOLL PHARMACEUTICAL COMPANY
30 NORTH JEFFERSON ROAD, WHIPPANY, NEW JERSEY 07981

2406

EMPLOYEES APPRECIATE THE PAYROLL SAVINGS PLAN.

JUST ASK THE PEOPLE AT THE BOEING COMPANY.

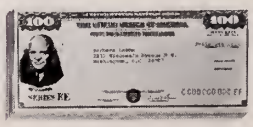
"My folks gave me a Bond for my birthday every year. Now I can do the same for my kids."
—Vaughn Hale

"It's certainly a painless way to save. The money comes directly out of my paycheck every two weeks."
—Florence Perry

"This is one way I can support my government and save at the same time."
—Douglas Scribner

U.S. Savings Bonds now offer higher variable interest rates *and* a guaranteed return. Your employees will appreciate that. They'll also appreciate your giving them the easiest, surest way to save.

For more information, write to: Steven R. Mead, Executive Director, U.S. Savings Bonds Division, Department of the Treasury, Washington, DC 20226.



U.S. SAVINGS BONDS
Paying Better Than Ever

A public service of this publication.

Directors raise thresholds, oppose Medicare fee freeze

Care for needy—In an effort to update the SMS "special considerations" for the needy program begun in 1984, the Board of Directors on March 1 authorized using 150% of the federal poverty threshold as the prime criteria in making needy persons eligible for participation in this physician-sponsored service. As a result, SMS encourages physicians to accept assignment of Medicare or insurance benefits for the elderly or waive or lower fees for the non-Medicare needy when a single person's income is at or below $7,875 and a family's income is at or below $10,575. Those are the 1985 poverty levels. The same levels for 1986 are $8,040 single and $10,860 family. SMS is working closely with the Coalition of Wisconsin Aging Groups on this issue.

Medicare fees—In a related development, SMS Secretary Earl Thayer urged directors to write Wisconsin Congressmen voicing their strong opposition to the federal government's continued freeze on fees and reimbursement levels for physicians in the current Medicare Participating Physician Program. The opposition statement adopted March 1 by the SMS Board of Directors reads:

"The State Medical Society of Wisconsin has willingly cooperated with the Federal Government since October of 1984, in disseminating information and offering explanations regarding the Medicare Participating Physician Program.

"During that time, nearly a year and half, Congress has repeatedly broken its promises to physicians enrolled in this program by reneging on incentives included in the original agreement and by not implementing scheduled reimbursement increases. In addition, through erratic and repeated extension of the program's time frame, Congress has demonstrated an inability to make a reasoned decision on this issue, thereby increasing physician confusion regarding the stipulations and duration of the program and the participating contracts that many signed.

"While reducing federal expenditures under Medicare, this series of broken promises has not at all eased health care costs for the patient. It has also increased costs and frustration levels for physicians. Now the government has cut by an additional one-percent the already irrationally frozen reimbursement for physicians serving Medicare patients.

"For these reasons, the State Medical Society urgently appeals to the Wisconsin members of the US Senate and House, and all their colleagues, to immediately establish a plan of rational and responsible reimbursement of physicians under Medicare and cease making promises it cannot or will not keep as a means of enticing participation of physicians, all the while misleading public expectations.

"Unless acceptable changes occur, the Society can no longer encourage physician participation and individual reconsideration of current participation contracts will be urged as soon as legally feasible."

The State Coalition of Aging Groups has joined SMS in seeking congressional action to carry out its pledge for increased reimbursement to physicians under Medicare.■

THE NEW SECRETARY-GENERAL MANAGER DESIGNATE, Thomas Adams (left) was introduced to the SMS Board of Directors at its meeting March 1 at SMS Headquarters in Madison by the Board chairman, Darold A Treffert, MD (right). Mr Adams joined the staff April 1. He will assume responsibility of the position in March 1987 when Secretary-General Manager Earl R Thayer retires. (Staff photo by Ruth Anne Riese)

SMS to identify areas of healthcare concern

The State Medical Society has ordered a "monitoring system" to collect healthcare complaints and concerns of patients and physicians. The plan was approved March 1 by the SMS Board of Directors as recommended in a report from the Society's Physicians Alliance Commission.

The report addresses a recommendation by the 1985 SMS House of Delegates that SMS study and establish an appeal and monitoring mechanism for patients and their physicians to use when fair and equal access to adequte healthcare is denied or restricted by a governmental regulatory body, an HMO, or a health insurance agency.

The system will be designed ***not to resolve individual patient or physician*** problems with healthcare providers, but to document concerns and identify overall trends and patterns of the entities and programs in question. Reports of DRG delays; denials of access, stay or service; as well as denial of fair and equal access to healthcare will be solicited from the public and physicians.

SMS members were recently sent a letter from the Society asking them to document in writing instances in which they believe care and the quality of care have been compromised because of DRGs, payment or delivery plans, and governmental regulation. The documentation should not disclose patient names or violate patient confidentiality.

The Board also asked that physicians or patients who perceive similar access or quality of care problems arising out of WiPRO actions should report these to SMS as well.

In early April SMS planned to publicly announce formation of the system and ask all Wisconsin citizens to submit evidence of situations in which the patient feels adequate care or access to care was denied, restricted, or compromised due to the policies of Medicare, Medicaid, and all third-party payment plans, including HMOs. SMS emphasized that individual incidents will not, at this time, be subject to either medical review or an attempt at resolution using SMS staff.

Patterns and trends identified by staff members will be reviewed by the Physicians Alliance Commission, then referred to the SMS Board of Directors.

In other action March 1 the SMS Board of Directors referred the issue of scoliosis screening in schools to the Wisconsin Orthopedic Society for study.■

Ad hoc committee on uninsured met

The State Medical Society's Ad Hoc Committee on Health Care for the Uninsured held an organizational meeting March 14 at SMS Headquarters and agreed to consider a variety of methods for providing healthcare to those without health insurance or other means of paying for health services.

The committee, appointed by the SMS Physicians Alliance Commission, will review and make recommendations on both short-term and long-term proposed solutions to the problem. The issue is the subject of much discussion and possible state action, from the recently established WisconCare Program to the directive to the State Department of Health and Social Services to draft plans for a State Health Insurance Program (SHIP) for review by the Legislature.

SMS members serving on the committee are MDs DeLore Williams, West Allis (chair); Russell F Lewis, MD, Marshfield; Roland R Liebenow, Lake Mills; Peter J Parthum, Muskego; Charles E Pechous Jr, Kenosha; John O Simenstad, Osceola; and John E Thompson, Nekoosa.■

Two late resolutions set for House action

The following two resolutions (to be introduced to the House of Delegates April 17–18) were submitted to the SMS Secretary's Office too late for inclusion with the others in the March issue of *WMJ*. They are being published here as a matter of record.

Resolution 25—Blood alcohol level (submitted by Wood County Medical Society):

RESOLVED, That the State Medical Society adopt as policy that a blood level of 0.05 be the level that is acceptable for operating a motor vehicle; and be it further

RESOLVED, That they pursue through the Legislature lowering the present blood alcohol acceptable level from 0.10 to 0.05.

Resolution 26—Statewide IPA (submitted by Medical Society of Milwaukee County):

RESOLVED, That the House of Delegates of the State Medical Society of Wisconsin instruct the Board of Directors to study the advisability and feasibility of forming a statewide IPA; and be it further

RESOLVED, That an Ad Hoc Committee be appointed by the Board to conduct the study, including physicians in primary and specialty practice and assuring broad geographic representation; and be it further

RESOLVED, That the Ad Hoc Committee and the Board of Directors complete the study and submit a written report with recommendations in a time frame of six months; and be it further

RESOLVED, That the Board of Directors develop a mechanism for eliciting delegate response and membership reaction. ■

Doctor Flaherty named to AMA committee

Timothy T Flaherty, MD, Neenah, recently was appointed to the AMA Advisory Committee on Public Awareness. Doctor Flaherty, immediate past president of SMS, is one of five physicians nationwide serving on the committee.

The committee's charge is to review the AMA's overall public relations and public information activities, its proposed programs of public awareness and to report its findings and recommendations to the AMA House of Delegates in June.■

SMS asks for "total overhaul" of MEB

Effective discipline of doctors who provide substandard medical care "is not possible without a total overhaul" of the Wisconsin Medical Examining Board," according to the State Medical Society.

Calling the present doctor discipline "a disgrace that hurts both public and doctors," two practicing physicians representing the Society appealed for "prompt action" at a hearing April 7 before the Governor's Task Force on Professional and Occupational Discipline chaired by Hal Harlowe, District Attorney of Dane County. Task force members received copies of the Society's report with their agendas for the meeting.

In a revealing 79-page report prepared by SMS's own task force on physician discipline, Doctors Charles Geiger of West Bend and Rudolf Link of Madison outlined concerns and recommendations for tougher discipline of errant physicians.

"The public is not well served by the present laws, structures, or operations of the Medical Examining Board and Department of Regulation and Licensing which oversees the Board," they said.

"Neither the voluntary State Medical Society nor the public should tolerate further the inability of this state-run system to police the profession," Doctor Geiger said, "We must face the fact that medical societies do not have police powers; only the Medical Examining Board does; and we want those powers to work."

Doctor Link alleged that "the Medical Examining Board faces an ever-growing backlog of complaints with inadequate staff, insufficient finances and statutory authority, ineffective procedures, unavoidable legal procedural guarantees, and difficulty in dealing with the competency issue."

The Society proposes to remedy the situation with tougher disciplinary laws, an independent medical examining board, improved management, a consumer representative in the medical board, contracted peer review and qualifications for medical board members.

Among several dozen recommendations:

- Competency examinations for physicians whose skill/knowledge is in question.
- Mandatory reporting of incompetent medical acts by Medicaid, Medicare, HMOs, and insurance plans.
- Greater options for discipline ranging from "letters of concern" to fines, restitution, and revocation.
- Greater immunity from suit for those who in good faith report suspicious conduct.
- Complete organizational and financial independence from the present "over-centralized" Department of Regulation and Licensing.
- Full-time staff of attorneys and investigators.
- A physician director of the board.
- An independent but confidential computer system to track physician practices.
- A consumer specialist to expedite complaints.
- Right to contract with specialists or review agencies to help with complex medical investigations.
- Develop a "speedy hearing process" to reduce delays in resolving complaints.
- Establish basic qualifications for medical board members to include medical competence and peer review experience and commitment, rather than political activity alone.

The Society also suggested the board be renamed the "Board of Physician Licensure and Discipline" and better inform the public of its services and how to file complaints.

The Medical Society task force observed that physician peer review occurs on many levels, but that "major legal, economic, and social obstacles often deter objective and thorough physician review."

The Governor's task force commended the doctors who testified at the hearing and the Medical Society for their forthright and bold statements in assessing the problems of doctor discipline.

Physicians wishing a copy of the SMS task force report may request one from the Secretary's Office in Madison: 1-800-362-9080 or Madison phone 257-6781.■

Membership facts

Whether you're just starting medical school, maintaining a full-time practice, or retiring, SMS has a membership classification to fit your individual needs. Election to membership by the County Medical Society in which your principal place of practice is located carries with it membership in the State Medical Society of Wisconsin and, if you wish, the American Medical Association. If you qualify for resident membership at the time of your election, your membership dues are greatly reduced. This may also qualify you for reduced dues the first two years of your practice. In addition, two-physician families may be eligible for a $50 discount on total SMS membership dues. Dues for regular membership in 1986 are $455 for SMS, $375 for AMA, and county society dues vary. A more detailed listing of SMS membership classifications and their corresponding dues follows:

State Medical Society of Wisconsin

DESCRIPTION OF MEMBERSHIP CLASSIFICATIONS

Regular: Member in active practice. • ***First year in practice***—physicians elected to SMS membership within six months of completing residency, fellowship, or fulfillment of government obligation enjoy a dues reduction of 50 percent for the first year. • ***Second year in practice***—physicians who quality by meeting the above criteria enjoy a 25 percent dues reduction during their second year of practice. • ***Two-physician family***—one member (spouse) of a two-physician family is entitled to a dues reduction of $50 or the amount of their State Society dues whichever is less.

Resident: Physician who at January 1 of dues year is in an approved training program as a hospital resident or research fellow who is licensed to practice medicine and surgery in Wisconsin.

Military Service: Members who are serving in the U.S. armed forces (generally not to exceed five years).

Associate: Member whose dues are waived because of financial hardship due to illness or disability. This classification is temporary and is reviewed on an annual basis.

Life: Member who has held membership in a state medical society for 50 years or is a Past President of the State Medical Society of Wisconsin.

Honorary: Member who was named by the Board of Directors in recognition of long and distinguished service to the cause of medicine.

Retired: Member who has completely retired from practice (works less than 240 hours per year). All dues are waived unless county society indicates they wish to charge county dues.

Part-time Practice: Physician, regardless of age, who practices 1,000 hours or less during the calendar year but does not qualify for retired membership.

Over Age 70: Member in active practice who is over 70 years of age as of January 1.

Candidate: Member attending a medical school in Wisconsin or fulfilling a postgraduate obligation prior to eligibility for licensure.

Scientific Fellow: The Board of Directors may by invitation and unanimous consent confer upon any person engaged in teaching of or research in one or more of the basic sciences at an accredited college or university, and not holding the degree of Doctor of Medicine or Osteopathy, the status of Scientific Fellow.

Emeritus: Retired members who have chosen not to renew their license.

1986 DUES AMOUNTS FOR THESE CLASSIFICATIONS

	SMS	AMA	COUNTY
Regular	$455.00	$375.00	Normal County Dues
1st Year in Practice	$227.50	$187.00	Normal County Dues
2nd Year in Practice	$341.25	$281.00	Normal County Dues
Two Physician Family	$405.00	$375.00	Normal County Dues
Part-Time Practice	$227.50	$375.00/-0-*	Normal County Dues
Part-Time—Over Age 70	$227.50	$187.00*	Normal County Dues
Resident	$ 45.50	$ 45.00	Varies
Military Service	-0-	$250.00/$ 45.00	-0-
Associate	-0-	-0-	-0-
Retired	-0-	$375.00/-0-*	-0-
Retired—Over Age 70	-0-	-0-	-0-
Life	-0-	$375.00/-0-*	-0-
Honorary	-0-	$375.00/-0-*	-0-
Over Age 70	$227.50	$375.00/-0-*	Normal County Dues
Candidate—			
Freshman Year Medical Student	-0-	$ 20.00	Varies
Sophomore and Succeeding Medical Student Years	$ 10.00	$ 20.00	Varies
Postgraduate—One	$ 10.00	$ 45.00	Varies
Scientific Fellow	-0-	-0-	-0-
Emeritus	-0-	-0-	-0-

*Physicians in these categories may be eligible for exemption from paying AMA dues under the grandfather clause

AMA dues-exempt members who were granted exemption before 1986 based on previously established criteria with the exception of financial hardship or disability will automatically be dues-exempt in 1986 and beyond under the grandfather clause

Under new AMA policy, only the following two categories of physicians will qualify for new dues exemption

(1) Financial hardship and/or disability
(2) 70 years of age or older *and* fully retired

State Society dues are prorated on a monthly basis for those elected to membership July 1 through September 30. Those elected after September 30 have no dues payable for the balance of the year in which they are elected. AMA dues follow the same pattern except prorating is on a semiannual basis rather than monthly basis.

To begin the membership process, if your practice is or will be located in Wisconsin, or you have any questions, you may contact your local county society or call the Membership and Communications Division of the State Medical Society, if in Wisconsin: 1-800-362-9080 (Madison area number: 257-6781).■

Your membership in organized medicine will help insure the continued "safety" of your practice and quality care for all patients. Your voice *will* be heard through participation. Membership in the State Medical Society of Wisconsin also requires membership in the county medical society (AMA membership is optional but encouraged). For Regular, Part-time Practice, or Over Age 70 membership classifications, dues may be paid in one lump sum or in two equal installments: one-half of the total payable by January 1, the other half not later than May 15, 1986 which is the removal date for those members who have not completed payment. You are urged to renew your membership.

Available now. . .

Updated—Expanded Occupational Health Guide for Medical and Nursing Personnel

First published by the Wisconsin State Medical Society in the 1960s. Respected throughout the United States as well as in Wisconsin by nurses and physicians in the commercial and industrial setting. This latest edition is the result of substantial change.

This practical manual in a three-ring binder covers subjects ranging from "Abdominal Injuries" to "Wounds." Spaces are provided for specific written instructions by the occupational physician. It contains over 250 pages of instructional material, suggested procedures, and references to other occupational health literature.

Order copies now. Provide your occupational health nurse with medical directives tailored to the needs of your specific business or industry.

PRICE

Complete Guide 1–5 copies—$45.00 each plus 5% sales tax
Over 5 copies—$40.00 each plus 5% sales tax
(Postage is included)

ORDER FORM

Please ship _____ copies of the complete Guide at $45.00 each for 1–5 copies, or $40.00 each for over 5 copies.

Total amount enclosed $ _____.

Checks payable to: **CES Foundation of State Medical Society of Wisconsin**

Payment must accompany order.

Send shipment to:

Name _____

Company _____

Street _____

City/State/Zip _____

Mail this form and payment to: Charitable, Educational and Scientific Foundation of the State Medical Society of Wisconsin, Box 1109, Madison, Wisconsin 53701

(*5% sales tax or tax exempt #—Wisconsin purchasers only)

CES Foundation
of the State Medical Society of Wisconsin

The Charitable, Educational and Scientific Foundation of the State Medical Society of Wisconsin recognizes the generosity of the following individuals and organizations who have made contributions during the month of December 1985.

Special Gifts

SMS Services, Inc

Voluntary Contributors

Richard C Holden, MD
Robert B Murphy, Esq
Frank L Myers, MD
David W Ovitt, MD
Alfred S Pennings, MD
Paul H Steingraeber, MD

Beaumont 500

Robert T Cooney, MD
Timothy T Flaherty, MD

Aesculapian Society

Sustaining Member
Robert T Cooney, MD

Work Week of Health

State Medical Society of Wisconsin Auxiliary
SMS Services, Inc

Popp Student Loan Fund

Albert Popp, MD

Tormey Memorial Medallion Fund

Thomas W Tormey, MD

Barbara Scott Maroney Memorial Fund for Research on Diabetes

Maxine Gilbert

Building and Equipment

James E Conley, MD

CES Foundation Endowment Fund

SMS Services, Inc

Memorials

Esther Bach-Y-Rita
Kristin L Bjurstrom
Maxine Gilbert
RE Green, MD
Dr and Mrs Robert Johnston
Kathleen Mohelnitzky
Joan Pyre
James S Rohan, MD
Dr and Mrs John K Scott

Memorialized

George Mohelnitzky
Leona Priebe■

ANNOUNCING

A combined effort to improve the quality of life.

Qualified, competent orthotists and prosthetists have been the trademark of Acme Laboratories since its beginning in 1950. Now, with the acquisition by Acme of one of the most respected and oldest names in the business, the House of Bidwell, the trademark has only been strengthened.

Professional patient care, human understanding, custom orthoses or prostheses, high standards, quality service. We also accept all insurance, including Medicare and Medicaid.

Acme Laboratories, and now the House of Bidwell – where quality of life is our main concern.

Acme Laboratories, Inc. | House of Bidwell

IMPROVING THE QUALITY OF LIFE

Acme Laboratories, Inc.
Main Office
10702 W Burleigh St.
Milwaukee, WI 53222
(414)259-1090

Acme Laboratories, Inc.
525 E Division St.
Fond du Lac, WI 54935
(414)923-6676

House of Bidwell, Inc.
7954 W Harwood Ave
Milwaukee, WI 53213
(414)774-6250

Green Bay Orthopedic Division of Acme
428 S Adams St.
Green Bay, WI 54301
(414)435-1461

Membership Directory—Update

The following information is being provided from Membership reports and from individual members for updating the 1985 Membership Directory as published in the July 1985 issue of the *Wisconsin Medical Journal*. Because of space limitations address changes and phone numbers will not be included in this Update; however, they will be changed in Membership records. County transfers will be included when processing has been completed by the Membership Department.

Changes in practice specialties (as used by the AMA) and changes in **Board-certified specialties** as listed by the American Board of Medical Specialties.

(changes only with member's name; practice specialties appear before the slash (/) and Board-certified specialties appear after the slash.)

BROWN

EM / EM
James M Berner MD
Rte 2
Olden Glen Rd
De Pere WI 54115

DANE

PUD / IM
Albert R Bryan MD
1 South Park St, #242
Madison WI 53715

GREEN LAKE/WAUSHARA

IM EM
Edward A Belongia MD
2018 Madison St
Madison WI 53711

MILWAUKEE

FP
Lindy K Akes MD
9169 N 70th St
Brown Deer WI 53223

J Craig Allen
1632 N 57th St
Milwaukee WI 53208

Gregory S Blaschke
545 N 106th St
Wauwatosa WI 53226

ORS
Austin J Boyle III MD
6237 N Bay Ridge Ave
Whitefish Bay WI 53233

IM
Sally A Browne MD
11819 W Cherry St
Wauwatosa WI 53226

IM
Mark K Chelmowski MD
1560 N Prospect, #710
Milwaukee WI 53202

FP / FP
Nicholas C De Leo MD
6701 W Villard Ave
Milwaukee WI 53218

IM CDS
James S Dunnick MD
N52 W211868 Virginia Ln
Menomonee Falls WI 53051

Richard L Erdman MD
3827 N 80th St
Milwaukee WI 53222

EM
Theodore J Galvani MD
2025 E Newport Ave
Milwaukee WI 53211

Edward W Herron Jr
2437 N 49th St
Milwaukee WI 53210

Maryam B Ivanoff
2066 S 82nd St, #3
West Allis WI 53219

P
Clark L Jennings MD
1108 N Milwaukee St, #134
Milwaukee WI 53202

IM
David M Johnson MD
829 E Locust St
Milwaukee WI 53212

D
D Scott Karempelis MD
2901 W KK River Pkwy, #100
Milwaukee WI 53215

FP
Bruce L Klink DO
5629 N 91st St
Milwaukee WI 53225

GS CD / GS
Ashok K V Kumar MD
7635 W Oklahoma Ave, #104
Milwaukee WI 53219

IM A / IM
Michael B Levy MD
5545 W Melvina St
Milwaukee WI 53216

CD IM
Thomas H Mahn MD
7345 W Marine Dr
Milwaukee WI 53233

PD / PD
Zarah G H McLean MD
2040 W Wisconsin Ave
Milwaukee WI 53233

IM
Timothy J Moynihan MD
8317 W Howard, #204
Greenfield WI 53220

IM NEP / IM
Margaret Newton MD
PO Box 11378
Shorewood WI 53211

IM
Mary C O'Connor MD
3833 N Oakland, #12
Shorewood WI 53211

IM / IM
Jeanna L Owens MD
2811 Sussex Ln
Waukesha WI 53188

PD N
Angelo D Paris MD
5368B N Lovers Ln
Milwaukee WI 53225

PD
Catherine D Poterack MD
10315 North Ave
Wauwatosa WI 53226

PD
Judy H Rodewald MD
10243 W National Ave
West Allis WI 53227

IM RHU / IM
Elizabeth B Russell MD
8700 W Wisconsin Ave
Milwaukee WI 53226

FP
Stewart W Sahlberg DO
622 N 99th St
Wauwatosa WI 53226

Sukhwinder S Sandhu
1236 N 71st St
Wauwatosa WI 53213

IM
James E Sear MD
3003 W Good Hope Rd
Milwaukee WI 53217

IM
Vinodkumar S Shah MD
4103 W North Ave
Milwaukee WI 53208

Jean M Slane
5721 N 94th St, #24
Milwaukee WI 53225

IM
Philip Wheatley MD
2103 E Kenwood Blvd
Milwaukee WI 53211

AN
Robert J Wisler MD
5520 N 33rd St
Milwaukee WI 53209

Kristine M Zietlow
N60 W15949 Hawthorne
Milwaukee WI 53217

OUTAGAMIE

Mona S Boulos MD
401 N Oneida St
Appleton WI 54911

TR ON/R TR
Ted O Reinke MD
2245 Palisades Dr
Appleton WI 54911

WASHINGTON

PTH NM / PTH
George C Bares MD
515 Silverbrook Dr
West Bend WI 53095

FP / FP
Peter L Cornelius MD
N168 W20060 E Main St
Jackson WI 53037■

SECOND REPORT

CHIPPEWA

P / P
Mahmoud S Taman MD
705 Bay Street
Chippewa Falls WI 54729

DANE

GS
Andrew Baertsch MD
2914 Salem Dr
Madison WI 53713

FP / FP
Martin M Bartolac MD
1270 W Main St
Sun Prairie WI 53590

Paul R Breyer
1117 Chapel Hill Rd
Madison WI 53711

AN
Debra K Burrer-Schuster MD
RR 1 6401 Purcell
Belleville WI 53508

AN
Felix J Fernandes MD
B6/387 UW CSC
600 Highland Ave
Madison WI 53792

Robert Gibson
1805 Baird St
Madison WI 53713

AN / AN
Susan L Goelzer MD
600 Highland Ave
Madison WI 53792

IM GER
Stefan Gravenstein MD
706 N Meadow Lane
Madison WI 53705

CD IM / IM
E Wayne Grogan Jr MD
H6/339 UW CSC
600 Highland Ave
Madison WI 53792

AN / AN
Nancy A Kressin MD
B6/387 UW CSC
600 Highland Ave
Madison WI 53792

IM / IM
Margaret V Nelson MD
1552 University Ave
Madison WI 53706

CD IM / IM
Peter S Rahko MD
10 E New Haven Circle
Madison WI 53717

AN
Jeffry A Spain MD
B6/387 UW CSC
600 Highland Ave
Madison WI 53792

IM CD
Jackson L Thatcher Jr MD
7318 Mockingbird Lane
Middleton WI 53562

KENOSHA

A
Amrit K Dhaliwal MD
4906 39th Ave
Kenosha WI 53142

EM
Harlow F La Barge MD
1000 N 13th Ave
Melrose Park IL 60160

FP
Francis D Sheski MD
UW-P Talent Hall
PO Box 598
Kenosha WI 53141

AN / AN
Paul G Spottswood MD
407 68th St
Kenosha WI 53140

MARATHON

FP
Jerome C Andres MD
2213 Highway X
Mosinee WI 54455

Gregory J Johnson MD
295 Campus Dr
Wausau WI 54401

MILWAUKEE

EM ID / IM
Francisco G Aguilar MD
5080 Surry Lane
Greendale WI 53129

EM / EM
Sunil K Ahuja MD
755 N Verdant Dr
Elm Grove WI 53122

Deanna Bass
3059-A N 58th St
Milwaukee WI 53210

IM EM / IM
Jeffrey L Christie MD
1804 Underwood Ave
Wauwatosa WI 53213

Judy Ann Dudum
2284 N 83rd St, #4
Wauwatosa WI 53213

DR / R
Mark A Elson MD
PO Box 484
Brookfield WI 53005

FP
Richard J Gauthier MD
1834 W Wisconsin Ave
Milwaukee WI 53233

IM
Victoria Olson Gaynor MD
4073 N Downer Ave
Shorewood WI 53211

FP / FP
Michael A Grajewski MD
1507 Doctors Court
Watertown WI 53094

Stephen M Gutting
1221 N 70th St, #6
Milwaukee WI 53213

IM / IM
T Edward Hastings DO
2040 W Wisconsin Ave, #754
Milwaukee WI 53233

P
Chuong C Huang MD
3304 S 123rd St
Milwaukee WI 53227

R ON
Muhammad Z Igbal MD
2435 N 111th St, #7
Wauwatosa WI 53226

OBS GYN
Janine A James MD
950 N 12th St
Milwaukee WI

Kevin Kallas
3400 North Frederick
Milwaukee WI 53211

Hak-Joong Kim MD
8500 W Capitol Dr
Milwaukee WI 53222

DR / R
Werner Kordas MD
3125 N Menominee River Pkwy
Wauwatosa WI 53222

PD
John H Kraegel MD
1230 W Grant St
Milwaukee WI 53215

FP
Lily H Liu MD
5065 W College Ave, #1
Greendale WI 53129

David B Mainman
747 N 113th St
Wauwatosa WI 53226

OBG
David P Martinez MD
1328 E Randolph Ct, #B
Milwaukee WI 53212

Michael Martinez MD
2969 N 47th St
Milwaukee WI 53210

EM
John A Masaryk MD
9103 Hawthorne Ave
Wauwatosa WI 53226

GS CDS
Andrew M Owsiak MD
5810 W Oklahoma Ave
Milwaukee WI 53219

Brian Padrta
1913 S 57th St
West Allis WI 53219

Atulkumar Patel
11151 Meinecke Ave, #8
Wauwatosa WI 53226

IM
Harry R Ramsey MD
3003 W Good Hope Rd
Milwaukee WI 53217

IM
Gregory Reiser MD
3245 N 89th St
Milwaukee WI 53222

Thomas E Ryan MD
1031 N Astor St
Milwaukee WI 53202

TS CDS
W Mike See MD
922 E Lyon St
Milwaukee WI 53202

IM
Reza Shaker MD
12331 W Dearbourn Ave
Wauwatosa WI 53226

IM
Thomas M Shimshak MD
7900 Harwood Ave, #206
Wauwatosa WI 53213

AN IM
Erik N Stene MD
8130 W Forest Garden, #18
Milwaukee WI 53220

Thomas J Stormont
7220 West Center #5
Wauwatosa WI 53210

John F Tucker MD
Rte 1, Box 634
Lake Geneva WI 53147

FP
Morgan Warffuel MD
5065 W College Ave, #1
Greendale WI 53129

MILWAUKEE continued

IM / IM
Lisa Waxman MD
8331 N Santa Monica
Milwaukee WI 53217

N
James A Young MD
4871 N Anita Ave
Whitefish Bay WI 53217

FP / FP
Michael C Finger MD
2048 Shallow Banks Rd
Oshkosh WI 54901

PORTAGE

PS
Bruce R Krygowski MD
508 Vincent St
Stevens Point WI 54481

SHEBOYGAN

IM GP
William C Crawford III MD
1011 N 8th St
Sheboygan WI 53081

WAUKESHA

George R Bartl MD
4401 A North 135, #320
Denton TX 76201

ORS OS
Steven J Merkow MD
223 Wisconsin Ave
Waukesha WI 53186

FP / FP
Albert L Fisher Jr MD
555 South Washburn
Oshkosh WI 54901

County society transfers

DANE

(from Wood)
Roger S Knutson MD
2510 Dunwoody
Madison WI 53713

WAUKESHA

(from Milwaukee)
Sheryl L Moss MD
S69 W15636 Janesville
Muskego WI 53150■

YOU CAN HELP STOP BEDWETTING

For a large majority of your Enuretic patients

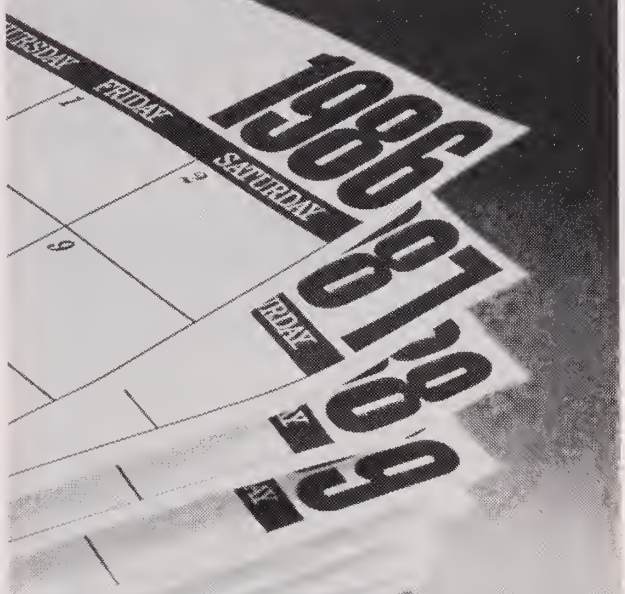
- Ethical — prescription only
- Professional — you supervise treatment
- Approximately 90 percent effective
- Proven reliable and dependable bell, pad, and light system
- Low cost rental service — $14.00 per week (avg. 6-week treatment)
- Convenient mail order service to the 48 states

For more information, call or write:

S. & L. SIGNAL COMPANY

Helping Enuretic Clients
Since 1950
1142 Fleetwood Ave. Madison, WI 53716
Phone: 608-222-7939
Accepted for advertising in the AMA Journal

Are you ready for your future?



At Gaarder Miller we are experts at managing the business aspect of medical practices. Our professional consultants will tailor solutions to your special needs . . . solutions that result in increased productivity, optimal patient services and maximized income for today — and tomorrow.

WE OFFER: • Financial projections • Office management • Organizational planning • Facilities planning • Tax preparation • Personal financial planning • Billing service • Computer billing . . .

All the value of a full-time business manager at a part-time cost.

GM

Gaarder Miller Milwaukee Ltd.
12778 W. North Ave.
Brookfield, WI 53005
(414) 784-9559

Planning today . . . for a secure tomorrow.

We know you.
We've talked with you.
We have a continuing commitment to serve you.

For professional liability insurance, the stakes are too high to depend on anyone else.

That's why the State Medical Society has endorsed a professional liability plan which has been developed especially for Wisconsin physicians.

Available only to members of the SMS—and offered through SMS Services, Inc.—this medical malpractice policy has superior features including:

- Consent of the physician is required before settlement of any claim.
- Availability of legal counsel, experienced in defendant medical liability.
- All members of claims and underwriting committees are Wisconsin physicians.
- Occurrence coverage provided for claims arising during the policy period, even if claim is reported at a later time.

For the best in professional liability coverage, contact SMS Services, Inc. at (608) 257-6781 or toll-free 1-800-362-9080

Endorsed by the
State Medical Society
of Wisconsin

We know how vital it is to safeguard the present... and to protect the future.

Underwritten by:

A respected leader in coverage for preferred markets.

SMS urging special session on malpractice reform

SMS is strongly urging Governor Earl to call a special session of the Legislature soon to address medical malpractice reform, an action the Governor indicated he may take.

On April 1 all SMS members were mailed a letter asking them to thank the Governor and their legislators for supporting Senate Bill 328 and to encourage legislators to push for a special session on this issue.

SMS Secretary Earl Thayer lauded the efforts of the nearly 200 physicians, residents, and medical students who appeared at the State Capitol March 25 and 26 to urge Assembly passage of SB 328. Representative Thomas Hauke (D-West Allis), a trial attorney, effectively killed the bill by refusing to report it out of the Assembly Financial Institutions and Insurance Committee which he chairs. "But the quiet, forceful presence of Wisconsin physicians who cared enough to travel from all parts of the state to Madison certainly made a lasting impression on legislators. Time is on our side," Mr Thayer said.

In a letter thanking Governor Earl for his support of SB 328 and his recognition of the state's medical malpractice crisis, Mr Thayer noted that the lack of legislative action will not postpone the crisis physicians face. (Letter appears elsewhere in this issue.) Health services offered by physicians have already been significantly curtailed in some rural areas of Wisconsin. Many more physicians are waiting for final notice of July 1 increases in mandatory Patients Compensation Fund fees before deciding whether to continue offering some services, Mr Thayer said.

SMS representatives will ask the Compensation Fund's Board of Governors to reduce proposed fee hikes at an April 11 hearing in Madison. Proposed fee increases for July 1 will reach 40% to 50% for some physician classes, including family practitioners performing obstetrical services, surgeons, and obstetricians-gynecologists. The Board is expected to finalize fee increases following the hearing. Watch MEDIGRAM for further details.

SMS is urging Governor Earl to propose legislation at a special session which resembles, as closely as possible, SB 328. Although SMS met many hours with Representative Hauke and members of the Wisconsin Academy of Trial Lawyers to resolve a number of issues during the final days of the legislative session, no agreement was reached on two fundamental points: capping overall awards *vs* capping only nonmedical or noneconomic damages (SMS believes the latter approach is fairer to the injured party), and payment of large awards in lump sums rather than periodically or as expenses are incurred. Because the Legislature operates under different rules during a special session, Representative Hauke could not again quash SB 328.■

SMS launches drive to push SB 328

Aggressive SMS efforts to urge legislators to consider Senate Bill 328 have helped lead to its overwhelming approval March 19 by the State Senate. The Senate voted 26–7 in favor of the bill which includes a $1 million cap on nonmedical expenses, including a $250,000 ceiling on malpractice awards for pain and suffering. There would be no cap on the medical expense portion of awards or settlements.

Physicians from across the state became lobbyists for a day, as SMS staff members arranged for them to visit local legislators and key proponents of the medical malpractice reform bill in their Capitol offices in early March. University of Wisconsin medical students and physicians from Eau Claire, Oshkosh, Beloit, Madison, Edgerton, Waukesha, and Milwaukee asked their senators and representatives to give SB 328 the chance for a floor vote before the current legislative session ended on March 26.

Visiting physicians reported significant media coverage of doctors' support of the bill's measures designed to hold down skyrocketing medical malpractice insurance premiums. WISPAC Chairman William Treacy, MD called a press conference in Milwaukee to laud the Joint Finance Committee's approval of SB 328, but also urged Governor Earl to throw his support behind the bill to help it through the Assembly.

The State Medical Society also launched a newspaper advertising campaign designed to inform legislators and citizens alike about the seriousness of the malpractice crisis in Wisconsin and how SB 328 can help ease it. An open letter from SMS members to the Legislature ran March 23 in every Sunday newspaper in the state, and full-page ads also ran March 24 in

the two Madison newspapers, *Wisconsin State Journal* and *Capital Times,* and the *Milwaukee Sentinel* (the *Milwaukee Journal* also was given the order to run, but it did not appear).

SMS Secretary Earl Thayer said the Society is attempting to make Wisconsin citizens and their legislators realize that the issue of malpractice reform is one which vitally influences their health and their ability to lead productive lives. "This problem will not go away. It will get worse unless action is taken this session. It could get totally out of hand for all of us," Mr Thayer said in a March 19 letter to Governor Earl, urging him to take active leadership in getting SB 328 to a vote in the Assembly.

Supporters of SB 328 included Senators Andrea, Chilsen, Czarnezki, Davis, Ellis, Engeleiter, George, Hanaway, Harsdorf, Helbach, Kincaid, Kreul, Lasee, Lee, Leean, Lorman, McCallum, Moen, Plewa, Risser, Roshell, Rude, Stitt, Strohl, Theno, and Van Sistine.

Those senators opposing SMS on SB 328 were Adelman, Chvala, Cullen, Feingold, Norquist, Ulichny, and Otte (who has, however, voted for many amendments SMS supported).■

Ambulatory care survey launched

About 1100 Wisconsin physicians will be asked to participate in the 1986-87 Wisconsin Ambulatory Medical Care Survey (WAMCS) designed to obtain data on ambulatory healthcare. The survey, endorsed by the State Medical Society, is sponsored by the State Department of Health and Social Services' Bureau of Community Health and Prevention.

Physicians will be asked to provide demographic data and diagnostic and procedural information for 30 patient visits during a one-week period. Survey results from this state will be compared with national statistics and be available to primary care facilities for their planning and marketing activities.

Results of a similar WAMCS survey in 1983-84 reveal an average 3.3 annual visits per person for a total 15.7 million visits to both hospital/clinic-based and office-based physicians.

Nearly half of the patients in the survey sought ambulatory services from physicians engaged in group practice; most people revisited the same physician they had previously seen; and more than half of the patients were asked to return at a specified time. A limited history and examination were provided in about half of the visits, and the prescribing of drugs was the most frequent therapeutic service ordered or provided. Patients visited general practitioners more than twice as often as internists.

A report of the results can be obtained by contacting Sue Schilling or Dale Wilson at 608-266-2431 or by writing to the Center for Health Statistics, Ambulatory Care Project, PO Box 309, Madison, Wis 53701-0309.■

Medicaid contract alert!

The Wisconsin Department of Health and Social Services has sent a memorandum to all certified Medicaid providers regarding renewal of provider agreements and revised terms of reimbursement.

Attached to the material sent to providers with group billing numbers (for example, clinics) is a one-question survey designed to identify providers who *may* have to complete an additional survey. This followup survey, to be completed and retained by the provider, is intended to assure compliance with certain state and federal regulations relating to civil rights.

The department has informed SMS that the purpose of this renewal process is to assure that all service providers are in compliance with equal access provisions of such laws as the Civil Rights Act of 1964 and the Federal Rehabilitation Act of 1973.

Physicians who are not part of a group billing arrangement will receive further information from the department in the coming months. SMS will provide additional information as it becomes available.■

Medical Examining Board elects new officers

At its meeting January 31 the State Medical Examining Board elected Gwen Jackson, Milwaukee, as chairperson. Ms Jackson, a public member, has served on the Board for six years. William Walker, MD, Milwaukee, was elected vice-chairperson while G Thomas Pfaehler, MD, Madison, will serve as the Board's new secretary.

Past chairperson Susan F Behrens, MD, Beloit, continues to serve as a member of the Board. Although her term expired April 30, 1985, no one has been appointed to replace her.

Two additional appointments will be needed to replace William J Hisgen, MD, Madison, and Patricia Raftery, DO, Sparta, whose terms expire April 30, 1986.■

THE STATE MEDICAL SOCIETY OF WISCONSIN
330 EAST LAKESIDE STREET • P.O. BOX 1109 • MADISON, WISCONSIN 53701 • 608-257-6781

The Honorable Anthony Earl
c/o Executive Office
State Capitol, Box 7863
Madison, WI 53707-7863

April 2, 1986

Dear Governor Earl:

Let me begin this letter by thanking you for your recent efforts to encourage legislative action to address the state's medical malpractice crisis, and specifically for your support of and assistance in the attempt to obtain Assembly action on Senate Bill 328 before the session's end. Your recognition of the importance of this issue has been most heartening for us and for the many legislators who are committed to resolving this crisis.

The failure of the Legislature to pass SB 328 and send it to your desk is a deep disappointment to us, although an understandable turn of events given the shortness of time in the Assembly and the opposition of the committee chairman, who refused to take action on the bill.

We did spend a great many hours discussing the bill with Representative Hauke and members of the Wisconsin Academy of Trial Lawyers, and while we resolved a number of peripheral issues, we were unable to agree on two fundamental points: capping overall awards versus capping only nonmedical or noneconomic damages (we believe the latter approach is fairer to the injured party), and payment of large awards in lump sums rather than periodically or as expenses are incurred. Since we were unable to come to an agreement, and Representative Hauke was unwilling to allow Engrossed Senate Bill 328 to come to the floor, the lack of time prevented any further action before the end of the session.

However, the lack of legislative action has not postponed the crisis we face. As you know, without changes in our current system, physicians' mandatory Patients Compensation Fund fees will increase on July 1 of this year. The increases proposed by the Fund Board of Governors are as high as 40% to 50% for some physician classes, including family practitioners performing obstetrical services, surgeons, and OB/GYNs. Already we can document significant losses of physicians to other states and frightening reductions in the availability and accessibility of many services, especially in rural areas. Many more physicians are awaiting the final promulgation of July 1 fee increases before deciding to substantially modify their practices by eliminating certain services or to cease practicing in Wisconsin altogether.

I know that many legislators have already asked you to call a special session to address this issue. Also, during the course of our discussions last Tuesday and Wednesday with Assembly Democrats, Al Fish indicated that if SB 328 did not come to the floor by the close of session, this issue would be taken up in a special session.

Now let me formally add my request, and that of the entire membership of the State Medical Society, that you call a special session to address medical malpractice reform. I would urge you to use Engrossed Senate Bill 328 as the basis for a special session bill. As I mentioned earlier, our discussions with the trial lawyers indicated that we could reach agreement, either on Engrossed Senate Bill 328 or on that bill with some modifications on all issues but the two major ones. (We are supplying your staff with a detailed summary of our discussions on these issues and the areas of agreement and disagreement.)

Should you wish to call additional meetings or otherwise seek to resolve these differences, we are, of course, at your disposal; however, I believe that on these fundamental issues the public policy decisions will need to be made by you and by the Legislature rather than being resolved through negotiations between the State Medical Society and the Academy of Trial Lawyers.

Finally, very shortly we will be presenting to you and to the Task Force on Professional and Occupational Discipline a series of major recommendations for improvement in physician discipline and in the operation of the Medical Examining Board. Some of these recommendations have already been incorporated into Engrossed SB 328. Given the legitimate public concern regarding effective physician discipline—a concern which we share—I hope that you would see fit to include these recommendations in a special session bill as part of a comprehensive approach toward reducing malpractice as well as malpractice costs and insurance problems.

Thanks for your help, and I hope to talk with you soon.

Sincerely,

Earl

Earl R. Thayer
Secretary

WISCONSIN ASSEMBLY

STATE CAPITOL—MADISON, WISCONSIN 53702

	Capitol Office	Telephone (608)
Speaker— Tom Loftus (D)	211-W	266-3387
Deputy Speaker— David Clarenbach (D)	422-N	266-8570
Majority Leader— Dismas Becker (D)	220-W	266-2401
Assistant Majority Leader— John Medinger (D)	9-W	266-5780
Minority Leader— Tommy Thompson (R)	205-W	266-7746
Assistant Minority Leader— Robert Travis, Jr. (R)	335B-N	266-1170
Chief Clerk— Joanne M. Duren	126-W	266-1108
Sergeant at Arms— Patrick Essie	10-N	266-0124
Democratic Caucus	23-W	266-3866
Republican Caucus	315-N	266-1452

Rep. (Party)	District	Home	Capitol Office	Telephone (608)
Antaramian, John (D)	65	Kenosha	103-W	266-0455
Barca, Peter (D)	64	Kenosha	16-N	266-5504
Barrett, Thomas M. (D)	14	Milwaukee	5-N	267-9836
Becker, Dismas (D)	7	Milwaukee	220-W	266-2401
Bell, Jeannette (D)	22	West Allis	109-N	266-0620
Berndt, William (R)	30	River Falls	326-N	266-1526
Black, Spencer (D)	77	Madison	16-N	266-7521
Bolle, Dale (D)	2	Whitelaw	107-N	266-9870
Bradley, Gordon (R)	56	Oshkosh	322-W	266-7500
Brist, Steven (D)	67	Colfax	10-W	266-1194
Buettner, Carol (R)	54	Oshkosh	324-N	266-9180
Byers, Francis (R)	40	Marion	327-W	266-3794
Carpenter, Timothy (D)	20	Milwaukee	28-W	266-1707
Clarenbach, David (D)	78	Madison	422-N	266-8570
Clements, Sylvester (R)	94	Coon Valley	9-E	266-5831
Coggs, G. Spencer (D)	16	Milwaukee	108-N	266-5580
Coggs, Marcia (D)	18	Milwaukee	329-W	266-3786
Coleman, Charles (R)	43	Whitewater	335E-N	266-9650
Cowles, Robert (R)	6	Green Bay	48C-N	266-0484
Crawford, Thomas (D)	8	Milwaukee	108-W	266-8580
Fergus, Scott (D)	61	Racine	32-W	266-0731
Foti, Steven (R)	33	Oconomowoc	329-N	266-8551
Goetsch, Robert (R)	39	Juneau	320-N	266-2530
Grobschmidt, Richard (D)	21	South Milwaukee	28-W	266-0610
Gronemus, Barbara (D)	91	Whitehall	30-W	266-7015
Gruszynski, Stan (D)	71	Stevens Point	32-N	267-9649
Hasenohrl, Donald (D)	70	Pittsville	18-N	266-8366
Hauke, Thomas (D)	23	West Allis	18-E	266-0631
Hephner, Gervase (D)	3	Chilton	4-W	266-0645
Holperin, James (D)	34	Eagle River	105-W	266-7141
Holschbach, Vernon (D)	25	Manitowoc	104-W	266-0315
Hubler, Mary (D)	75	Rice Lake	12-N	266-2519
Huelsman, Joanne (R)	31	Waukesha	325-W	266-5719
Jauch, Robert (D)	73	Poplar	117-W	266-0640
Johnsrud, DuWayne (R)	96	Eastman	335A-N	266-3534
Kasten, William (R)	86	Mosinee	335D-N	266-1182
Krug, Shirley (D)	15	Milwaukee	12-N	266-5813
Krusick, Margaret (D)	24	Milwaukee	8-N	266-1733
Kunicki, Walter (D)	9	Milwaukee	232-N	267-7669
Ladwig, E. James (R)	63	Racine	13-E	266-9171
Larson, Robert (R)	87	Medford	305-W	266-7506
Lepak, David J. (R)	83	Muskego	307-N	266-3363
Lewis, Margaret (R)	38	Jefferson	326-N	266-1526
Lewis, Mark (D)	93	Eau Claire	107-W	266-0660
Loftus, Thomas (D)	46	Sun Prairie	211-W	266-3387
Looby, Joseph (D)	68	Eau Claire	34-W	266-9172
Magnuson, Sue (D)	48	Madison	32-W	266-5342
Manske, John (R)	47	Milton	335C-N	266-1192
Matty, Richard (R)	88	Crivitz	312-W	266-2343
McEssy, Earl (R)	52	Fond du Lac	304-N	266-3156
Medinger, John (D)	95	La Crosse	9-W	266-5780
Menos, Gus (D)	11	Brown Deer	48D-N	266-0486
Merkt, John (R)	58	Mequon	306-W	266-3756
Metz, Sharon (D)	90	Green Bay	118-W	266-5840
Musser, Terry (R)	92	Black River Falls	302-W	266-7461
Nelsen, Betty Jo (R)	10	Shorewood	7-E	266-7671
Neubauer, Jeffrey (D)	62	Racine	112-W	266-0634
Notestein, Barbara (D)	12	Milwaukee	110-N	266-0650
Ourada, Thomas (R)	35	Antigo	11-E	266-7694
Panzer, Mary (R)	53	West Bend	329-N	266-8551
Paulson, David E. (R)	28	Amery	11-E	267-2365
Plizka, William (R)	74	Mellen	13-E	266-7690
Porter, Cloyd (R)	66	Burlington	320-N	266-2530
Potter, Calvin (D)	26	Kohler	11-W	266-0656
Prosser, David (R)	57	Appleton	334-N	266-3070
Radtke, Randall (R)	37	Lake Mills	309-N	266-3790
Robinson, John (D)	85	Wausau	123-W	266-0654
Rosenzweig, Peggy (R)	98	Wauwatosa	324-N	266-9180
Rutkowski, James (D)	82	Hales Corners	128-W	266-8590
Schmidt, Gary J. (R)	5	Kaukauna	310-W	266-2343
Schneider, Marlin (D)	72	Wisconsin Rapids	122-S	266-0215
Schneiders, Lolita (R)	97	Menomonee Falls	314-N	266-3796
Schober, John (R)	84	New Berlin	336-N	266-1190
Schultz, Dale (R)	50	Hillpoint	335A-N	266-8531
Seery, Thomas (D)	13	Milwaukee	111-N	266-7990
Shoemaker, Richard (D)	29	Menomonie	112-W	266-7745
Swoboda, Lary (D)	1	Luxemburg	13-W	266-5350
Tesmer, Louise (D)	19	Milwaukee	102-W	266-8588
Thompson, Robert (D)	80	Poynette	14-N	266-3404
Thompson, Tommy (R)	42	Elroy	205-W	266-7746
Travis, David (D)	81	Madison	240-N	266-5340
Travis, Robert (R)	49	Platteville	335B-N	266-1170
Tregoning, Joseph (R)	51	Shullsburg	318-N	266-7502
Turba, Wilfrid (R)	27	Elkhart Lake	9-E	266-8530
Vanderperren, Cletus (D)	89	Green Bay	23-N	266-0616
Van Gorden, Heron (R)	69	Neillsville	302-W	266-7461
Vergeront, Susan B. (R)	60	Cedarburg	308-W	267-2369
Volk, John (D)	36	Wabeno	112-N	266-3780
Walling, Esther (R)	55	Neenah	325-W	266-5719
Weeden, Timothy L. (R)	45	Beloit	310-W	266-2253
Welch, Robert (R)	41	Redgranite	307-N	266-8077
Williams, Annette (D)	17	Milwaukee	7-W	266-0960
Wimmer, Joseph (R)	32	Waukesha	335E-N	266-9650
Wineke, Joseph (D)	79	Verona	106-W	266-3520
Wood, Wayne (D)	44	Janesville	121-W	266-7503
York, Dwight (R)	59	Lomira	308-W	267-2367
Young, John (R)	99	Brookfield	304-W	266-9174
Young, Rebecca (D)	76	Madison	110-N	266-3784
Zeuske, Cathy (R)	4	Shawano	48B-N	266-3097

State Legislative Hotline
1-800-362-9696

Madison Area Legislative Hotline
266-9960

WISCONSIN SENATE

STATE CAPITOL
MADISON, WISCONSIN 53702

	Capitol Office	Telephone (608)
President—		
Fred Risser (D)	226-S	266-1627
Majority Leader—		
Timothy Cullen (D)	210-S	266-1007
Asst. Majority Leader—		
John Norquist (D)	10-S	266-8535
Minority Leader—		
Susan Engeleiter (R)	223-S	266-0390
Asst. Minority Leader—		
Michael Ellis (R)	408-S	266-0718
Chief Clerk—		
Donald Schneider	131A-S	266-2517
Sergeant at Arms—		
Daniel Fields	32-S	266-1801
Democratic Caucus	209-S	266-2257
Republican Caucus	206-S	266-8820

Rep. (Party)	District	Home	Capitol Office	Telephone (608)
Adelman, Lynn (D)	28	New Berlin	8-S	266-5400
Andrea, Joseph (D)	22	Kenosha	4-S	267-8979
Chilsen, Walter (R)	29	Wausau	40B-S	266-2502
Chvala, Charles (D)	16	Madison	334-S	266-9170
Cullen, Timothy (D)	15	Janesville	210-S	266-1007
Czarnezki, Joseph (D)	8	Milwaukee	310-S	266-5810
Davis, J. (R)	11	Waukesha	315-S	266-2635
Ellis, Michael (R)	19	Neenah	408-S	266-0718
Engeleiter, Susan (R)	33	Menomonee Falls	223-S	266-0390
Feingold, Russell (D)	27	Middleton	28-S	266-6670
George, Gary (D)	6	Milwaukee	115-S	266-2500
Hanaway, Donald (R)	2	DePere	318-S	266-1324
Harsdorf, James (R)	10	Beldenville	314-S	267-9693
Helbach, David (D)	24	Stevens Point	136-S	266-3123
Kincaid, Lloyd (D)	12	Crandon	19-S	266-2509
Kreul, Richard (R)	17	Fennimore	319-S	266-0703
Lasee, Alan J. (R)	1	De Pere	419-SW	266-3512
Lee, Mordecai (D)	5	Milwaukee	329-S	266-2512
Leean, Joseph (R)	14	Waupaca	410-S	266-0751
Lorman, Barbara (R)	13	Fort Atkinson	140A-S	266-5660
McCallum, Scott (R)	18	Fond du Lac	323-S	266-5300
Moen, Rodney (D)	31	Whitehall	35-S	266-8546
Norquist, John (D)	3	Milwaukee	10-S	266-8535
Dtte, Carl (D)	9	Sheboygan	31-S	266-2056
Plewa, John (D)	7	Milwaukee	337-S	266-2514
Risser, Fred (D)	26	Madison	226-S	266-1627
Roshell, Marvin (D)	23	Chippewa Falls	134-S	266-7511
Rude, Brian (R)	32	Coon Valley	419-S	266-5490
Stitt, Donald (R)	20	Port Washington	417-S	266-7513
Strohl, Joseph (D)	21	Racine	331-S	266-1832
Theno, Daniel D. (R)	25	Ashland	415-SE	266-3510
Ulichny, Barbara (D)	4	Milwaukee	140C-S	266-5830
Van Sistine, Jerome (D)	30	Green Bay	12-S	266-5670

24 HOUR Radio dispatched truck fleet for

INDUSTRY, INSTITUTIONS, SCHOOLS, ETC.

AUTHORIZED PARTS AND SERVICE FOR CLEAVER—BROOKS
Throughout Wisconsin and Upper Michigan

SALES
Boiler room accessories
O_2 trims
Cleveland controls
and Car automatic bottom blowdown systems

SERVICE—CLEANING ON ALL MAKES
Complete Mobile Boiler Room Rentals

Stevens Point—715/344-7310
Green Bay—414/494-3675
Madison—608/249-6604

PBBS EQUIPMENT CORP.
5401 N Park Dr
PO Box 365
Butler, WI 53007
Phone: 414/781-9620

PHYSICIANS ALLIANCE FIELD STAFF

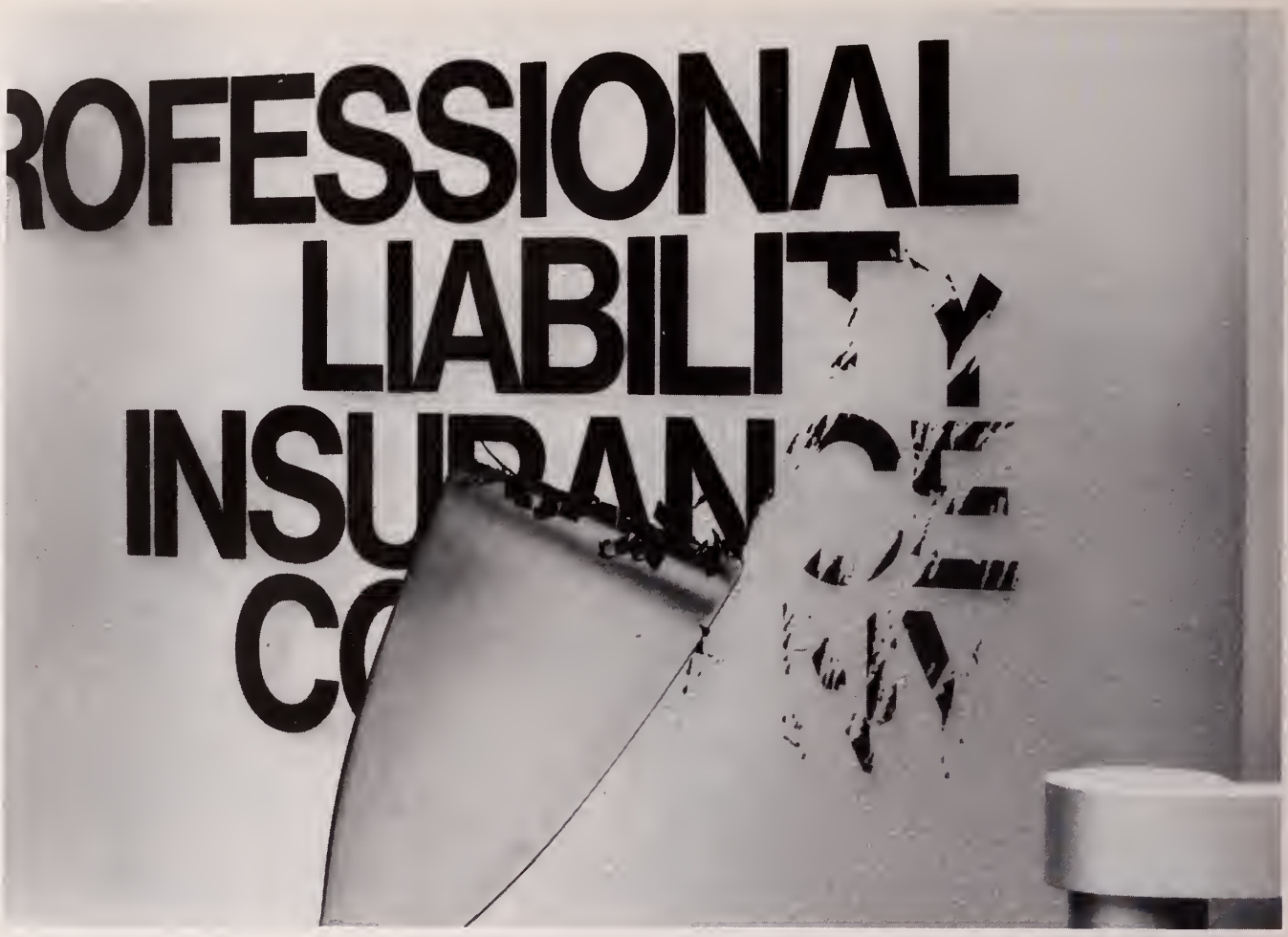
District #1—Lois Riley
(414) 271-4328 or 276-3108

District #2—Lanny Hardy
(608) 257-6781 or 831-8014

District #3—Vacancy

District #4—Lisa Hilbert
(608) 257-6781

District #5—Vacancy



In ten years your malpractice carrier may be just a memory.

Unless it's Medical Protective.

As you consider professional liability insurance, consider this. The coverages stated in the policy are basically a promise — a promise to be here when needed regardless of legal climate or economic conditions. A company's ability to keep this promise is critical because your financial security may depend on it. Unfortunately, too many firms are now finding the task impossible.

Analyze your liability insurance options carefully just as you would any important investment. Go beyond the agent and the policy to the company that stands behind both. How long has it been in operation? Has it weathered some of the tough times? Will it be there for you when you need help?

The Medical Protective Company pioneered professional liability coverage before the turn of the century and has served doctors exclusively ever since. Over 500,000 of them. Through good times and bad. We'll be here when you need us.

Contact The Medical Protective Company through one of our general agents. History shows we keep our promises.

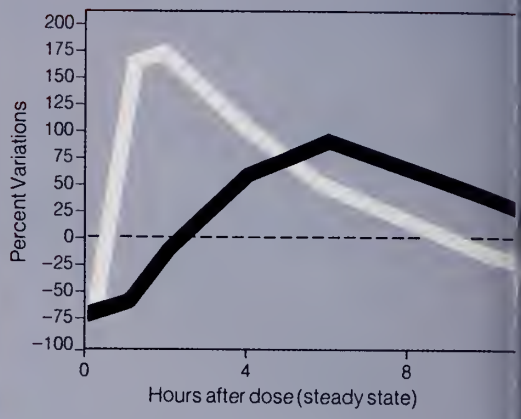
THE
MEDICAL PROTECTIVE COMPANY

FORT WAYNE, INDIANA

Jerome E. Kronsnoble, William E. Herte
850 North Elm Grove Road, Elm Grove, WI 53122, (414) 784-3780

Easy to live with

INDERAL LA and



- INDERAL LA avoids the sharp peaks seen with atenolol

Blood pressure controlled,

Smooth blood pressure control and well tolerated

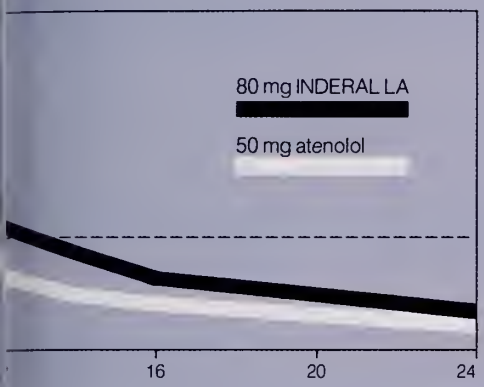
Once-daily INDERAL LA (propranolol HCl) keeps life simple for the patient. A single dose provides 24-hour blood pressure control. Convenient and well tolerated, INDERAL LA rarely interferes with everyday living. In fact, a recent study of 138 patients found a low incidence of side effects with INDERAL LA, which was not significantly different from that reported with metoprolol and atenolol.[2]

INDERAL LA should not be used in the presence of congestive heart failure, sinus bradycardia, cardiogenic shock, heart block greater than first degree, and bronchial asthma.

Once-daily INDERAL® LA (PROPRANOLOL HCl) Long Acting Capsules

Please turn page for brief summary of prescribing information.

atenolol over 24 hours*[1]



*Plasma concentrations in relation to the mean.

- Smooth, consistent plasma drug levels over 24 hours
- Full, 24-hour blood pressure control with INDERAL LA

and feeling good.

Added blood pressure control with the preferred diuretic

When more than one antihypertensive agent is needed, once-daily INDERIDE LA enhances patient compliance to improve long-term control. Patients receive all the benefits of controlled-release INDERAL LA *and* standard-release hydrochlorothiazide (HCTZ), for comfortable morning diuresis. Not only does this regimen permit patients to follow normal daily routines, but HCTZ also produces less potassium wastage on a mg-for-mg basis than chlorthalidone.[3,4]

Once-daily

INDERIDE LA

(PROPRANOLOL HCl [INDERAL® LA] HYDROCHLOROTHIAZIDE)

As with all fixed-combination antihypertensives, INDERIDE LA is not indicated for the initial treatment of hypertension.

Please turn page for brief summary of prescribing information.

Once-daily INDERAL® LA (PROPRANOLOL HCl) LONG ACTING CAPSULES

The appearance of these capsules is a registered trademark of Ayerst Laboratories.

Once-daily INDERIDE® LA

Each capsule contains propranolol HCl (INDERAL® LA), 80 mg, 120 mg, or 160 mg, and hydrochlorothiazide, 50 mg

The appearance of these capsules is a registered trademark of Ayerst Laboratories.

BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE CIRCULARS.)*

INDERAL® LA Brand of PROPRANOLOL HYDROCHLORIDE **(Long Acting Capsules)**
INDERIDE® LA Brand of PROPRANOLOL HYDROCHLORIDE (INDERAL® LA) and HYDROCHLOROTHIAZIDE **(Long Acting Capsules)**

INDERAL LA AND INDERIDE LA Capsules should not be considered simple mg-for-mg substitutes for INDERAL and INDERIDE Tablets. Please see package circulars.

CONTRAINDICATIONS

Propranolol hydrochloride (INDERAL® LA): Propranolol is contraindicated in: 1) cardiogenic shock, 2) sinus bradycardia and greater than first degree block, 3) bronchial asthma; 4) congestive heart failure (see WARNINGS) unless the failure is secondary to a tachyarrhythmia treatable with propranolol.

Hydrochlorothiazide: Hydrochlorothiazide is contraindicated in patients with anuria or hypersensitivity to this or other sulfonamide-derived drugs.

WARNINGS

Propranolol hydrochloride (INDERAL® LA): CARDIAC FAILURE: Sympathetic stimulation may be a vital component supporting circulatory function in patients with congestive heart failure, and its inhibition by beta blockade may precipitate more severe failure. Although beta blockers should be avoided in overt congestive heart failure, if necessary, they can be used with close follow-up in patients with a history of failure who are well compensated, and are receiving digitalis and diuretics. Beta-adrenergic blocking agents do not abolish the inotropic action of digitalis on heart muscle.

IN PATIENTS WITHOUT A HISTORY OF HEART FAILURE, continued use of beta blockers can, in some cases, lead to cardiac failure. Therefore, at the first sign or symptom of heart failure, the patient should be digitalized and/or treated with diuretics, and the response observed closely, or propranolol should be discontinued (gradually, if possible).

IN PATIENTS WITH ANGINA PECTORIS, there have been reports of exacerbation of angina and, in some cases, myocardial infarction following *abrupt* discontinuance of propranolol therapy. Therefore, when discontinuance of propranolol is planned the dosage should be gradually reduced and the patient carefully monitored. In addition, when propranolol is prescribed for angina pectoris, the patient should be cautioned against interruption or cessation of therapy without the physician's advice. If propranolol therapy is interrupted and exacerbation of angina occurs, it usually is advisable to reinstitute propranolol therapy and take other measures appropriate for the management of unstable angina pectoris. Since coronary artery disease may be unrecognized, it may be prudent to follow the above advice in patients considered at risk of having occult atherosclerotic heart disease who are given propranolol for other indications.

THYROTOXICOSIS: Beta blockade may mask certain clinical signs of hyperthyroidism. Therefore, abrupt withdrawal of propranolol may be followed by an exacerbation of symptoms of hyperthyroidism, including thyroid storm. Propranolol does not distort thyroid function tests.

IN PATIENTS WITH WOLFF-PARKINSON-WHITE SYNDROME, several cases have been reported in which, after propranolol, the tachycardia was replaced by a severe bradycardia requiring a demand pacemaker. In one case this resulted after an initial dose of 5 mg propranolol.

MAJOR SURGERY: The necessity or desirability of withdrawal of beta-blocking therapy prior to major surgery is controversial. It should be noted, however, that the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures.

Nonallergic Bronchospasm (eg, chronic bronchitis, emphysema)—PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD, IN GENERAL, NOT RECEIVE BETA BLOCKERS. INDERAL should be administered with caution, since it may block bronchodilation produced by endogenous and exogenous catecholamine stimulation of beta receptors.

DIABETES AND HYPOGLYCEMIA: Beta-adrenergic blockade may prevent the appearance of certain premonitory signs and symptoms (pulse rate and pressure changes) of acute hypoglycemia in labile insulin-dependent diabetes. In these patients, it may be more difficult to adjust the dosage of insulin. Hypoglycemic attacks may be accompanied by a precipitous elevation of blood pressure.

Hydrochlorothiazide: Thiazides should be used with caution in severe renal disease. In patients with renal disease, thiazides may precipitate azotemia. In patients with impaired renal function, cumulative effects of the drug may develop.

Thiazides should also be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Thiazides may add to or potentiate the action of other antihypertensive drugs. Potentiation occurs with ganglionic or peripheral adrenergic-blocking drugs.

Sensitivity reactions may occur in patients with a history of allergy or bronchial asthma.

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

PRECAUTIONS

Propranolol hydrochloride (INDERAL® LA): GENERAL: Propranolol should be used with caution in patients with impaired hepatic or renal function. Propranolol is not indicated for the treatment of hypertensive emergencies.

Beta-adrenoreceptor blockade can cause reduction of intraocular pressure. Patients should be told that propranolol may interfere with the glaucoma screening test. Withdrawal may lead to a return of increased intraocular pressure.

CLINICAL LABORATORY TESTS: Elevated blood urea levels in patients with severe heart disease, elevated serum transaminase, alkaline phosphatase, lactate dehydrogenase.

DRUG INTERACTIONS: Patients receiving catecholamine-depleting drugs, such as reserpine should be closely observed if propranolol is administered. The added catecholamine-blocking action may produce an excessive reduction of resting sympathetic nervous activity, which may result in hypotension, marked bradycardia, vertigo, syncopal attacks, or orthostatic hypotension.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY: Long-term studies in animals have been conducted to evaluate toxic effects and carcinogenic potential. In 18-month studies, in both rats and mice, employing doses up to 150 mg/kg/day, there was no evidence of significant drug-induced toxicity. There were no drug-related tumorigenic effects at any of the dosage levels. Reproductive studies in animals did not show any impairment of fertility that was attributable to the drug.

PREGNANCY: Pregnancy Category C. Propranolol has been shown to be embryotoxic in animal studies at doses about 10 times greater than the maximal recommended human dose. There are no adequate and well-controlled studies in pregnant women. Propranolol should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

NURSING MOTHERS: Propranolol is excreted in human milk. Caution should be exercised when propranolol is administered to a nursing mother.

PEDIATRIC USE: Safety and effectiveness in children have not been established.

Hydrochlorothiazide: GENERAL: Periodic determination of serum electrolytes to detect possible electrolyte imbalance should be performed at appropriate intervals.

All patients receiving thiazide therapy should be observed for clinical signs of fluid or electrolyte imbalance, namely: Hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Medication such as digitalis may also influence serum electrolytes. Warning signs irrespective of cause are: Dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting.

Hypokalemia may develop, especially with brisk diuresis, when severe cirrhosis is present, or during concomitant use of corticosteroids or ACTH.

Interference with adequate oral electrolyte intake will also contribute to hypokalemia. Hypokalemia can sensitize or exaggerate the response of the heart to the toxic effect of digitalis (eg, increased ventricular irritability). Hypokalemia may be avoided or treated by use of potassium supplements, such as foods with a high potassium content.

Any chloride deficit is generally mild and usually does not require specific treatment, except under extraordinary circumstances (as in liver or renal disease). Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction, rather than administration of salt, except in rare instances when the hyponatremia is life-threatening. In actual salt depletion, appropriate replacement is the therapy of choice.

Hyperuricemia may occur or frank gout may be precipitated in certain patients receiving thiazide therapy.

Insulin requirements in diabetic patients may be increased, decreased, or unchanged. Diabetes mellitus which has been latent may become manifest during thiazide administration.

If progressive renal impairment becomes evident, consider withholding or discontinuing diuretic therapy.

Thiazides may decrease serum PBI levels without signs of thyroid disturbance.

Calcium excretion is decreased by thiazides. Pathologic changes in the parathyroid gland with hypercalcemia and hypophosphatemia have been observed in a few patients on prolonged thiazide therapy. The common complications of hyperparathyroidism, such as renal lithiasis, bone resorption, and peptic ulceration, have not been seen. Thiazides should be discontinued before carrying out tests for parathyroid function.

DRUG INTERACTIONS: Thiazide drugs may increase the responsiveness to tubocurarine.

The antihypertensive effects of thiazides may be enhanced in the postsympathectomy patient. Thiazides may decrease arterial responsiveness to norepinephrine. This diminution is not sufficient to preclude effectiveness of the pressor agent for therapeutic use.

PREGNANCY: Pregnancy Category C. Thiazides cross the placental barrier and appear in cord blood. The use of thiazides in pregnancy requires that the anticipated benefit be weighed against possible hazards to the fetus. These hazards include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

NURSING MOTHERS: Thiazides appear in human milk. If use of the drug is deemed essential, the patient should stop nursing.

PEDIATRIC USE: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Propranolol hydrochloride (INDERAL® LA): Most adverse effects have been mild and transient and have rarely required the withdrawal of therapy.

Cardiovascular. Bradycardia; congestive heart failure; intensification of AV block; hypotension; paresthesia of hands; thrombocytopenic purpura; arterial insufficiency, usually of the Raynaud type.

Central Nervous System: Lightheadedness, mental depression manifested by insomnia, lassitude, weakness, fatigue; reversible mental depression progressing to catatonia; visual disturbances; hallucinations; an acute reversible syndrome characterized by disorientation for time and place, short-term memory loss; emotional lability; slightly clouded sensorium; and decreased performance on neuropsychometrics.

Gastrointestinal: Nausea, vomiting, epigastric distress, abdominal cramping, diarrhea, constipation; mesenteric arterial thrombosis; ischemic colitis.

Allergic: Pharyngitis and agranulocytosis; erythematous rash; fever combined with aching and sore throat; laryngospasm and respiratory distress.

Respiratory. Bronchospasm.

Hematologic: Agranulocytosis; nonthrombocytopenic purpura, thrombocytopenic purpura.

Auto-Immune: In extremely rare instances, systemic lupus erythematosus has been reported.

Miscellaneous: Alopecia; LE-like reactions; psoriasiform rashes; dry eyes; male impotence; and Peyronie's disease have been reported rarely. Oculomucocutaneous reactions involving the skin, serous membranes, and conjunctivae reported for a beta blocker (practolol) have not been associated with propranolol.

Hydrochlorothiazide:

Gastrointestinal: Anorexia; gastric irritation, nausea, vomiting, cramping, diarrhea, constipation; jaundice (intrahepatic cholestatic jaundice); pancreatitis; sialadenitis.

Central Nervous System: Dizziness, vertigo; paresthesias; headache; xanthopsia.

Hematologic: Leukopenia; agranulocytosis, thrombocytopenia; aplastic anemia.

Cardiovascular: Orthostatic hypotension (may be aggravated by alcohol, barbiturates, or narcotics).

Hypersensitivity: Purpura; photosensitivity; rash; urticaria; necrotizing angiitis (vasculitis, cutaneous vasculitis); fever, respiratory distress, including pneumonitis; anaphylactic reactions.

Other: Hyperglycemia; glycosuria; hyperuricemia, muscle spasm; weakness; restlessness, transient blurred vision.

Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn.

*The appearance of these capsules is a registered trademark of Ayerst Laboratories.

REFERENCES

1. Data on file, Ayerst Laboratories. **2.** Ravid M, Lang R, Jutrin I: The relative antihypertensive potency of propranolol, oxprenolol, atenolol, and metoprolol given once daily. *Arch Intern Med* 1985;145:1321-1323. **3.** Sumiye L, Vivian AS, Frisof KB, et al: Potassium loss associated with hydrochlorothiazide versus chlorthalidone. *Clin Ther* 1981;4:308-320. **4.** Ram CVS, Garrett BN, Kaplan NM: Moderate sodium restriction and various diuretics in the treatment of hypertension. *Arch Intern Med* 1981;141:1015-1019.

5593/486

Ayerst®

AYERST LABORATORIES
New York, NY 10017

© 1986 Ayerst Laboratories

AMERICAN PHYSICIANS LIFE

Serving All Your Life Insurance Needs.

American Physicians Life's comprehensive and competitively priced line of insurance products is now being offered exclusively through SMS Services Inc., to State Medical Society members.

APL is a majority-owned subsidiary of Physicians Insurance Company of Ohio (PICO) and a sister company of The Professionals Insurance Company, the carrier of the SMS-endorsed Professional Liability Insurance Plan.

APL coverages available to you through SMS Services Inc., and its authorized insurance representatives include:

- Innovative Universal Life coverages
- Low Cost Graded Premium Whole Life plan
- Yearly Renewable and Convertible Term Life protection
- Non-cancellable Disability Income programs
- Single and Flexible Premium Annuities
- Comprehensive Office Overhead Expense protection

Why not contact SMS Services Inc., today to find out how American Physicians Life can solve all your life insurance needs.

CONTACT:

STATE MEDICAL SOCIETY OF WISCONSIN
SMS SERVICES INC.
SUBSIDIARY

SMS SERVICES INC.
330 EAST LAKESIDE STREET
P.O. BOX 1109
MADISON, WISCONSIN 53701
(608) 257-6781 OR TOLL FREE
1-800-362-9080

LA CROSSE: The La Crosse County Medical Society's Executive Committee met in early February, and a joint meeting of the regular membership was held later in the month with the La Crosse Bar Association. At the Executive Committee meeting, resolutions were received in their final form for distribution to the House of Delegates who will act on them at the SMS Annual Meeting April 17–19. Jack M Lockhart, MD,* La Crosse, reported on the physical therapy bill that is now in committee at the State Legislature. He recommended physicians write their legislators about Assembly Bill 196 encouraging the ban on the sale of tobacco products to minors. The Committee also recommended the renomination of Pauline M Jackson, MD,* as Director from District 3. Based on the 1985 count of full members of 211, the La Crosse County Medical Society will have one more delegate and alternate delegate for representation at the Annual Meeting. Because there was not enough time to have an election prior to the Annual Meeting, Paul H Steingraeber, MD,* president of the La Crosse County Medical Society, appointed Thomas P Lathrop, MD,* as the temporary delegate to the SMS Annual Meeting.

CLARK: In January the Clark County Medical Society held its quarterly meeting in Loyal. Percy N Karanjia, MD,* Marshfield, spoke on "Management of the Stroke Patient."

ROCK: The Rock County Medical Society's Executive Committee met in early February and the following business was conducted. MDs Shelly M Menolascino;* Eric R Lyerla,* and Gregory L Darrow* were accepted as regular members and Pamela B Wolf* and George H Lind* were accepted as transfers from another county medical society. At the meeting a financial report was given and at the May meeting the discussion of scholarships will take place. It was announced that Kenneth I Gold, MD* and Daniel T Peterson, MD* were appointed to the Rock County Board of Health. Discussion about general relief patients having to get preauthorization for any lab tests ordered by the examining physician in an office visit took place and it was the opinion of the Committee that the Rock County Medical Society should work to ensure access to medical care by all residents of Rock County. Society members are asked to report (in written form) problems of this nature to Doctor Gold. A general meeting of the Rock County Medical Society was held in late February and the guest speaker was Lanny Hardy, field consultant of the Physicians Alliance Division of the State Medical Society.

RUSK: The February meeting of the Rusk County Medical Society was held in Ladysmith. Guest speaker was Julio E Perez, MD, assistant professor of medicine, Washington School of Medicine and medical director, Cardiac Diagnostic Ultrasound Laboratory, Barnes Hospital, St Louis, Mo. Doctor Perez spoke on "Silent Ischemia." Ron M Charipar, MD,* president of the Rusk County Medical Society, informed the members present that a meeting was held with Lisa Hilbert, field consultant of the Physicians Alliance Division of the State Medical Society. She had encouraged State Medical Society members to write letters of support for Senate Bill 328. The bill would place a cap on malpractice settlements at $3.3 million and it also would limit lawyer's contingency fees.

RUSK: The Rusk County Medical Society will meet Thursday, May 8, at the Club 8 in Ladysmith, starting at 6:30 pm with dinner at 8:30 pm. Arrangements have been made for two guest speakers: Professor Randall Backe of the Natural Science and Biology department of Mt Scenario College, Ladysmith, who will address members and guests prior to dinner on the subject of "Halley's Comet." Following dinner members will hear J Douglas Lee, MD,* internist in the Infectious Medicine Department of the Marshfield Clinic, Marshfield, discuss "Chlamydial infection."

MARINETTE-FLORENCE: Pending medical malpractice legislation was the topic of discussion as Senator Jerome Van Sistine (D-Green Bay) spoke to physicians and their spouses at the Marinette-Florence County Medical Society meeting January 15. Senator Van Sistine reviewed the content of the bill (SB 328) which contains a provision that would require a $3.3 million cap on awards. The possibility of lowering the amount of the cap was also discussed. Also in attendance was Representative Richard Matty (R-Crivitz).

The evening was particularly noteworthy for Clark H Boren, MD* who received an appreciation award for his many years of service to medicine. Doctor Boren started practicing medicine in Marinette upon his return from military service in 1949. He also is the third generation of physicians practicing medicine in the area.

Marinette area physicians also were extended congratulations for their efforts in reaching an agreement in coordinating services between hospitals located in Wisconsin and Michigan. The consolidation which took place between Marinette General Hospital in Marinette and Menominee County Lloyd Hospital of Menominee, Michigan is regarded as the first of its kind in the country since the hospitals are located in different states. An appreciation award

went to Orlin Herrild, DVM whose primary role in this effort led to its success. Doctor Herrild now serves as chairman of the Board of Trustees for the consolidated hospitals which are now called the Bay Area Medical Center. Benefits of this effort are already being realized as the Center has recently purchased a CT scanner. Previous to the consolidation neither hospital could have afforded this service.

LINCOLN: Representative Thomas Ourada (R-Antigo) was the special guest at the Lincoln County Medical Society meeting January 14. As a member of the Assembly Health Committee, Representative Ourada provided much insight on pending legislation affecting physicians such as medical malpractice, the practice of physical therapists, mandatory use of seat belts, and the 21-year-old drinking age proposal.

BROWN: The Brown County Medical Society met February 13 in Green Bay. Feature of the evening was a presentation of the Medicine, Business, and Industry Committee consisting of a video tape entitled "The Green Bay Employers' Perspective on Returning the Injured Employee to Work." The documentary illustrates the various job classifications in industrial Green Bay. Its purpose is to assist those who make the judgment of when to return an employee to work.

At the January 9 meeting Roger L von Heimburg, MD* assumed the presidency, succeeding James Mattson, MD.* Deborah Bowen Wilke, field consultant of the SMS Physicians Alliance Division, reported on Senate Bill 328 (medical malpractice) and also made mention of the State Medical Society's plans to join a tort reform group. Mention was also made of SB 233 and AB 256 which dealt with physical therapists practicing without referrals from physicians. The lay midwife bill (SB 369) was also discussed and the disadvantages of that were noted. Members of the CMS present at this meeting had a spirited discussion relative to the wisdom of opposing or supporting some of these bills and their major concerns over the direction which was being taken. Two new members were elected to membership: Eugene Schmitt III, MD and John Stevenson.

The program was presented by Carl R Poley, MD* and Donald J Gallagher, MD* who shared their

ADVERTISEMENT

If you are a Wisconsin physician who graduated from the Medical College of Wisconsin (formerly Marquette School of Medicine) . . .

. . . you know us better than anyone. You know the kind of patients we see; patients referred to an academic medical center for the treatment of uncommon disorders, complications, or patients who require extremely complex procedures or follow-up care.

Just as you learned from us, we've learned from you. We've learned that a referring physician wants immediate access to our specialists. We've learned that your time is too valuable to be wasted by being put on "hold." We've learned that you want frequent updates on your patients and a number you can call for information without red tape. And we've learned the importance of returning your patients to your practice.

We've learned that you need PRN, the Physician Resource Network; around-the-clock access to Medical College of Wisconsin faculty through just one phone call. By calling **1-800-472-3660,** we'll make all the arrangements to refer your patient to one of our specialty programs. Our faculty will always be available to lend the kind of assistance you request.

Edward J. Lennon, MD
President, Medical College of Wisconsin

IT PAYS TO BE A MEMBER

SMS Services, Inc.

SMS SERVICES . . . A wholly-owned subsidiary of the State Medical Society of Wisconsin has as its primary function the development and offering to SMS members of tangible benefits and services which are of professional, business, and personal advantage.

Insurance Programs

Professional Liability
Group and Individual Health
Disability Income
Auto, Homeowners, Personal Umbrella
Life, A D & D

*Worker's Compensation
Insured Medical Reimbursement
Business Overhead
General Business Liability
Universal Life
Other Life Lines

More on the way!

SMS Services is the Agent of Record for SMS and its endorsed programs.

Other Endorsed Programs

Uniform Claim Forms
Seminars
Printing Services
*Medical Equipment Leasing
*Auto Rental/Leasing

*Computers—Software and Hardware
*Home/Office Security Systems
*Debt Collection Services
*Credit Cards
Computer Supplies and Furniture

And more of these on the way too!

*Programs not administered by SMS Services

We are here to serve you in any way we can

P.O. BOX 1109, MADISON, WI 53701 • PHONE 608/257-6781 OR TOLL-FREE 1-800-362-9080

experience of working in a medical mission setting in Jamaica.

Dates of meetings for the rest of 1986 are as follows: May 8, September 11, October 9, November 13, and December 11.

WALWORTH: New officers for 1986 for the Walworth County Medical Society are the following: MDs James L Knavel,* Lake Geneva, president; Glenn A Smiley,* Delavan, vice president; and Nestor C Alabarca,* Lake Geneva, secretary-treasurer.

WOOD: John K Scott, MD,* president of the State Medical Society, met with members of the Wood County Medical Society February 6 in Wisconsin Rapids to urge quick action on pending state legislation that would begin resolving the escalating malpractice crisis in Wisconsin.

Although indicating that Senate Bill 328 is not a total solution, Doctor Scott emphasized that "it is a necessary first step in controlling the tremendous increases in malpractice premiums and awards."

According to Doctor Scott, "Physicians are on the cutting edge of a much greater crisis in the liability field. But our real concern is that patients in Wisconsin may not have access to needed care because physicians will simply be unable to afford the liability coverage necessary to provide this care."

On a related topic, Doctor Scott emphasized that the State Medical Society continues to seek improvements in Wisconsin's peer review and discipline system, both through the Medical Examining Board and outside the formal regulatory process. He noted that "while many say the cause of the malpractice crisis is the socalled repeat offender, the fact is that in the 10-year history of the Patients Compensation Fund, only 21 physicians have been involved in more than two paid claims." He also stated that SB 328 includes provisions recommended by the Society to toughen physician review and discipline.

In other remarks to the Wood CMS Doctor Scott discussed other issues of interest to Wisconsin physicians including therapeutic drug substitution by pharmacists, the increasing problem of healthcare for the uninsured, pending seat belt legislation, and changes to Wisconsin's drinking age.■

ADVERTISEMENT

If you are a Wisconsin physician who did not graduate from the Medical College of Wisconsin (formerly Marquette School of Medicine) . . .

. . . we ask you to think back on your years in medical school. During your clinical rotations, you saw the complicated cases the faculty of your school were handling. For the most part, those patients were being treated in an academic setting because they were referred there by other physicians.

It's no different today at the Medical College of Wisconsin. Our medical students learn at the side of tertiary-care faculty physicians who gain patients primarily from you, the referring physician. Through the years, we educators learned a few things, too. We learned that you want immediate access to our specialists. We learned that you want frequent updates on your patients, a number you can call for information without red tape, and your patients returned to your practice.

We learned that you need PRN, the Physician Resource Network; around-the-clock access to Medical College of Wisconsin faculty through just one phone call. By calling **1-800-472-3660,** we'll make all the arrangements to refer your patient to one of our specialty programs. Our faculty will always be available to lend the kind of assistance you request.

Edward J Lennon MD

Edward J. Lennon, MD
President, Medical College of Wisconsin

Stephen L Griswold, MD,* Stevens Point, recently joined the medical emergency team at St Michael's Hospital. Doctor Griswold had been a member of the Department of Internal Medicine at the Rice Clinic since 1980. He is a graduate from the University of Kansas Medical School and had completed his internship and residency at St Luke's Hospital in Kansas City, MO.

Michael Hetzner, DO, will be joining the medical practice of Alvin C Theiler, MD* in Kiel. Doctor Hetzner graduated from Michigan State University and is completing a rotating internship in family practice at Botsford General Hospital, Farmington Hills, Mich.

David J Deubler, MD, will be joining the medical staff of the Kiel Clinic in July. Doctor Deubler graduated from the University of Wisconsin Medical School and is currently serving his family practice residency with the University of Wisconsin Affiliated Hospitals at Wausau. The Kiel Clinic is a branch of the Sheboygan Clinic. Doctor Deubler will join family practice staff members Karen K Cowan, MD* and Frank J Pulito, MD.*

Wess R Vogt, MD,* Milwaukee has been named medical director of St Mary's Hill Hospital. He formerly was associate medical director. Doctor Vogt replaces the late Charles W Landis, MD. Doctor Vogt joined the medical staff of the hospital in 1969.

James E Hartert, MD, Marshfield, recently became associated with the Marshfield Clinic. Doctor Hartert graduated from the University of Minnesota Medical School, where he also served his residency in internal medicine. Board certified in internal medicine, Doctor Hartert was on the medical staff of Freeport Clinic in Illinois before joining the Marshfield Clinic.

David Larson, MD, Elm Grove, cancer specialist, recently was appointed professor of surgery and chairman of the Department of Plastic and Reconstructive Surgery at the Medical College of Wisconsin. Doctor Larson graduated from Louisiana State University and completed residency training in general surgery and otolaryngology at the Baylor College of Medicine in Houston, Tex. He served an additional residency in plastic surgery at the Indiana University Medical Center. Prior to joining the staff at the Medical College, Doctor Larson was associate professor of surgery at the University of Texas, MD Anderson Hospital, and the Tumor Institute in Houston.

Robert K Gleeson, MD,* Glendale, has been promoted to associate medical director at Northwestern Mutual Life Insurance Company. A graduate of Rush Medical College, Chicago, he joined Northwestern in 1981 as assistant medical director.

Bill J Weida, MD,* Shorewood, has been promoted to associate medical director at the Northwestern Mutual Life Insurance Company. Doctor Weida graduated from Indiana University School of Medicine and joined Northwestern in 1982 as assistant medical director.

Steven R Steury, MD,* Milwaukee, recently became associated with the Milwaukee Medical Clinic. Doctor Steury also is an associate clinical professor of psychiatry at the Medical College of Wisconsin. A graduate of Tufts University School of Medicine, Doctor Steury completed his internship in pediatrics at Kings County Medical Center, Brooklyn, New York, and served his residency in psychiatry at Kings County and National Institute of Mental Health. Doctor Steury is Board certified by the American Board of Psychiatry and Neurology.

Willard E Klockow, MD,* Muscoda, has retired from his medical practice. He recently was honored by over 300 persons of the community and surrounding area. He was presented with a plaque which noted with thanks his many years of dedicated medical service to the people of Muscoda and surrounding area, his medical talents, love, and companionship. Doctor Klockow graduated from the University of Wisconsin Medical School in 1935. After his internship and serving in the United States Air Force during World War II, he practiced in Muscoda until his recent retirement.

Brian Molstad, MD, Manitowoc, recently became associated with Richard Zuehl, MD of Lakeshore Pathology. Doctor Molstad graduated from the University of Minnesota Medical School and completed his internship at Ramsey County Hospital, St Paul. Doctor Molstad completed a family practice residency in Minneapolis and St Paul, and then completed a five-year residency at Hennipen County Hospital and the University of Minnesota. Doctor Molstad is Board certified in anatomic and clinical pathology.

Stephen C Werner, MD* and **Mark L Goelzer, MD,*** Janesville, are among the first recipients of the American Academy of Pediatrics' Review and Education Program (PREP) Fellowship Award. Affiliated with the Janesville Medical Center Ltd, Doctors Werner and Goelzer have been active in PREP's continuing education program, completing at least 20 hours per year of coordinated self-directed and self-evaluated study, since its inception in 1979.

Harold H Scudamore, MD,* Monroe, has been appointed the first medical director of The Monroe Clinic. The executive committee said the appointment was made in a continuing effort to meet the challenges of today's changing healthcare scene. The position is half-time and Doctor Scudamore will continue his medical practice. Doctor Scudamore has both a PhD and MD from Northwestern University. He came to The Monroe Clinic following 20 years on the medical staff of the Mayo Clinic in Rochester, MN. Board certified in internal medicine and the subspecialty of gastroenterology, Doctor Scudamore also is a clinical associate professor of medicine at the University of Wisconsin Medical School. He served for one year as president of the medical staff of St Clare Hospital in Monroe and has been accepted as a member of the American Academy of Medical Directors. During his 15 years at The Monroe Clinic, he has been active in clinic affairs and was previously in charge of the Quality Assurance Program. For several years he served on the Editorial Board of the *Wisconsin Medical Journal.*

Doctor Scudamore

R Venugopalan, MD,* Racine, member of the Trinity Memorial Hospital medical staff, recently was elected to a fellowship in the American College of Physicians. Doctor Venugopalan, a specialist in gastroenterology, graduated from Kottayam Medical College in Kerala, India. He is an associate clinical professor at the Medical College of Wisconsin.

Thomas E Wex, MD,* Marshfield, has joined the medical staff of the Marshfield Clinic. Doctor Wex graduated from Vanderbilt University School of Medicine, Nashville, and completed a family practice residency at the University of Wisconsin, Madison. He was stationed for two years at the United States Naval Hospital, Quantico, Va, and practiced in West Bend for seven years before joining the clinic.

Thomas B Prebble, MD, Marshfield, recently became associated with the Marshfield Clinic. Doctor Prebble graduated from the University of North Carolina at Chapel Hill and served his internship and residency at Rush-Presbyterian-St Luke's Medical Center in Chicago. Board certified in internal medicine, Doctor Prebble practiced medicine in the Kenosha area before joining the Marshfield Clinic.

Donald T Bishop, MD,* Middleton, who recently joined the medical staff of the Beloit Clinic in the Department of Cardiology (see *WMJ,* October 1985), is now a member of the Rock County Medical Society and the State Medical Society. Doctor Bishop practices noninvasive and invasive cardiology and is Board-certified in internal medicine. ■

AMA Physician's Recognition Award Recipients

LISTED BELOW are those physicians in Wisconsin who have earned the AMA Physician's Recognition Award in recent months. The State Medical Society of Wisconsin congratulates these physicians who have distinguished themselves and their profession by their commitment to continuing education:

FEBRUARY 1986

*Bashioum, Ralph W, Eau Claire
*Bernstein, Harvey H, Milwaukee
*Billings, Kenneth J, Marshfield
*Bruhn, Irwin J, Walworth
Cesarec, Robert G, New Berlin
*Cherkasky, Alan H, Kaukauna
*Davis, William E, La Crosse
*Driscoll, Thomas P, Milwaukee
*Frisch, Robert A, Milwaukee
*Gager, Walter E, Waukesha
*Golding, Jacob L, Milwaukee
*Hamilton, Gurdon H, Marshfield
*Heyrman, Donald J, Menomonee Falls
*Johnson, Samuel B, Green Bay
Koopmeiners, Michael B, St Croix Falls
*Kordiyak, George, Wausau
*Kwasny, Gregory P, Milwaukee
*Lochner, Donald M, Waupaca
*Logan, James J, Mauston
*Magnin, George E, Marshfield
*Maurer, William J, Marshfield
*Mayersak, Jerome S, Merrill
*Mc Cormick, Michael R, Waukesha
*Modaff, Walter L, Brookfield
*Nice, Marvin L, Kenosha
*Norfleet, Robert G, Marshfield
Nunez-Gornes, Jesus F, Marshfield
*Nymo, Mark T, Rice Lake
*Phelps, Lynn A, Madison
*Polzin, Jeffrey K, Black River Falls
*Pulito, Frank J, Milwaukee
*Rietbrock, Michael J, Oconomowoc
Saleeby, Eli R, Madison
*Scott, C Malcolm, Superior
*Seegers, James V, Elkhorn
*Seno, Louis S, Milwaukee
*Shea, Daniel W, Green Bay
*Stenborg, Walter P, Pewaukee
*Teoh, Ivan, Ashland
*Whang, Ki Jun, Beaver Dam
*Williams, Gail H, Marshfield
Zernzack, Lance E, Oshkosh
*Zimmerman, Richard C, Menomonee Falls■

**Members of the State Medical Society of Wisconsin*

OBITUARIES

Daniel R Werba, MD, 86, former Milwaukee physician, died Dec 19, 1985 in Phoenix, Ariz. Born Dec 22, 1898 in Milwaukee, Doctor Werba graduated from Rush Medical College in Chicago, and served his internship at City Hospital in St Louis, Mo. He was a member of The Medical Society of Milwaukee County, the State Medical Society of Wisconsin, and the American Medical Association. Surviving is his widow, Isabel of Phoenix, Ariz.

Royden F Collins, MD, 80, Madison, died Jan 29, 1986 in Madison. Born Mar 11, 1905 in Oasis, Doctor Collins graduated from the University of Wisconsin Medical School in 1942 and served his internship at Ancker Hospital, St Paul, Minn. He practiced medicine in Madison for 30 years before retiring in 1976. He was a member of Dane County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association. Surviving is his widow, Vera of Madison.

John L Sella, MD, 54, Milwaukee, died Feb 3, 1986 in Milwaukee. Born Sept 27, 1931 in Nashwauk, Minn, Doctor Sella graduated from Marquette University School of Medicine and served his internship at St Mary's Hospital in Minneapolis. His residency was completed at the Veterans Administration Hospital in Wood. Doctor Sella was a member of the United States Air Force from 1957–1959. Until 1985, he was president of the Wisconsin Academy of Ophthalmology, a post he held for an unprecedented four one-year terms. He served as president of the Milwaukee Ophthalmological Society in 1979–1980 and has been chairman of the specialty section on Ophthalmology of the State Medical Society of Wisconsin since 1981. He was a member of the Medical Society of Milwaukee County, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow, Cynthia; and three children from a previous marriage, Kathleen, Claire, and Marshall Sella, all of Milwaukee.

George J Hopkins, MD, 68, formerly of Cumberland, died Feb 4, 1986 in Hudson. Born Jan 12, 1918 in Cumberland, Doctor Hopkins graduated from George Washington, DC in 1946 and served his internship and residency at St Joseph's Hospital, St Paul, Minn. He formerly was chief of staff at Hudson Memorial Hospital. Surviving are his widow, Nettie; five sons, George, Albuquerque, NM; John, Ketchum, ID; Dr William, Owen; Thomas, Columbia, MD; and Joseph of Hudson.

Michael J Kuhn Sr, MD, 85, Milwaukee, died Feb 9, 1986 in Milwaukee. Born May 19, 1900 in Milwaukee, Doctor Kuhn graduated from Marquette University School of Medicine and served his internship at St Elizabeth's Hospital, Youngstown, OH. His residency in obstetrics and gynecology was completed at St Joseph's Infirmary in Louisville, KY. Doctor Kuhn had practiced in Milwaukee for 55 years and was a Life Member of the State Medical Society of Wisconsin. He was a founding member of the American College of Obstetricians and Gynecologists and also was a member of the Pan Pacific Surgical Society. He was a member of The Medical Society of Milwaukee County, and the American Medical Association. Surviving are his widow, Mary Agatha; three sons, Dr Michael Jr, Elm Grove; Dr John, Wausau; James, Minnetonka, MN; four daughters, Suzanne, Linville, NC; Judith, Cincinnati, OH; Margaret, Brookfield, and Mary Agatha of Yardley, PA.

Hildegard Kuecken Gerger, MD, 71, Wauwatosa, died Feb 11, 1986. Born Mar 28, 1914 in Berlin, Germany, Doctor Gerger graduated from Humboldt University in Berlin. Her internship and residency were completed at St Luke's Hospital in Milwaukee. Surviving are two sons, Larry and Ronald.

J Francis Wilkinson, MD, 90, prominent Oconomowoc physician, died Feb 19, 1986 in Oconomowoc. Born Apr 10, 1895 in Oconomowoc, Doctor Wilkinson graduated from Marquette University School of Medicine in 1922 and served his internship at Milwaukee County General Hospital. He served in the United States Army, during World War I, prior to going to medical school. In 1923 Doctor Wilkinson joined his father in medical practice and in 1929 he cofounded the Wilkinson Clinic in Oconomowoc. He was the first chief-of-staff of Oconomowoc Memorial Hospital. Active in the affairs of the State Medical Society of Wisconsin, Doctor Wilkinson served as councilor (now director) in the 1940s and also was a member of several committees of the Society. He was a member of the "50 Year Club" of the Society, and also was a past president and member of the Waukesha County Medical Society. Doctor Wilkinson was a member of the American Medical Association and an honorary member of the American Academy of Family Physicians. Surviving are his widow, Patricia; one daughter, Janet, Ontario, CA; and seven sons, Jerome, Reno, NV; Richard, Lansing, MI; Halford, Windsor Locks, CT; David, Wauwatosa; Timothy, Roswell NM; Patrick, Santa Barbara, CA, and Maurice of Santa Clara, CA.■

PHYSICIANS EXCHANGE

East Range Clinics, Ltd seeks physicians in the following specialties: Orthopedic Surgery, Ophthalmology, and Internal Medicine (with special interest in cardiology, pulmonary medicine, or intensive care). Opportunity to join established practice with progressive multispecialty group of 27 physicians; unlimited opportunity for outdoor recreation. Contact: Gary Lishinski, Administrator, East Range Clinics, Ltd, 910 North Sixth Ave, Virginia, MN 55792; ph 218/741-0150. p12/85;1-5/86

Family Practice opportunity: BC/BE. Established 50-doctor multispecialty group practice located in the Milwaukee, Wisconsin metropolitan area needs a second family practitioner for a rapidly expanding practice. Competitive salary and excellent fringe benefits. Address inquiries and CV to Administrator, PO 427, Menomonee Falls, Wis 53051. p3-4/86

Internist wanted to associate with five family physicians, one surgeon group in a rural Central Wisconsin resort community. Well-equipped 40-bed hospital with new ICU. Total referral source 14 physicians. Contact J R Salan, MD, 710 Riverside Dr, Waupaca, WI 54981; ph 715/258-1154. 3-4/86

Family Practice: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary gaurantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Position for OB/GYN opening July 1986. Beautiful northwestern Wisconsin lake area. Potential ownership. Send CV to Dr Thomas Fenger, American Healthcare Corporation, 12 W Marshall St, Rice Lake, WI 54868. 3-4/86

RATES: 50¢ per word, with a minimum charge of $20.00 per ad. BOXED AD RATES: $25.00 per column inch. *All ads must be prepaid.*

DEADLINE: Copy must be received by the 15th of the month preceding month of issue; e.g., copy for the August issue is due July 15. Send copy to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 800/362-9080.

Family Practice physician, BE/BC, needed to provide primary outpatient care in a free-standing student health service with its own lab facilities for a student population of 11,000 at the University of Wisconsin-Eau Claire. Attractive salary and fringe benefit package, including malpractice insurance. Contact: Shelley Bratholdt, RNC, ANP, Director of Health Services, University of Wisconsin-Eau Claire, Eau Claire, WI 54701; ph 715/836-4311. 4/86

Obstetrics/Gynecology, Southeastern Wisconsin. Large multispecialty group located near Milwaukee seeking additional Board eligible/certified obstetrician/gynecologist. Call shared with four other physicians. Competitive salary; excellent fringe benefits. Address inquiries and CV to Administrator, PO Box 409, Menomonee Falls, Wisconsin 53051. 4-5/86

Hematology/Oncology. The Racine Medical Clinic, a progressive cluster corporation of 32 physicians, is currently seeking a HEM/ONC physician. Full benefits, unlimited earnings and a full and exciting practice are offered. Please contact: Roger D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406; ph 414/886-5000. 4tfn/86

Part-time challenges with retirement benefits. The Wisconsin Army National Guard is seeking physicians to conduct physical examinations, consultations, and medical opinions. You will receive direct commission, PX, and commissary privileges, and retirement annuity after completing 20 years part-time service (doctors may be retained to age 64) if you can give 16 hours a month plus 2 one-week training periods during the year. Yearly salary of $3400–$5100. Please contact: Major Robert C Klinder, 3506 Memorial Dr, Madison, WI 53704-1199 or call toll free in Wisconsin 1-800/362-7444 for additional information. 4-5/86

Madison, Wisconsin. Physicians with appropriate experience are needed to staff two urgent care clinics in Madison. Competitive compensation and flexible scheduling. Contact T Geurkink, MD, 707 S Mills St, Madison, WI 53715. p4/86

Wanted—Board qualified—board certified obstetrician-gynecologist as an associate. Modern well equipped facility. Excellent starting salary and benefits including profit sharing plan. Please contact Elizabeth Allen Steffen, MD, 734 Lake Ave, Racine, Wis 54303. 9tfn/83

Fargo Clinic, Ltd, has a family practice opportunity available for an immediate care physician; metropolitan area of 130,000; 35 minutes from clean lakes region. No call, regular office hours. If interested, please send CV and references to Dr Chuck Anderson, PO Box 2067, Fargo, North Dakota 58123. 4-5/86

OB/GYN, Family Physician, Pediatrician Board certified/eligible. Full-time to join an established busy group practice in Milwaukee. Send curriculum vitae to Avenue Medical Center, SC, 2711 W Wells St, Milwaukee, WI 53208; ph 414/342-3000. 4-6/86

Otolaryngologist. Busy practice looking for second BC/BE otolaryngologist to join 50-doctor multispecialty group located in suburb 20 minutes northwest of Milwaukee. Excellent salary and fringe benefits. Send CV and letter of application to Administrator, PO Box 427, Menomonee Falls, Wisconsin 53051. 4-5/86

Wanted. Family Physician, residency-trained, Board certified/eligible to join one FP, age 37, in growing practice in Chanhassen, MN. This community of 7000 is 20 miles from downtown Minneapolis. First-year guaranteed income plus incentives and additional income opportunities available. Write or call David McCollum, MD, PO Box 423, Chanhassen, MN 55317; 612/934-0570 or (home) 612/448-6019. 4-6/86

Wisconsin group of residency-trained, Board-certified emergency physicians is seeking ABEM certified/prepared emergency physicians for staff and administrative positions at Columbia Hospital, Milwaukee, and Kenosha Memorial Hospital. Excellent patient populations, medical and administrative staffs, and medical school affiliation. Send CV to: Thomas A Reminga, MD, 2025 East Newport Ave, Milwaukee, WI 53211; ph 414/961-3508. 4-6/86

Family Practitioner. River Valley Medical Center is seeking two family practice Board eligible/certified physicians for its multispecialty group of 16 physicians in Northwest Wisconsin. Excellent starting salary and comprehensive fringe benefit package the first year with full group membership after one year. Attached to a progressive 90-bed hospital. We are within 45 minutes of the St Paul-Minneapolis area. Please contact Dr Carl Hansen, Recruitment Chairman or Tom Halverson, Clinic Manager, 208 Adams St, South, St Croix Falls, WI 54024; ph 715/483-3221. p11/85;12tfn/85

PHYSICIANS EXCHANGE

continued

Pediatrics/Neonatology: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits, and early ownership. Neonatology skills needed for Level II Nursery. Please send curriculum vitae to R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

West Bend, Wisconsin, General Clinic, a (18) physician multispecialty group, is seeking physicians in the specialties of Internal Medicine, Family Practice, OB/GYN, and Pediatrics. First-year salary guaranteed. Corporate membership possible after one year. Excellent fringe benefits. Located in scenic, recreational area with close proximity to Milwaukee. Please contact Hans W Schmelzling, Administrator, General Clinic, 279 S 17th Ave, West Bend, WI 53095; ph 414/338-1123. 6tfn/85

Internist or Family Practitioner to join two Internists and General Surgeon in growing, established, Green Bay area practice. Send CV to John Brusky, MD, 1203 South Military Ave, Green Bay, WI 53404. 7tfn/84

Family Practice, Internal Medicine, Urology, & ENT. Practice medicine in beautiful northern Wisconsin with established medical group. Call or write: Lakeland Medical Associates, Ltd, Attn: R J Sloan, MD, President, PO Box 549, Woodruff, WI 54568; ph 715/356-3292. 4-6/86

FAMILY PRACTITIONERS INTERNISTS, OB/GYN

The UW Office of Rural Health is seeking primary care specialists for more than 50 communities throughout Wisconsin. Opportunities are available throughout Wisconsin for Board certified physicians trained in US medical schools and residencies.

CONTACT:
Laurie Glowac or Fred Moskol
New Physicians for Wisconsin
University of Wisconsin
Department of Family Medicine
777 S Mills St, Madison, WI 53715
Phone 608/263-4095 7/85-6/86

Family Practice position opening July 1986. Aggressive corporate medical group. Located in a beautiful northwestern Wisconsin lake area. Part-time, semi-retired, and full-time. Potential ownership optional. Send CV to Dr Thomas Fenger, American Healthcare Corporation, 12 W Marshall St, Rice Lake, WI 54868. 3-4/86

Appleton, Wisconsin—seeking physicians for weekend coverage at family practice clinic affiliated with local hospital. Flexible hours and attractive compensation. Submit resume to Emergency Consultants, Inc, 2240 South Airport Rd, Rm 36, Traverse City, MI 49684; 1/800-253-1795 or in Michigan 1/800-632-3496. p3-4/86

Internal Medicine. Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 2tfn/86

Family Practitioner needed to join two FPs at the Ellsworth, Wisconsin office of a progressive eleven-physician group. Liberal fringes and financial package. Forty miles from metropolitan Minneapolis/St Paul. Contact R M Hammer, MD, River Falls, WI 54022; ph 715/425-6701 or 612/436-8809. 4tfn/85

Wanted. Qualified physician to practice emergency medicine in Southeastern Wisconsin beginning July 1986. Ours is a small group covering two hospital emergency rooms, maintaining secure professional contracts. Flexible scheduling and competitive salary guaranteed. Interested parties should send CV to Associated Emergency Room Physicians, SC, 1131 Sherwood Lane, Caledonia, WI 53108; ph 414/835-4889. 12/85;1-6/86

Wisconsin. We are seeking a Board-certified pediatrician to assume an established position of a pediatrician who is leaving. We have a three-member pediatric department in a nine-member multispecialty clinic. The town has 35,000 people with a drawing area of 85,000—equal distance from Milwaukee and Madison—in a scenic and recreational area. Guaranteed salary for the first year. Please contact: David L Lawrence, MD, 92 E Division St, Fond du Lac, WI 54935; ph 414/921-0560. p4-9/86

Obstetrician-Gynecologist, Board-certified or eligible to join 17-physician multispecialty clinic with 2-physician OB/GYN department. Located in beautiful Wisconsin lakeshore community of 35,000. Competitive salary, complete fringe benefits, liberal vacation. Send CV to Administrator, Manitowoc Clinic, SC, PO Box 3008, Manitowoc WI 54220. 2-5/86

Wisconsin: Pediatrician with subspecialty interest to join multispecialty clinic that includes general pediatricians, pediatric hematologist, oncologist and neonatologist in city of 150,000. Send CV to Dept 561 in care of the Journal. 8tfn/85

Physicians needed full or part-time to perform light physicals. Milwaukee area. Professional liability provided. Phone 414/344-2100, Ms Jenkins. 10tfn/84

Family Practitioner position available with 25-member multispecialty group. Excellent benefits and competitive salary. Contact W J Mommaerts, Administrator, West Side Clinic sc, 1551 Dousman St, Green Bay, WI 54303; ph 414/494-5611. 2-5/86

Wisconsin. Pediatric allergist or other pediatric subspecialty to join multispecialty clinic in city of 150,000. Send CV to Dept 577 in care of the Journal. p2-4/86

Ophthalmologist. BC/BE, to join 25-member multispecialty group. Excellent benefits, competitive salary. Call or write: W J Mommaerts, Administrator, West Side Clinic, sc, 1551 Dousman St, Green Bay, WI 54303; ph 414/494-5611. 2-5/86

Family Practice. Third family practice physician needed to join multispecialty group of 17 in Hartford, WI. Two branch locations. All facilities modern and well equipped. Guaranteed first year negotiable salary; usual fringe benefits. Contact: Murlin Bernd, Clinical Manager, 1004 E Sumner St, Hartford, WI 53027; ph 414/673-5745. p4-5/86

Physicians needed in Arizona, all specialties, BE-BC. Send CV to: Fred Welhausen, Western Personnel, 316 E Flower, Phoenix, AZ 85012. 4-6tfn/86

MEDICAL FACILITIES

General and surgical solo practice for sale. Gross in excess of $300,000. Growing desirable midwestern university

MEDICAL FACILITIES

continued

city with population 25,000. One very well-equipped hospital in county of 60,000 a few blocks away. Owner will remain to introduce. Contact Dept 563 in care of the Journal. 9tfn/85

Office Furniture & Equipment For Sale. Hamilton examining table, cabinet and more. Swivel chair, desks and chairs, 3M copier and storage cabinet, coat racks, two office telephones. PLUS MORE! For more information, call 414/654-9333; 8 am to 10 am and after 6 pm. 4/86

Milwaukee, Wisconsin suburban area. Busy OB/GYN practice for sale immediately. Selling physician may continue practicing to acquaint new physician to his patients. Also will finance. Contact Dept 578 in care of the Journal. 2-5/86

Rural Family Practice. Well established. Building, x-ray, and EKG laboratory included. Excellent opportunity for solo practice or satellite office near Madison. Netting $60,000 per year for 6 hours per week. Contact Dept 575 in care of the Journal. 1-6/86

MISCELLANEOUS

HOLTER MONITOR

Quality Scanning for reel or cassette type recorders by qualified technicians and certified cardiologists' interpretations, scan price $35.00 with UPS speedy delivery. Recorders loaned, leased, or purchase new dual-channel Holter recorders, $995.00, with one-year warranty. For more information call Advance Medical and Research Center 1-800/552-6753. 11tfn/85

This space available
BOXED: $37.50
(1½ column inches)

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

WISCONSIN

MAY 4, 1986: Wisconsin Society of Oral and Maxillofacial Surgery, Pfister, Milwaukee. g4/86

MAY 15, 1986: "Addressing Biomedical Dilemmas: Politics, Press, and Medicine," at Milwaukee Marriott. Sponsored by the Bioethics Center of the Medical College of Wisconsin. The role of the physician, the elected representative, and the journalist in tackling bioethical dilemmas will be discussed by nationally-drawn speakers including Governor Lamm, State of Colorado; Governor Earl, State of Wisconsin; Dr Lawrence Artman, medical correspondent, *New York Times;* Dr Mark Siegler, University of Chicago Medical Center; Paul Lowenwarter, "60 minutes" producer; Dr Richard Behrman, Case Western Reserve Medical School Dean; and Dr Peter Frommer, NIH. Info: Robyn Shapiro, Bioethics Center, Medical College of Wisconsin, 8701 Watertown Plank Rd, Milwaukee, WI 53226; ph 414/257-8498. p3-4/86

THIS LISTING is compiled by the State Medical Society of Wisconsin in cooperation with others who wish to maintain a centralized schedule of meetings and courses of interest to Wisconsin physicians and to avoid scheduling programs in conflict with others. Hospitals, Clinics, Specialty Societies, and Medical Schools are particularly invited to utilize this listing service. There is a nominal charge for listing of Continuing Medical Education courses at the following rates: 50¢ per word, with a minimum charge of $20.00 per listing.

BOXED LISTINGS: $25.00 per column inch. Listings of other scientific meetings will be included at the discretion of the editors.

COPY DEADLINE for listings is 15th of the month preceding the month of publication; e.g., copy for the August issue is due by July 15. Address communications to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 800/362-9080.

FOR LISTING of other meetings see the January 4, 1985 issue of the *Journal of the American Medical Association:* Continuing Education Opportunities for Physicians for period January 1985 through December 1985.

MAY 16–17, 1986: Wisconsin Chapter of the American Academy of Pediatrics, The Pioneer Inn, Oshkosh. (See further details in the SPECIALTY SOCIETIES section of this issue.) g3-4/86

MAY 22–23, 1986: *Problem Solving in Emergency Care Symposium,* presented by Methodist Hospital, Madison. Physician, Nurse, Paramedic and EMT tracks. Tuition: $30–$150. Accreditation: 14 AMA Category I, applied ACEP Category I. Contact: Mark Olsky, MD (Director), Methodist Hospital, 309 W Washington Ave, Madison, WI 53703; ph 608/251-2371, ext 3015. 3-4/86

MAY 30–31, 1986: Wisconsin Radiological Society, American Club, Kohler. g12/85;1-4/86

JUNE 11–14, 1986: Wisconsin Academy of Family Physicians, Telemark Lodge, Cable. g11-12/85;1-5/86

JULY 17–19, 1986: Wisconsin Society of Obstetrics & Gynecology, Embassy Suites, Green Bay. g11-12/85;1-6/86

AUGUST 1–3, 1986: Wisconsin Dermatological Society, The Abbey, Lake Geneva. g11-12/85;1-7/86

State Medical Society of Wisconsin

Dates and locations of ANNUAL MEETINGS 1986–1992

All meetings will be held in Milwaukee at the Milwaukee Exposition and Convention Center and Arena (MECCA) and the new Hyatt Regency as the headquarters hotel.

1986—April 17–19
1987—March 26–28
1988—April 28–30
1989—April 13–15
1990—April 26–28
1991—April 18–20
1992—April 23–25

Meeting days will be Thursday and Friday; the first session of the House of Delegates will convene on Thursday, the second and third on Friday. Scientific programming will be on Friday and Saturday.

Further information: Commission on Continuing Medical Education, State Medical Society of Wisconsin, Box 1109, Madison, Wis 53701. Local telephone: 257-6781; toll-free in Wisconsin: 1-800/362-9080.

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

continued

SEPTEMBER 5–7, 1986: Wisconsin Anesthesiologists, The Abbey, Lake Geneva. g12/85;1-8/86

SEPTEMBER 11–13, 1986: Wisconsin Society of Internal Medicine, The Edgewater Hotel, Madison. g12/85;1-8/86

Wisconsin Specialty Society Meetings 1986

- Wisconsin Society of Oral and Maxillofacial Surgery, May 4, 1986, Pfister, Milwaukee
- Wisconsin Chapter of the American Academy of Pediatrics, May 16-17, 1986, Pioneer Inn, Oshkosh
- Wisconsin Radiological Society, May 30-31, 1986, American Club, Kohler
- Wisconsin Society of Anesthesiologists, Sept 5-7, 1986, The Abbey, Lake Geneva
- Wisconsin Academy of Family Physicians, June 11-14, 1986, Telemark Lodge, Cable
- Wisconsin Society of Obstetrics & Gynecology, July 17-19, 1986, Embassy Suites, Green Bay
- Wisconsin Dermatological Society, Aug 1-3, 1986, The Abbey, Lake Geneva
- Wisconsin Society of Internal Medicine, Sept 11-13, 1986, The Edgewater Hotel, Madison
- American College of Physicians: Wisconsin Chapter, Sept 11-13, 1986, Edgewater, Madison
- Wisconsin Surgical Society, Sept 19-20, 1986, St Mary's Hospital, Madison
- Wisconsin Radiological Society, Oct 3-4, 1986, The Concourse Hotel, Madison
- Wisconsin Neurological Society, Oct 10-11, 1986, The Heidel House, Green Lake
- Wisconsin Chapter of the American College of Emergency Physicians, Oct 23-24, 1986, Pfister, Milwaukee

OCTOBER 3–4, 1986: Wisconsin Radiological Society, The Concourse Hotel, Madison. g12/85;1-9/86

OCTOBER 23–24, 1986: Wisconsin Chapter, American College of Emergency Physicians, Pfister, Milwaukee. g4-9/86

OTHERS

MAY 7–9, 1986 (Minnesota): *International Health Care Congress: WORLDMED,* Civic Center, St Paul. Featuring symposia on: **Medical technology:** Pioneering achievements; Laser Surgery; Stone removal; Computers in medicine; TENS and pain management; Future drug therapy; New diagnostic tools; and Policy and economic issues. **International trade and marketing:** Projected needs in health care; Strategic planning; and Cost containment. **Clinical Applications:** Management of diabetes; Technology in rehabilitation; Sleep disorders; Allergy and clinical immunology; and Oncology. **Health care delivery systems:** Primary nursing; Long-term care; Minnesota's HMO system; New health care delivery systems; Chemical dependency; and Financial planning. Exhibits. AMA, AAFP accredited. For registration call: (612) 373-8012 (before March 31), (612) 626-5525 (after March 31), or write: Registrar, Continuing Medical Education, University of Minnesota, Box 202, 420 Delaware St SE, Minneapolis, MN 55455.

SEPTEMBER 17–19, 1986 (Georgia): American Cancer Society National Conference on Gynecologic Cancer-1986, Atlanta Hilton, Atlanta. Approved 16½ credit hours in Category I of PRA/AMA. Info: American Cancer Society, National Conference on Gynecologic Cancer-1986, 90 Park Ave, New York NY 10016. g3-8/86

AMA

JUNE 15–19, 1986: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 7–10, 1986: Interim AMA House of Delegates, Las Vegas, NV.

JUNE 21–25, 1987: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 6–9, 1987: Interim AMA House of Delegates, Atlanta, GA.

JUNE 26–30, 1988: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 4–7, 1988: Interim House of Delegates, Dallas, TX. ■

BOOKS RECEIVED

New books received are acknowledged in this section. From these books, selections will be made for reviews in the interest of the readers and as space permits. Reviews are written by members of the faculty of the University of Wisconsin Medical School and by others who are particularly qualified. Most books here listed will be available on loan from the Medical Library Service, 1305 Linden Drive, Madison, Wisconsin 53706; tel. 608/262-6594.

Current Surgical Diagnosis & Treatment. 7th edition. Edited by Lawrence W Way. 1985. Lange Medical Publications, Los Altos, Calif. Pp 1226. Price: $31.50.

The Physician and the Hopelessly Ill Patient. Society for the Right to Die, 250 West 57th St, New York, NY 10107. Pp 98. Price: $5.00. ■

ADVERTISERS

Acme Laboratories/ House of Bidwell 48
Advanced Technology Associates, Inc 11
Medical Computer Systems
American Medical International 77
American Physicians Life 63
Ayerst Laboratories 59, 60, 61, 62
Inderide® LA
Dista Products Co (Div of Eli Lilly & Co) 38
Ceclor®
Gaarder Miller Milwaukee Ltd 51
Knoll Pharmaceutical Company 40, 41, 42
Isoptin®
Marion Laboratories 19, 20
Cardizem®
Medical College of Wisconsin . . . 65, 67
Physician Resource Network
Medical Protective Company 58
Osler Institute, The 75
Business in Medicine
PBBS Equipment 57
Physician and Sportsmedicine The 13
Professionals Insurance Company, The 52
Roche Laboratories . . . . . 79, BC
Dalmane®
SK&F Company 22, 39
Dyazide®
S&L Signal Company 51
SMS Services, Inc 66
University of Minnesota 76
International Health Care Congress
Upjohn Company, The 21
Motrin® ■

Please copy and distribute to each doctor's mail box in your hospital.

BUSINESS IN MEDICINE

Political-Economic, Medical-Legal and Negotiating Seminars

May 16-19,'86 - Chicago Nov. 6-9,'86 - San Diego

For: • Physicians • Residents • Managers

Chicago Keynote: William Rial, M.D., Past President (1982-83), A.M.A.

OBJECTIVES:
- Understand current politcal effects on medical practice
- Improve quality assurance and risk management
- Develop cost-effective patient and practice management

METHODS:
- Pre-seminar basic background papers
- Seminar with lectures, panels, and workshops
- Post-seminar published proceedings and tapes

---

*"Excellent weekend meeting ..."**

*"... well designed educational course."**

FRIDAY, MAY 16

Registration Reception

SATURDAY, MAY 17

Government in Medicine 8:30 - 12:00
HEALTH CARE IN THE 1990'S
FEE FREEZE AND ASSIGNMENT
HOSPITAL AND PHYSICIAN DRG'S
GRAMM-RUDMANN EFFECTS

Business in Medicine 1:00 - 4:30
UNDERSTANDING THE BLUES
IPA's, PPO's and HMO's
HOSPITAL-MEDICINE INC.'s
JOINT VENTURES

Concurrent Workshops 4:45 - 6:00
LEGISLATIVE UPDATE
REGULATORY UPDATE
EVOLVING PRACTICE PATTERNS

Negotiating Technique 7:30 - 9:00

SUNDAY, MAY 18

Medical-Legal Issues 8:30 - 12:00
MALPRACTICE
STAFF ORGANIZATION
SOCIETIES AND UNIONS
TRUSTS AND ANTITRUST

Afternoon Workshops 1:00 - 5:00
COST-EFFECTIVE PREVENTION
PHYSICIAN CONTRACTS
TORT REFORM
PEER REVIEW FUTURE

Negotiating Critique 7:30 - 9:00

MONDAY, MAY 19

Concurrent Workshops 8:30 - 12:00
PROFESSIONAL LIABILITY
NEGOTIATING PARTICIPATION

Concurrent Workshops 1:00 - 4:30
IPA/HMO ORGANIZING/MANAGING
NEGOTIATING WITH HOSPITALS

*"The faculty was well versed...material presented was mostly new"**

Peter Bouxsein, J.D.
Counsel, Subcommittee on Health and Environment, U.S. House of Representatives

Alfred Clementi, M.D.
Chairman of Board, Ill. State Medical Society
Director, Ill. State Medical Insurance Services

Jerry Clousson, J.D., L.L.M.
President, Physician Support Services, Inc.
Former Director, A.M.A. Dept. of Negotiation

George Collentine, M.D.
Medical Director, Compucare of Wisconsin
Assoc. Clinical Professor of Surgery, M.C.O.W.

Richard J. Daley, J.D.
Partner, Pierce Daley Baffes & O'Sullivan

Jim Dechene, J.D., Ph.D.
Associate, Sidley & Austin, Chicago

Thomas Dehn, M.D.
Pres., American Medical Peer Review Assoc.

Barbara Gagle
Regional Administrator, Chicago
Health Care Financing Administration

Robert A. Go
Partner, Touche Ross & Co., Detroit
National Health Care Industry Director

Richard King, J.D.
Assoc. Exec. Director and General Counsel
Indiana State Medical Association

Edward Lichter, M.D.
Chairman, Prev. Medicine and Community Health, U. of Illinois College of Med. at Chicago

Philip G. Lindner
Partner, Arthur Anderson & Co., Chicago

Paul S. Mannweiler, J.D.
Majority Whip, Indiana House of Representatives
Author, 1985 Malpractic Ammendments

William Rial, M.D.
Exec. Director, Health Benefits Management
Blue Cross and Blue Shield Association
Past President (1982-83), A.M.A.

Terry Tottenham, M.D.
Partner, Fulbright & Jaworski, Houston
Chairman, Med. and Law Committee, A.B.A.

Walter Wood, M.D.
Chairman, Community and Family Medicine
Loyola University of Chicago

Quentin Young, M.D.
Pres., Health and Med. Policy Research Group
Clin. Prof., P. Med. & Comm. Health, U. of Ill.

William B. Zeiler, M.D.
Pres., Clinical Pathology Facility, Pittsburgh
Vice Pres., College of American Pathologists

*"The conference facility was comfortable"**

LOCATION: The Arlington Park Hilton, Euclid Ave. and Rohlwing Rd., Arlington Heights, Illinois, offers group discount rates, free guest parking and complimentary transportation from the American Airlines baggage claim area at O'Hare.

C.M.E. CREDIT: Loyola University of Chicago designates this program for 23 hours in Category I of the A.M.A.-Physician's Recognition Award.

*"...an excellent buy for the money."**

FEES: Registration $90 or $60/day (see below) includes background papers and lecture notes but not lodging, meals, proceedings or tapes.

INFORMATION: (812) 299-5658

"...every practitioner should attend"*

* *Comments by previous participants*

Cut and Mail Today to
BUSINESS IN MEDICINE
1094 Dawn Lane, Terre Haute, IN 47802

Name _____

Street _____

City _____

State/Zip _____

Specialty _____

Affiliation _____

Phone ( ) _____ ( ) _____
(home) (office)

Fees: ☐ **Physician** ☐ **Resident** ☐ **Manager** ☐ **Fellow**

☐ May 16-18: **$180** **$120** _____

☐ May 19 **$ 90** **$ 60** _____

☐ Check to **Business in Medicine** _____

Arlington Park Hilton Reservation:

☐ **Single ($57.00)** ☐ **Double ($77.00)**

with _____

(if no name, a room mate will be assigned if possible or single room rate will be charged)

☐ Male ☐ Female ☐ Non-Smoker

arriving May_____, '86; **departing** May_____, '86

☐ No room needed (add $8/day to fees)

INTERNATIONAL HEALTH CARE CONGRESS

MAY 7-9: 1986

WORLDMED

Civic Center
St. Paul, Minnesota

Featuring Symposia on:

MEDICAL TECHNOLOGY

- **Pioneering Achievements**
- **Laser Surgery**
- **Stone Removal**
- **Computers in Medicine**
- **TENS & Pain Management**
- **Future Drug Therapy**
- **New Diagnostic Tools**
- **Policy & Economic Issues**

INTERNATIONAL TRADE AND MARKETING

- **Projected Needs in Health Care**
- **Strategic Planning**
- **Cost Containment**

CLINICAL APPLICATIONS

- **Management of Diabetes**
- **Technology in Rehabilitation**
- **Sleep Disorders**
- **Allergy & Clinical Immunology**
- **Oncology**

HEALTH CARE DELIVERY SYSTEMS

- **Primary Nursing**
- **Long-Term Care**
- **Minnesota's HMO System**
- **New Health Care Delivery Systems**
- **Chemical Dependency**
- **Financial Planning**

EXHIBITS The educational program is only one component of WorldMed '86. Participants attending the educational program will be admitted to an extensive exhibit floor including diagnostic equipment and products; monitoring equipment and products; supplies; therapeutic equipment and products; pharmaceuticals; health care providers; associations; and related services. These exhibits will extend and complement the educational program. Noon until 2:00 each day will be set aside to visit exhibits.

AMA, AAFP Accredited

For registration call: (612) 373-8012 (before March 31)
(612) 626-5525 (after March 31)

or write: Registrar
Continuing Medical Education
University of Minnesota
Box 202, 420 Delaware St. S.E.
Minneapolis, MN (USA) 55455

AMERICAN MEDICAL INTERNATIONAL'S PHYSICIAN PLACEMENT SERVICE

American Medical International has instituted a new corporate service to assist Physicians interested in solo or group practice opportunities servicing AMI hospitals. Current opportunities are available for physicians who are Board Certified or Eligible. Specific areas of interest are:

- **Allergist**
- **Anesthesiologist**
- **Cardiologist**
- **ENT**
- **Emergency Medicine**
- **Family Practice**
- **Gastroenterologist**
- **General Practice**
- **General Surgeon**
- **Geriatric Medicine**
- **Industrial Medicine**
- **Oncologist - Medical and GYN**
- **Neurologist**
- **Neurosurgeon**
- **OB/GYN**
- **Ophthalmologist**
- **Orthopedic Surgeon**
- **Pediatrician**
- **Plastic Surgeon**
- **Radiologist**
- **Rheumatologist**
- **Thoracic Surgeon**

Physicians interested in pursuing opportunities with AMI should contact this service by calling or submitting a curriculum vitae to:

Norman Penick
Vice President
Human Resources
AMI
9465 Wilshire Blvd., Ste. 915
Beverly Hills, CA 90212
(213) 858-6927
National (800) 533-7013
California (800) 325-4881

AMI

NEWS YOU CAN USE

THE AMA'S COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS has clarified its opinion on withholding or withdrawing life-prolonging medical treatment to make it clear that withdrawal of artificial feeding and hydration for permanently comatose patients is not unethical, provided certain safeguards are present. The new opinion says that a physician should consider the prior expressed wishes of the patient and the attitudes of the family or those who have responsibility for the custody of the patient. Even if death is not imminent, but a patient's coma is beyond doubt irreversible, "it is not unethical to discontinue all means of life-prolonging treatment," including artificial feeding and hydration, the new opinion says. The opinion was announced at a conference on medical ethics in New Orleans sponsored by the AMA and the Hastings Center, attended by about 250 physicians. (Reprinted from *AMA Newsletter,* March 19, 1986) ■

NEW PROFESSIONAL LIABILITY LAW THAT FOCUSES ON MALPRACTICE has passed both houses of the West Virginia Legislature. The legislation, which goes into effect in 90 days, addresses three areas: professional liability insurance, physician licensure and discipline, and tort reform. It represents a victory for physicians in a Legislature made up largely of trial attorneys who, along with the rest of the state's legal community, were generally reluctant to pass such measures, said West Virginia State Medical Association officials. (Reprinted from *AMA Newsletter,* March 19, 1986) ■

ELECTRONIC PROCESSING AVAILABLE FOR MEDICAID CLAIMS. SMS staff recently witnessed a presentation by EDS-Federal of a new service to aid physicians in billing the Wisconsin Medical Assistance Program. The Electronic Claim Submission (ECS) service being implemented by EDS will allow physicians to transmit their WMAP claims with the use of a personal computer via telephone lines. This method of claims transmission has the potential to speed up payment of T-19 claims, reduce paper work, and improve cash flow. EDS has developed software for ECS and will make this software available to physicians at no cost. County medical society presidents will soon be receiving additional information from EDS, including announcement of a series of presentations on the Electronic Claims Submission service. CMS presidents are urged to disseminate this material at CMS meetings. For further information, contact your Physicians Alliance field consultant, Physicians Alliance staff at SMS Headquarters, or Lois Alme or Ann Elmer at EDS (1-800-362-9111 or 608-221-4746). ■

NEW BLOOD PRESSURE PAMPHLET AVAILABLE. The American Heart Association of Wisconsin has announced that a publication titled "Buying and Caring for Home Blood Pressure Equipment" is now available. The pamphlet is targeted to patients who are being evaluated for hypertension and those already diagnosed as hypertensive and following a prescribed treatment regimen. The publication explains the importance of monitoring blood pressure, describes the equipment needed to obtain home readings, and reviews cost, care and features of the equipment. It also encourages patients to seek advice and answers to questions from their physicians on all aspects of hypertension and blood pressure monitoring. Copies may be purchased (at 20 cents each) by contacting Blood Pressure Training Coordinator, American Heart Association, 795 North Van Buren Street, Milwaukee, WI 53202, or by calling 1-800-242-9236. ■

AIDS AND OTHER INFECTIONS VIDEOTAPE AVAILABLE. A joint effort by the Dane County Medical Society and SMS to make available a videotape and supplementary written materials on *AIDS and Other Infections* continues to be popular. As of mid-February over 50 requests for the program had been received by SMS. The program was created as part of the SMS REACH (Resource for Education and Awareness in Community Health) program to increase the visibility of county medical societies and SMS. Copies of the tape will be available (on loan) free of charge along with single copies of all supporting printed materials obtained from the US Centers for Disease Control and other sources. The background materials will be included in the package for reproduction and distribution by the county medical society or other group sponsoring the educational program. The program is designed for a wide range of interested groups, including healthcare and dental professionals, licensed Emergency Medical Technicians and funeral home personnel. It has been used by county medical societies, clinics, hospital medical staffs, and others. More information is available by calling the Communications Coordinator at SMS Offices: 1-800-362-9080 or 1-608-257-6781, ext 125. ■

EXCERPTS FROM A SYMPOSIUM
"THE TREATMENT OF SLEEP DISORDERS"[8]

"...highly effective for both sleep induction and sleep maintenance"

Sleep Laboratory Investigator
Pennsylvania

"...onset of action is rapid...provides sleep with no rebound effect to agitate the patient the following day"

Psychiatrist
California

"...appears to have the best safety record of any of the benzodiazepines"

Psychiatrist
California

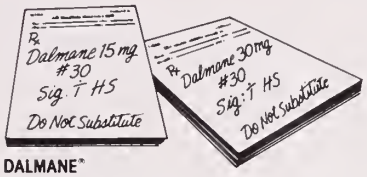
After 15 years, the experts still concur about the continuing value of Dalmane (flurazepam HCl/Roche). It provides sleep that satisfies patients... and the wide margin of safety that satisfies you.

The recommended dose in elderly or debilitated patients is 15 mg. Contraindicated in pregnancy.

DALMANE®
brand of
flurazepam HCl/Roche ℞
sleep that satisfies

15-mg/30-mg
capsules

References: 1. Kales J, *et al: Clin Pharmacat Ther 12* 691-697, Jul-Aug 1971. **2.** Kales A, *et al. Clin Phormocol Ther 18*:356-363, Sep 1975. **3.** Kales A, *et al: Clin Pharmacat Ther 19*:576-583, May 1976. **4.** Kales A, *et al: Clin Pharmacal Ther 32*:781-788, Dec 1982. **5.** Frast JD Jr, DeLucchi MR: *J Am Geriatr Sac 27*:541-546, Dec 1979. **6.** Dement WC, *et al: Behav Med*, pp. 25-31, Oct 1978. **7.** Kales A, Kales JD. *J Clin Psychapharmacol 3*:140-150, Apr 1983 **8.** Tennant FS, *et al:* Sympasium an the Treatment of Sleep Disarders, Telecanference, Oct 16, 1984 **9.** Greenblatt DJ, Allen MD, Shader RI: *Clin Pharmacal Ther 21*:355-361, Mar 1977.



DALMANE®
brand of
flurazepam HCl/Roche ℞

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening, in patients with recurring insomnia or poor sleeping habits, in acute or chronic medical situations requiring restful sleep. Objective sleep laboratory data have shown effectiveness for at least 28 consecutive nights of administration. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended. Repeated therapy should only be undertaken with appropriate patient evaluation.

Contraindications: Known hypersensitivity to flurazepam HCl, pregnancy. Benzodiazepines may cause fetal damage when administered during pregnancy. Several studies suggest an increased risk of congenital malformations associated with benzodiazepine use during the first trimester. Warn patients of the potential risks to the fetus should the possibility of becoming pregnant exist while receiving flurazepam. Instruct patients to discontinue drug prior to becoming pregnant. Consider the possibility of pregnancy prior to instituting therapy.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. An additive effect may occur if alcohol is consumed the day following use for nighttime sedation. This potential may exist for several days following discontinuation. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Potential impairment of performance of such activities may occur the day following ingestion. Not recommended for use in persons under 15 years of age. Withdrawal symptoms rarely reported, abrupt discontinuation should be avoided with gradual tapering of dosage for those patients on medication for a prolonged period of time. Use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated patients, it is recommended that the dosage be limited to 15 mg to reduce risk of oversedation, dizziness, confusion and/or ataxia. Consider potential additive effects with other hypnotics or CNS depressants. Employ usual precautions in severely depressed patients, or in those with latent depression or suicidal tendencies, or in those with impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported: headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins, and alkaline phosphatase, and paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity.

Dosage: Individualize for maximum beneficial effect. *Adults* 30 mg usual dosage, 15 mg may suffice in some patients. *Elderly or debilitated patients* 15 mg recommended initially until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.

ROCHE®
Roche Products Inc.
Manati, Puerto Rico 00701

#1 FOR SLEEP

After more than 15 years of use, it's #1 for sleep that satisfies. Patients are satisfied because they fall asleep fast and stay asleep till morning.[1-8] And *you're* satisfied by the exceptionally wide margin of safety.[7-9] As always, caution patients about driving or drinking alcohol.

Please see preceding page for summary of product information.

DALMANE®

brand of
flurazepam HCl/Roche ⓒⅣ

sleep that satisfies

ROCHE®

Copyright © 1986 by Roche Products Inc. All rights reserved.

Official Publication of the State Medical Society of Wisconsin

WISCONSIN MEDICAL JOURNAL

Members! Are your *Membership Records* current?

The *1986 Membership Directory,* to be published in the July issue of the *Wisconsin Medical Journal,* will contain a list of all members of record at May 15, 1986 as provided from MEMBERSHIP RECORDS. Information as it now appears in MEMBERSHIP RECORDS is included on the mailing label in the lower left-hand corner (excluding the expiration date of the subscription: 12/31/86). Please check this label; if there are corrections or additions necessary, please make them on the form below and return it to MEMBERSHIP RECORDS, State Medical Society of Wisconsin (note postage-paid return form on reverse side).

The State Medical Society of Wisconsin recognizes the self-designated practice specialties as used by the American Medical Association in its *American Medical Directory,* which includes data collected on Board certification from physicians themselves and from the American Board of Medical Specialties, which provides information in its publication: *Compendium of Certified Medical Specialists* (formerly published as the *Directory of Medical Specialists*). Only those certifications from the 23 Boards included in the *Compendium* will be included in the *SMS Membership Directory.*

Practice specialties and Board certifications listed in MEMBERSHIP RECORDS have been provided by individual members who annually update this information for the *SMS Membership Directory.* In neither case has the specialty or certification designations been routinely verified with any other source. The specialty codes used in this Directory are used for record-keeping and do not imply recognition or endorsement of any field of medicine. They are intended for use in this Directory only and are not to be used for changing or updating other records. The State Medical Society of Wisconsin, its officers, agents, and employees, make no claims as to accuracy, nor accept liability for information that may not be correct, or for errors and omissions.

AMA codes for self-designated practice specialties and the Board-certified specialties appear on the back of this cover.

Please return the form below **ONLY IF THERE ARE CORRECTIONS OR ADDITIONS** to the label which appears in the lower left corner of this page. For those members not returning the form by May 31, it will be assumed that the listing as it appears on the mailing label (at lower left corner) is accurate and approved for listing in the *SMS Membership Directory.*

Are your membership dues paid? ***May 15*** *is the cut-off date!*

Example of specialty/Board-certified coding:

I M	C D	P U D	/	I M	C D		

Practice Specialty Codes — Board-Certified Specialty Codes

Please make the following corrections or additions to MEMBERSHIP RECORDS:

You may list below up to 3 **self-designated specialties** recognized by the AMA (see specialties and their codes on back cover):

| | | |

It is not necessary to return the form below UNLESS there are corrections or additions.

See the back side of this "false" cover for a listing of practice specialties and Board-certified specialties (with codes) which are acceptable for designation in MEMBERSHIP RECORDS and the *SMS Membership Directory*.

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

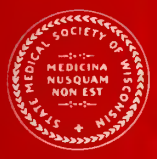
BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 4 MADISON, WI

POSTAGE WILL BE PAID BY ADDRESSEE

MEMBERSHIP RECORDS
State Medical Society of Wisconsin
P.O. Box 1109
Madison, Wisconsin 53791-9494

STACKS



Official Publication of the State Medical Society of Wisconsin

WISCONSIN MEDICAL JOURNAL

LIBRARY OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA
MAY 30 1986

DOCTOR VISTE

DOCTOR MULLOOLY

Newly Elected Officers and Directors

President: John P Mullooly, MD, Milwaukee
President-elect: Kenneth M Viste Jr, MD, Oshkosh

* * *

District 1: Roger E Laubenheimer, MD, Milwaukee
H Leslie Ericson, MD, Racine
Thomas A Reminga, MD, Milwaukee
H Myron Kauffman, MD, Elm Grove
District 2: John D Wegenke, MD, Madison
District 3: Pauline M Jackson, MD, La Crosse
District 4: William E Raduege, MD, Woodruff
Richard H Ulmer, MD, Marshfield
District 5: James L Basiliere, MD, Oshkosh
District 6: John E Kraus, MD, Marinette
Roger L von Heimburg, MD
District 7: Marwood E Wegner, MD, St Croix Falls

V.85, no.5

See pages 5 and 37

MAY 1986

WISCONSIN MEDICAL JOURNAL

ISSN 0043-6542 / Established 1903

Owned and published by
State Medical Society of Wisconsin

Medical Editor
Victor S Falk MD, Edgerton

Associate Medical Editor
Richard D Sautter MD, Marshfield

Editorial Board
Victor S Falk MD, Edgerton *Chairman*
Melvin F Huth MD, Baraboo
M C F Lindert MD, Milwaukee
Andrew B Crummy Jr MD, Madison
Richard D Sautter MD, Marshfield
Dean M Connors MD, Madison
George W Kindschi MD, Monroe
Charles H Raine MD, Racine
Garrett A Cooper MD, Madison *Emeritus*

Editorial Director
Wayne J Boulanger MD, Milwaukee

Editorial Associates
R Buckland Thomas MD, Monroe
Russell F Lewis MD, Marshfield
Thomas H Cogbill MD, La Crosse
Victor S Falk MD, Edgerton
Richard D Sautter MD, Marshfield

Staff
Earl R Thayer, Madison
Secretary-General Manager
State Medical Society of Wisconsin

H B Maroney II, Madison
Assistant Secretary-Corporate Counsel
State Medical Society of Wisconsin

Mrs Mary Angell, Madison
Managing Editor

Mrs Marjorie Stafford, Madison
Publications Assistant

NATIONAL ADVERTISING REPRESENTATIVE: State Medical Journal Advertising Bureau, Inc, 711 South Blvd, Oak Park, Ill 60302. Ph 312/383-8800.

LOCAL (WISCONSIN) ADVERTISING: Contact: Mrs Mary Angell, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701. Ph 608/257-6781.

SUBSCRIPTION RATES: Members, $12.50 per year (included in dues); nonmembers, $25.00. Single copy: current year, $2.00; previous years, $3.00. SPECIAL RATES: Foreign and Canada, $30.00. Blue Book issue, $8.00. Membership Directory issue, $15.00.

SECOND CLASS POSTAGE PAID at Madison, Wisconsin, and at additional mailing offices.

PUBLISHED MONTHLY. "Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized August 7, 1918." Address all communications to THE WISCONSIN MEDICAL JOURNAL. Street address: 330 East Lakeside Street. Mailing address: Box 1109, Madison, Wis 53701.

POSTMASTER: Send address changes to Wisconsin Medical Journal, PO Box 1109, Madison, Wis 53701.

COPYRIGHT 1986
State Medical Society of Wisconsin

CONTENTS

May 1986

SPECIAL FEATURES

President's Page

5 The new president: John P Mullooly, MD

Editorials

6 Hospitality mortality, by *Richard D Sautter, MD,* Marshfield

6 The Schroeder Lectures at MCW, by *Wayne J Boulanger, MD,* Milwaukee, and *Victor S Falk, MD,* Edgerton

6 The American Dream, by *Wayne J Boulanger, MD,* Milwaukee

Letters

7 Creatinine clearance, by *Paul Drinka, MD; Paul A Pfarr, MD;* and *Al Rodriguez,* King

7 Ehlers Danlos syndrome, by *Nancy Hanna,* Southgate, Michigan

9 Greetings from SMS member in West Africa, by *Andre Van Mol, MD,* Libamba, Gabon West Africa

10 Life Membership, by *Peter A Duehr, MD,* Verona

10 A baby died, by *Roger Laubenheimer, MD,* Milwaukee

10 A solution—Worker's (patient's) compensation in medicine, by *James E Youker, MD,* Milwaukee

11 Women physicians, by *Elizabeth Barr, MD,* Mosinee

Soundings

11 The sod farm, by *David L Schiedermayer, MD,* Milwaukee

Miscellaneous

39 AMA Physician's Recognition Award Recipients

53 BLUE BOOK update

WISCONSIN MEDICAL JOURNAL (ISSN 0043-6542) is the official publication of the State Medical Society of Wisconsin, devoted to the interests of the medical profession and health care in Wisconsin. Its affairs are handled by the Editorial Board, subject to policy direction of the Society's Board of Directors. The Managing Editor is responsible for the production, business operation, and coordination of contents as well as the final responsibility of the entire publication. The Editorial Director is responsible for Editorials. Unsigned Editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed Editorials express personal views of the author for which the Society takes no responsibility. Neither the Editors nor the State Medical Society will accept responsibility for statements made or opinions expressed in the pages of the Journal. Indexed in "Index Medicus," "Hospital Literature Index," and "Cambridge Scientific Abstracts."

Vol. 85 No. 5

CONTENTS

STATE MEDICAL SOCIETY OF WISCONSIN

SCIENTIFIC MEDICINE

25 THE C MORRISON SCHROEDER LECTURE: The importance of example, by *Eugene M Bricker, MD,* St Louis, Missouri

34 CLINICAL CANCER: The annual cervical Pap smear, by *Stanley L Inhorn, MD,* Madison (Number 6 of a series)

36 ABSTRACT: Jejunostomy—A rarely indicated procedure, by *Mark B Adams, MD;* et al, Milwaukee

ORGANIZATIONAL

14 CES FOUNDATION—Contributions made during 1985

37 Dr Mullooly takes helm; Dr Viste to follow next year

38 House approves establishing own insurance company

38 Dr Treffert reelected Board chairman

39 SMS members form Physician Support Group

50 Membership Directory—Update

56 OBITUARIES:
Thomas H Cooper, MD, Salem, Oregon (Monroe and Janesville)
Paul N Sowka, MD, Stevens Point
Norbert G Bauch, MD, Milwaukee
George C Schulte, MD, Kenosha
Charles S Rife, MD, Milwaukee
Robert E Woodruff, MD, Alamo, California

DEPARTMENTS

40 COUNTY SOCIETIES: Eau Claire-Dunn-Pepin . . . Racine . . . Sheboygan . . . Winnebago

52 PHYSICIAN BRIEFS

53 NEWS HIGHLIGHTS

59 MEDICAL YELLOW PAGES: Physicians exchange . . . Medical facilities . . . Miscellaneous . . . Medical meetings—continuing medical education . . . Advertisers ■

THE STATE MEDICAL SOCIETY OF WISCONSIN, created by the Territorial Legislature in 1841, represents over 6200 member physicians in Wisconsin, comprising 55 county medical societies and 26 medical specialty sections. The purpose of the Society is to "bring together the physicians of the State of Wisconsin to advance the science and art of medicine and the better health of the people of Wisconsin, and to secure the enactment and enforcement of just medical laws." The major activities of the Society include continuing medical education, peer review, legislation, community health education, scientific affairs, socioeconomics, health planning, services for physicians, operation of a Charitable, Educational and Scientific Foundation, and publication of the *Wisconsin Medical Journal.*

Officers

PRESIDENT: *John P Mullooly, MD,* Milwaukee
PRESIDENT-ELECT: *Kenneth M Viste Jr, MD,* Oshkosh
SECRETARY-GENERAL MANAGER: *Earl R Thayer,* Madison
TREASURER: *John J Foley, MD* Menomonee Falls

Board of Directors

CHAIRMAN: *Darold A Treffert, MD* Fond du Lac
VICE CHAIRMAN: *Roger L von Heimburg, MD,* Green Bay

FIRST DISTRICT
Jerome W Fons Jr, MD, Cudahy
Roger Laubenheimer, MD, Milwaukee
Thomas A Hofbauer, MD, Menomonee Falls
Wayne H Konetzki, MD, Waukesha
H Leslie Ericson, MD, Racine
William L Treacy, MD, Milwaukee
Richard D Fritz, MD, Milwaukee
William J Listwan, MD, West Bend
Glenn H Franke, MD, Milwaukee
Lucille B Glicklich, MD, Milwaukee
Thomas A Reminga, MD, Milwaukee
H Myron Kauffman, MD, Elm Grove

SECOND DISTRICT
J D Kabler, MD, Madison
Cyril M Hetsko, MD, Madison
James J Tydrich, MD, Richland Center
Alwin E Schultz, MD, Madison
Kenneth I Gold, MD, Beloit
John D Wegenke, MD, Madison

THIRD DISTRICT
Pauline M Jackson, MD, La Crosse

FOURTH DISTRICT
William E Raduege, MD, Woodruff
Jung K Park, MD, Wisconsin Rapids
Richard H Ulmer, MD, Marshfield

FIFTH DISTRICT
Darold A Treffert, MD, Fond du Lac
James L Basiliere, MD, Oshkosh
C William Freeby, MD, Appleton

SIXTH DISTRICT
Roger L von Heimburg, MD, Green Bay
Joseph C DiRaimondo, MD, Manitowoc
John E Kraus, MD, Marinette

SEVENTH DISTRICT
Marwood E Wegner, MD, St Croix Falls
Philip J Happe, MD, Eau Claire

EIGHTH DISTRICT
Joseph M Jauquet, MD, Ashland

PRESIDENT: *Doctor Mullooly*
PRESIDENT-ELECT: *Doctor Viste*
PAST PRESIDENT: *John K Scott, MD,* Madison
SPEAKER: *Duane W Taebel, MD,* La Crosse
VICE SPEAKER: *Vernon M Griffin, MD,* Mauston

IT PAYS TO BE A MEMBER

SMS Services, Inc.

SMS MEMBERS PAID LESS!

$10,000,000 LESS . . .

For insurance plans over the past four years

$350,000 LESS . . .

For debt collection since 1978

$920,000 LESS . . .

For Uniform Claim forms since 1978

By purchasing these services through . . .

SMS Services, Inc.

It Pays To Be A Member

Call us for the name of your personal representative

P.O. BOX 1109, MADISON, WI 53701 • PHONE 608/257-6781 OR TOLL-FREE 1-800-362-9080

The new president: John P Mullooly, MD

JOHN P MULLOOLY, MD, a graduate of Marquette University School of Medicine in 1960 and president of The Medical Society of Milwaukee County in 1984, was installed as the 131st president of the State Medical Society at its Annual Meeting April 17–19, 1986 in Milwaukee.

Doctor Mullooly, Milwaukee, completed his internship and residency at Milwaukee County General Hospital and has been in private medical practice in internal medicine since 1964. He has been an assistant clinical professor of medicine at the Medical College of Wisconsin since 1966 and is on the medical staff of St Joseph's and Milwaukee County Hospitals.

Doctor Mullooly is past president of the Milwaukee Academy of Medicine and the Catholic Physicians Guild. He has been editor of the *Linacre Quarterly* since 1969; editor of the *Marquette Medical Review* from 1957–1958; chairman of the Editorial Board of the *Milwaukee Medical Society Times,* 1972–1976; and has served as editorial associate on the *Wisconsin Medical Journal,* 1974–1985.

Active in State Medical Society affairs, Doctor Mullooly served on the Board of Directors from 1976–1984, and has been a member of the SMS Committee on Medicine and Religion since 1970. He received the "Meritorious Service Award" from the Society in 1985. He has been an alternate delegate to the American Medical Association since 1984.

Doctor Mullooly received the 1984 "Addis Costello Internist of the Year Award" from the Wisconsin Society of Internal Medicine. He is a past president of the WSIM (1979) and is its newsletter editor. He is a member of the Wisconsin Heart Association, American Medical Association, American College of Physicians, and the Wisconsin Society of Internal Medicine. He has served on the executive board of the International Federation of Catholic Physicians since 1983.

Doctor and Mrs Mullooly have six children, five sons and one daughter; John P, 25, graduate of Fordam University; Michael, 23, graduate (Alpha Sigma Nu) of Marquette University; Thomas, 23, undergraduate of Georgetown University; James, 21, undergraduate of the University of Wisconsin, Milwaukee; William, 19, graduate of Marquette University High School, and Kathleen, 18, graduate of Divine Saviour Holy Angels High School.■

Wayne J Boulanger, MD, Editorial Director

Unsigned editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed editorials express personal views of the author for which the Society takes no responsibility.

Hospital mortality

THE GOVERNMENT, which released the mortality percentages of specifically identified hospitals, did the public, the nation's hospitals, and the medical profession a great disservice. The deficiencies, the discrepancies, and the illogical conclusions reached from these data are too numerous to mention.

However, what has been consistently overlooked, is that after considering the prognosis of a patient's specific disease entity, the single most relevant and important variable in hospital mortality is the quality of the hospital staff. The single most critical variable in the hospital staff is the quality of physicians.

People don't die under the care of hospitals, they may die in hospitals, but under the care of specific physicians and nurses.

These reports are not the evaluation of hospitals, but of the staff of those hospitals.

Praise from the consumer advocate groups for the Government's release of this information indicates these groups have little, if any, concept of the practice of medicine or what is quality care. It's important that the patients understand that hospital mortality percentages quoted from whatever source, are the accumulated mortality of all the physicians on the staff whose specialties may range from dermatology to oncology, which have widely variable mortality rates.

It's frightening to anticipate patient's selecting a hospital based on mortality percentages. What is even more frightening, is for patients to select a physician based solely on mortality statistics. Patients should primarily be concerned about their physician's qualifications and what kind of care he/she provides *them*. Whether a seriously ill patient will survive depends primarily on with what illness the patient presents and the quality of care delivered. To mislead the public regarding what hospital to enter looking only at the mortality percentages of an institution is cruel, deceptive, and absurd.

There can be no meaningful doctor/patient relationship without trust. My advice to patients is that if you don't trust your present physician, find one whom you do, and accept his/her advice, including where to be hospitalized.

—*Richard D Sautter, MD,* Marshfield

The Schroeder Lectures at MCW

ELSEWHERE IN THIS issue is reproduced the first C Morrison Schroeder Lecture (The Importance of Example). It was delivered in October 1985 by Dr Eugene M Bricker, Emeritus Professor of Clinical Surgery at Washington University, a long-time friend of Doctor Schroeder.

The lectureship was developed to honor a surgeon whose professional life has been dedicated to all that is laudable in the practice and teaching of surgery. Each year it will bring to Morry's former students and residents and colleagues vivid memories of encounters which were not always free of trauma, but were always somehow seared into the psyche for future reference and benefits.

This first lecture is imaginative and somewhat whimsical. In it Doctor Bricker communes with the late Dr Evarts Graham (who incidentally was an honorary member of the Wisconsin Surgical Society) and brings him up to date with advances in surgery as well as some of the problems currently confronting us in the practice of medicine.

Doctor C Morrison Schroeder is a deserving subject of the lectureship named in his honor.

Dr Robert Condon, Chairman of the Department of Surgery at the Medical College of Wisconsin, tells us that funding of the series is almost complete. Any Schroeder admirers out there who were somehow missed in the initial solicitation may wish to be added to the list of contributors.

Checks may be made payable to the C Morrison Schroeder Lecture Fund, c/o Department of Surgery, Medical College of Wisconsin, 8700 West Wisconsin Ave, Milwaukee, Wis 53226.

—*Wayne J Boulanger, MD*
Milwaukee
—*Victor S Falk, MD,* Edgerton

The American Dream

TIME WAS WHEN the American Dream was to disembark in New York with a dollar in your pocket, buy a pushcart, and by hard work and imagination grow into a multimillion dollar conglomerate.

Now there's a better way, and you can be native born besides.

The idea is to marry, have a child, sue the obstetrician, and in a matter of months you've got your first million (or first ten million). Then you can coast until the kid goes to school where a playground injury, such as a burn due to a faulty cigarette lighter, will allow you to expand your portfolio an even greater amount.

By now you're 45 and filthy rich, but you still don't have to stop making money. You can send your offspring to law school and in a few years one third of every pot at the end of the rainbow can be yours. Actually, if the contingency fee is the traditional one

third, your net proceeds will be better than the actual percentage of the total awards you received from the obstetrician and the school district (which only amounted to about 28 percent of the total).

It can only be hoped that the foregoing scenario depicts a passing craze which will soon have run its course. Juries, judges, and the American public must eventually tire of the liability lottery and bring it to a halt. For even in a fantasy world where everybody is beautiful and happy and protected from all risk, someone has to pay the bills.

It was OK when only doctors and major corporations had to pay, but now even good guys like churches and charitable organizations get sued, and the bloom is beginning to leave the rose.

I foresee major changes in a year or two on a federal level, with some improvement eventually even in Wisconsin. I foresee creation of a body such as the Industrial Commission which will deal with liability issues with schedules for limited awards in case of injury, and availability of insurance for the risk-taker (*ie*, the prospective parent or surgical patient) which will spread the costs should an accident or bad result ensue.

It can't happen too soon.

—*Wayne J Boulanger, MD,* Milwaukee ■

LETTERS

The Editors would like to encourage physicians to contribute to the LETTERS section where they can ventilate their frustrations as well as opinions. This feature is intended to be lively and spirited as well as informative and educational. As with other material which is submitted for publication, all letters will be subject to the usual editing. Address correspondence to: The Editor, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701.

Creatinine clearance

To the Editor: We wish to remind clinicians using the Cockcroft and Gault equation for predicting creatinine clearance to be cautious in their interpretation of results of this equation when treating chronically immobilized patients with muscle atrophy in whom 24-hour creatinine excretion is likely to be abnormally low for age, weight, and sex.

The Cockcroft and Gault equation for predicting creatinine clearance[1] is widely used in clinical practice to determine drug dosage.

$$\text{Creatinine clearance (ml/min)} = \frac{(140 - \text{age in years}) \times (\text{wt in kg})}{72 \times \text{serum creatinine in mg/dl}}$$

(in males) (15% less in females)

The accuracy of this equation is based on the assumption that muscle mass and creatinine excretion can be predicted from age, weight, and sex. Cockcroft and Gault, in fact, commented on the overestimation of creatinine clearance by their equation in myotonic dystrophy and paraplegia—conditions in which muscle mass and creatinine excretion are predictably low.[1] We noted a similar phenomenon in our nursing home practice. We applied the equation and simultaneously measured creatinine clearance with a Foley catheter 24-hour collection in two males, ages 47 and 64. They were chronically nonambulatory because of multiple sclerosis and a cervical cord lesion. They had stable renal function, and were neither obese nor edematous.

Age	Weight (kg)	Height	Serum creatinine (mg/dl)
47	75	6′	0.7
64	70	5′10″	0.6

24-hr Creatinine excretion (mg)		Creatinine clearance (ml/min)	
predicted*	measured on 24-hr collection	predicted	measured on 24-hr collection
1425	685	138	60
1071	738	123	79

*Predicted 24-hour creatinine excretion (mg) from Reference 1, Table II.

The equation overestimated the actual creatinine clearance by 78 and 44 $\frac{ml}{min}$ respectively. We remind clinicians to interpret the results of this equation with caution in chronically immobilized patients with muscle atrophy in whom 24 hour creatinine excretion is likely to be abnormally low for age, weight, and sex.

[1]Cockcroft DW, Gault MH: Prediction of creatinine clearance from serum creatinine. *Nephron* 1976; 16:31-41.

—*Paul Drinka, MD*
Paul A Pfarr, MD
Al Rodriguez
Department of Veterans Affairs, Wisconsin
Veterans Home
King, Wisconsin 54946

Ehlers Danlos syndrome

To the Editor: Those of us who suffer from Ehlers Danlos syndrome have a congenital defect in the structure of our connective tissue. Some of the common characteristics of this disorder can include fragile and hyperextensible skin that can tear and/or bruise very easily, poor wound healing, joint laxity and pain (resulting, in some cases, in multiple chronic joint dislocations), and cardiac complications including mitral valve prolapse. Pregnancy can

IT PAYS TO BE A MEMBER

SMS Services, Inc.

SMS SERVICES, INC. in cooperation with

Reinhart, Boerner, Van Deuren, Norris & Rieselbach, S.C., Attorneys at Law

presents

PERSONAL FINANCIAL PLANNING

A seminar for physicians and their spouses

Wednesday, October 8, 1986
MILWAUKEE MARRIOTT, Brookfield Wisconsin

The program will include topics such as:

Maximizing After Tax Income
Analysis of Real Estate Investments and Investor Protections
Qualified Retirement Plans
Structure of Professional Practice
Financial And Estate Planning After 1984 Legislation

This all day seminar also includes lunch and opportunity for one-on-one discussion with the highly qualified faculty. We have received only rave reviews of this seminar in past years and hope you will mark your calendar now for this interesting and worthwhile seminar. Information will be sent to the SMS membership along with registration forms. Please watch for it!

P.O. BOX 1109, MADISON, WI 53701 • PHONE 608/257-6781 OR TOLL-FREE 1-800-362-9080

cause multiple complications for both mother and child. Surgical procedures are frequently impossible due to the fragility of the connective tissues and the inability of the skin to tolerate stitches.

As an Ehlers Danlos syndrome (EDS) victim myself, in 1985, I formally organized the Ehlers Danlos National Foundation (EDNF), in an effort to provide knowledge, understanding, and support to those who suffer from EDS and their families. It is also the desire of the EDNF to further educate all medical professionals about EDS and related connective tissue disorders through educational programs in medical and nursing schools, seminars, brochures, updated articles, personal accounts, and a newsletter. Although there is no cure for EDS, early diagnosis and proper treatment of the "symptoms" are imperative both to the physical and mental well-being of the victims and their families.

The EDNF respectfully requests your assistance in making the Foundation's existence known to both the professional and general public. We will gladly make available to those who request them, library materials in our possession; and, when published, newsletters and brochures.

Any assistance you can provide to help publicize the Ehlers Danlos National Foundation, and aid us in our endeavor to teach (and learn from) any interested individual about EDS and related connective tissue disorders will sincerely be appreciated.

—*Nancy Hanna,* Executive Director
Ehlers Danlos National Foundation
PO Box 1212
Southgate, Michigan 48195
(313) 282-0180

Greetings from SMS member in West Africa

To Earl R Thayer (Secretary and General Manager SMS): Greetings! I'm now in Gabon, West Africa, via the MAP scholarship. Yes, this is done on a word processor. First, the landscape. We're on a couple of hills. One crosses a river by canoe or barge to get to Bongolo compound. A waterfall just up the river gives us hydroelectric power, and you can always hear the falls from my house. It's very green, in fact, it's jungle: numerous types of palms, many fruit and flowering trees, vines, the whole nine yards. Simply put, the place is a tropical paradise. The mission homes are excellent, but I almost daily find spiders, bugs, etc. Yesterday I saw a cockroach at a friend's that was six inches long. Many lovely birds: tucans, rope tails, white egrette, sparrows (many migratory European birds). It's rained a bit, last night was a downpour of tropical proportions, which turns our clay roads into greased toilet seat dimensions.

The hospital schedule has been adjusted since I arrived. We've gone from two to four surgery mornings a week, plus emergencies. Dave Thompson, chief MD, usually lets me do the spinal anesthesia (we use almost exclusively spinal or local, since general anesthesia triples the cost due to expense of bottle oxygen in Africa) and sew up the cases, sometimes exiting the room leaving me and the nursing students to wrap up. I get to incise abscesses and suture lacerations solo, no shortage of those here. I prescribe drugs and even treat and release patients without needing anyone's ok. I see lots of malaria, tuberculosis, various parasites, lots of hernias, several ectopic pregnancies (one at four months, which is supposed to be impossible), some leprosy, and lots of normal pediatrics, obstetrics and such. My opinions regarding what's important in medicine have changed, needless to say. One of the patients I was charged with was a United Nations worker from Belgium who got resistant malaria. The experts claim there is no resistant malaria here. Dave and I have completed a paper documenting otherwise. On the fortuitous side of missions, Dave saved the life of a local Muslim big shot who was so impressed he has since referred all Muslim friends to the hospital.

The hospital has a first class reputation nationwide. With minimal supplies and spartan facilities, we do better work than the government hospitals and are rivaled only by Schweitzer hospital which has a jillion times our financing. The folks here are committed, compassionate, transparent, and thoroughly sincere Christians who do their best in a continent where many foreign docs just let standards go to pot. The result is an exceptional witness of the gospel of Jesus Christ. The Christian & Missionary Alliance is the only evangelical church in South Gabon. Their theology sits well with an Assembly of God man like myself.

So, I've been teaching the missionary kids about West and East Europe, the USSR, China, NATO and Common Market, and tomorrow is the space program. I eat dinner at a staff member's house nightly, and between the hospital and socializing, I just haven't the time to do all the things I had planned, such as massive study for the Boards part II. I really feel useful here and we all get along famously . . . I'm showing my crazy side here now as well.

I went to the village of Guevede last weekend with a nurse, a Gabonaise church leader and

Life members

A life member is one who has held membership in a state medical society for 50 years or is a past president of the State Medical Society of Wisconsin.

Life members are exempt from payment of dues and assessments and receive a certificate of life membership.

A change to life membership is automatic as of the January 1 following completion of the eligibility requirement unless the State Society receives a request to the contrary.

Presidents of the State Medical Society of Wisconsin are eligible for Life Membership effective January 1 of the year in which their term of office concludes.

The following physicians became life members at January 1, 1986:

Peter A Duehr, MD, Verona
Thomas J Doyle, MD, Superior
Lynn J Seward, MD, Berlin
Stanley B Marshall, MD, St Petersburg, Florida
Albert H Stahmer, MD, Wausau
Eugene J Ackerman, MD, Mequon
Malcolm M Hipke, MD, Milwaukee
Howard J Lee, MD, Milwaukee
Norval W McKittrick, MD, Milwaukee
Samuel J Sweet, MD, Milwaukee
Richard D Thompson, MD, Delafield
David J Werner, MD, Milwaukee
Vernard A Benn, MD, Stevens Point
Melvin F Huth, MD, Baraboo
Theodore J Kern, MD, Hartford
Charles A Vedder, MD, Marshfield
John K Scott, MD, Madison■

some students for the weekend. Used my machete to clear some brush. The village was small, very very African: homes of mud or cinderblock walls with tin roofs and dirt or concrete floors; outside lit by moonlight, stars and fireflies. Food? Monkey (with paws in the bowl), gazelle, manioc, tarrow, bananas, atangas. Had porcupine this Friday at a local's home. However, missionaries eat the food they're used to, American.

Soon I'll be back in the states with mundane medical school. Hope all is well with you. Until later, bye.

—*Andre Van Mol, MD*
BP 49
Libamba, Gabon West Africa

Life Membership

To the State Medical Society: My grateful thanks for your letter of November 4, 1985 informing me of being granted Life Membership in the State Medical Society of Wisconsin!

It is a great honor to be able to join this distinguished group and I am proud that I could be a member of this great Society for so many years.

Thank you good people.

—*Peter A Duehr, MD*
3322 Mound View Rd
Verona, Wisconsin 53593

A baby died

To Susan Shannon Engeleiter (Wisconsin Senator/R–Menomonee Falls): Recently a baby died in Milwaukee because his mother was unable to get through a "gate" for healthcare. This "gatekeeper" concept was established for the purpose of cost containment by the State of Wisconsin when the state abandoned the concept of "freedom of choice" in healthcare.

This same type of suffering will occur again and again. Part of the blame must be borne by the state that permitted this artificial barrier to be put in place.

May I urge you again, as I have done in the past, to support the "freedom of choice" concept in healthcare.

—*Roger Laubenheimer, MD*
324 E Wisconsin Ave, #925
Milwaukee, Wisconsin 53202

A solution—Worker's (patient's) compensation in medicine

To the Editor: The Editor's note in response to Dr Howard Mauthe's letter entitled "Maloccurrence Awards—a New Approach" (*WMJ*, March 1986) suggests that he really did not read or seriously consider Doctor Mauthe's well thought out comments. Doctor Mauthe has indeed taken care of seriously ill patients and understands that unfortunate results are an inherent part of the practice of medicine. What Doctor Mauthe is suggesting is that we have some way of helping the patient who ends up with an unexpected bad result. I believe that Doctor Mauthe is suggesting that we move toward some kind of worker's compensation approach to help the patient who has had a bad result due to the treatment not simply that the treatment was unsuccessful. The approach Doctor Mauthe proposes would allow patients who have a most unfortunate result to have financial help without having to incur the enormous cost of a malpractice suit in which very little of the money actually ends up helping the patient.

An example of what I believe Doctor Mauthe is talking about, would be two patients who have angiograms and both of whom suffer disabling strokes. One of the two patients had a stroke as a result of inappropriate technique and ends up winning a law suit and having a very large judgment.

The other patient has a stroke from no identifiably poor technique and receives nothing. Both patients are grievously damaged and in need of long-term financial assistance. One patient and his lawyer become rich and the other whose injury apparently occurs as an act of God gets nothing. It is really grossly unfair. Furthermore, all of us who are conscientious physicians would like to see the patient who is injured receive something regardless of whether we are at fault. The system works in worker's compensation, why shouldn't we try it in medicine.

—*James E Youker, MD*
8700 West Wisconsin Ave
Milwaukee, Wisconsin 53226

Women physicians

To the Editor: Women physicians can't win! If we don't conform to Doctor Boulanger's ideal of "femininity" (January editorial: *Litany for 1986*), he has no use for us. If we do conform, many regard us as "too emotional" or "too concerned with family."

Maybe we could just allow each other to be the best physicians we can be, in our own style, and stop judging whether others meet our standards of "masculinity" or "femininity."

—*Elizabeth Barr, MD*
1840 County Trunk Hwy XX
Mosinee, Wisconsin 54455

Editor's note: There are qualities in womanhood which are ideally suited to the practice of medicine. Some women physicians are smart enough to exploit them.—WJB ■

SOUNDINGS

Physicians are encouraged to submit brief essays on any subject that reflects an in-depth perspective. Essays will be subject to the usual approval by the Editorial Board.

The sod farm

David L Schiedermayer, MD
Milwaukee, Wisconsin

Sod farm this way, the sign points. I turn in, driving past the piles of red-brown dirt. There are signs of construction everywhere. There is a huge insurance company with glass panels and an asphalt parking lot on one side. Up on the hill there is a new supermarket with a parking lot big enough for a small city. Bordering another edge of the farm is a subdivision with nice new houses. On the other side is a new shopping mall with clothes, food, toys, and garden supplies.

Doctor Schiedermayer is Assistant Professor, Department of Medicine, Medical College of Wisconsin, 8700 West Wisconsin Ave, Milwaukee, Wisconsin 53226.
Copyright 1986 by the State Medical Society of Wisconsin.

I eat, live in a house, have insurance, and enjoy shopping in an enclosed mall. But that is not why I have come today. Today I have come for the purpose of buying sod. Our back stoop is a mudbath beloved by small children and dogs and our rug a mosaic of earth tones. I have tried seeding without success; today I come for sod.

Driving through the construction area, I see the sod farmer and his son down in the valley. My wheels dig down into the soft earth as I drive down in. Opening the door, I wave a hand and he does too. Going closer, I notice his tanned, weathered face, strong hands, and dirty blue coveralls. In back of him is a sod cutter, a machine that cuts strips of sod by separating the roots from their soil. He has just finished cutting several large strips of sod and has rolled them into bundles.

"Hello! How are things going today?" I ask cheerfully.

"Terrible. They won't be happy until they blacktop the whole place. Where are the deer gonna go? How 'bout the pheasants and the other animals? And where am I supposed to go?"

Without waiting for an answer from me, he turns to his son.

"We gotta cut sod tonight. Look at those clouds up there. The rain water's gonna wash right off onto us now that there's only those buildings around."

Turning to me again, he says, "How much sod do you need?"

"Well, I just need enough to cover this area behind our back stoop. It's about eight by ten feet."

"You'll only need two rolls of this big size," he says. We stand looking at each other, the doctor and the sod farmer.

"Where will you go?" I ask him.

"Well, you're right, I'm gonna have to go somewhere. You see that big pile of dirt over there? That dirt cost them over $40,000

to move to that spot. There is enough dirt there to cover this whole valley. I don't know how they got a permit to do it, the State's always saying they wanna preserve lowlands—what do they think this farm is? I mean, I've been sod farming this area for over 30 years. You can bet that it was hard to grow sod here the first few years. The ground just wouldn't take it. I had to keep working it and working it until finally the sod took hold. Now there is the best carpet of green sod in here that you're ever gonna see. You know, someday they're gonna wanna dig this all up and plant it all back again, and they're gonna find it's pretty tough to dig up all that concrete."

I nod in agreement and say "I'm sorry to see it. I hope you can find some other good spot." We talk for quite awhile, the sod farmer and I.

> We have much more in common than he could ever know. I am just becoming a physician, following the practices of physicians for the last 30 years, whose difficult groundwork has made American medicine into the finest healthcare system in the history of man. Many of the problems with access to medical care have been solved. While many huge problems remain in medicine, there has been much progress in the last 30 years, and a good area of sod has been laid.

But now I, like the sod farmer, have become aware of forces encroaching on all sides. On one side is government, like the insurance company with its imposing structure. On the other side is the private sector, business, like a subdivision on a small scale and like the supermarket or mall on a large scale. Medicine is being called upon to fulfill the needs of business as well as patient. Containment and competition are encroaching on me as a new physician to the point that I also feel like I am down in the valley, with many years of hard work being threatened. Others are about to overtake me and either move me out or make me adapt to their desires.

Medicine is my turf, and I feel, as many physicians do, that physicians need to control the practice of medicine. Change is coming. Medical costs are high, but that is not my fault. Given time to adjust, I think medicine will respond, but I have not been given time. Like the sod farmer, the encroachment has been too rapid. Within several years, within the time of my own training, these changes have occurred.

So I stand down in the valley with the sod farmer, talking a little about the price of sod. He may be cutting up his turf for the last time. I fear I am giving mine up just as rapidly. Even now, when I want to admit a patient to the hospital, I have to make phone calls to various government agencies. I am questioned by individuals who are not physicians about the appropriateness of my admission. I am asked if the same work couldn't be done as an outpatient, and whether my therapy requires intravenous lines or other inpatient techniques. While I do not doubt the sincerity of these individuals with whom I speak, they represent encroachment.

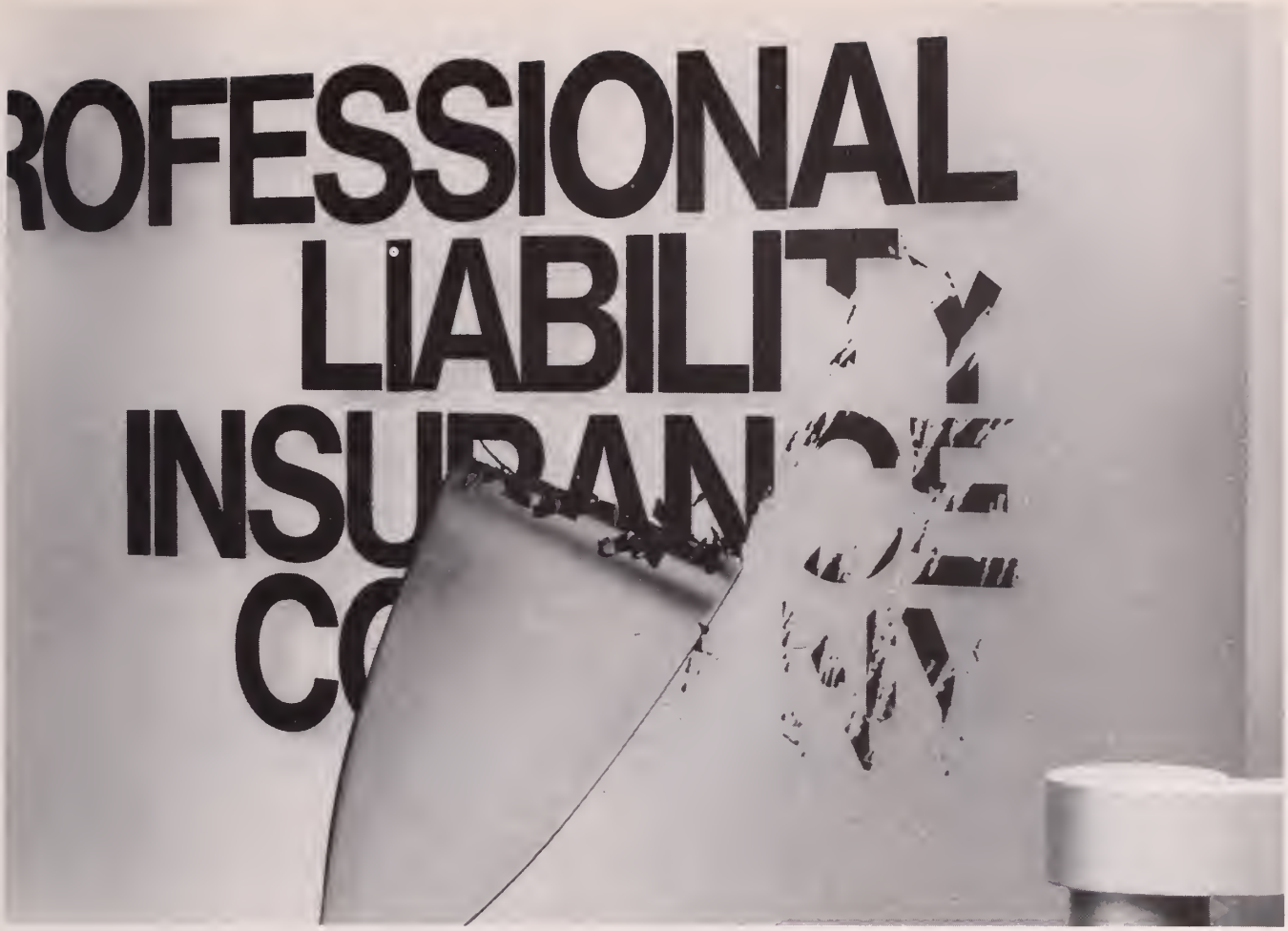
Now when I see patients, I look at their insurance card numbers. I did not have to do this even two years ago. When these types of decisions determine my salary, I will feel even more threatened, and the encroachment will be even more personal. As it is, I am furious knowing that these external considerations are playing a larger and larger role in my treatment of patients.

This is a turf battle, and the time has come for us to discuss strategy. First and foremost, I must be sure that my patients get adequate medical care, no matter what their financial status. Whether I myself suffer financial consequences or some corporation by which I am employed suffers financial loss, the patient must be seen as the bottom line. Medicine is not purely business, and those who think it so have never spent a night laboring over the bedside of a dying patient. They have never tried to prolong the life of someone who wanted to see their granddaughter born, and wondered at the tenacity of the human being. If they are concerned with the number of IV catheters, hospital days, or doses of medicine given to patients, then I share that concern. I am not, despite my love of life, willing to spend all our national resources to prolong it. I realize death must come, but it is just that I have been there and watched it come, and I have no desire to hasten it on behalf of government bureaucrats or corporate executives.

> The patient is my bottom line, and the care of the patient is my turf. Let he who enters prepare for a battle over this ground, for it is sacred ground, and the sweat and blood of many physicians, their entire life energy, has been poured out upon it. We will not give up without a struggle.

As I pay the sod farmer, I ask him what he would like to do next. He looks at me with a gleam in his eye, and says, "I'm not through fighting yet. There is an old rule about the use of this particular land, and I still may be able to keep it."

I smile and nod. We both will be planting while we're waiting.■



In ten years your malpractice carrier may be just a memory.

Unless it's Medical Protective.

As you consider professional liability insurance, consider this. The coverages stated in the policy are basically a promise — a promise to be here when needed regardless of legal climate or economic conditions. A company's ability to keep this promise is critical because your financial security may depend on it. Unfortunately, too many firms are now finding the task impossible.

Analyze your liability insurance options carefully just as you would any important investment. Go beyond the agent and the policy to the company that stands behind both. How long has it been in operation? Has it weathered some of the tough times? Will it be there for you when you need help?

The Medical Protective Company pioneered professional liability coverage before the turn of the century and has served doctors exclusively ever since. Over 500,000 of them. Through good times and bad. We'll be here when you need us.

Contact The Medical Protective Company through one of our general agents. History shows we keep our promises.

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

Jerome E. Kronsnoble, William E. Herte
850 North Elm Grove Road, Elm Grove, WI 53122, (414) 784-3780

CES Foundation

of the State Medical Society of Wisconsin

The Charitable, Educational and Scientific Foundation of the State Medical Society of Wisconsin recognizes the generosity of the following individuals and organizations who have made contributions during 1985.

SPECIAL GIFTS

Mrs Rosena Brunkow
The Professional Insurance Company
Etheldred Schaefer Estate
SMS Services, Inc.

CES FOUNDATION ENDOWMENT FUND

SMS Services, Inc.

VOLUNTARY CONTRIBUTIONS

Perla P Agpoon, MD
Neston C Alabarca, MD
Charles Alexander, MD
Robin N Allin, MD
James A Alston, MD
Charles H Altschuler, MD
Dennis Anderson, MD
George H Anderson, MD
Henry A Anderson, MD
Robert G Anderson, MD
Richard E Appen, MD
Serekerim Armagan, MD
George W Arndt, MD
Ashland-Bayfield-Iron County Medical Auxiliary
Melvin M Askot, MD
Merne W Asplund, MD
John L Babb, MD
Alan W Babcock, MD
Edward A Bachhuber, MD
Hugo M Bachhuber, MD
Raymond G Bachhuber, MD
Arthur C Bachus, MD
Durward A Baker, MD
Felicisima B Balverde, MD
James H Barbour, MD
John M Bareta, MD
John H Barsch, MD
Joseph A Bartos, MD
Ralph W Bashioum MD
John E Basich, MD
Kenneth L Bauman, MD
Don P Baumblatt, MD
Carroll A Bauer, MD
William B A J Bauer, MD
Leo E Becker, MD
Richard C Bechtel, MD
Norman O Becker, MD
George A Behnke, MD
Frank H Belfus, MD
A James Bennett, MD
Stephen A Bernsten, MD
Jayawant N Bhore, MD
John T Bjork, MD
Kristin L Bjurstrom
Samuel B Black, MD
John S Blackwood, MD
Donald S Blatnik, MD
Walter P Blount, MD
Carol A Blum, MD
Fred G Blum, Jr, MD
Robert M Boex, MD
Sidney M Boxer, MD
Marshall O Boudry, MD
Robert T Brazy, MD
Bruce J Brewer, MD
Gordon W Brewer, MD
J Thomas Breyer, MD
Dr and Mrs Thomas Briggs
Brown County Medical Auxiliary
John R Brown, MD
Thomas H Browning, MD
Robert G Brucker, MD
Larry R Brunzlick, MD
Richard J Bryant, MD
James D Buck, MD
Roy E Buck, MD
Robert S Bujard, MD
Harvey L Burdick, MD
Rudolfo G Burgos, MD
Eugene P Burke, MD
Eugene E Burzynski, MD
Richard R Byrne, MD
Josefino B Cabaltica, MD
John R Cafaro, MD
Donald W Calvy, MD
Robert H Caplan, MD
William H Card, MD
Eugene J Carlisle, MD
David J Carlson, MD
Sheila K Carlson, MD
Mrs Robert Carney
Kenneth L Carter, MD
Enzo F Castaldo, MD
Richard W Cherwenka, MD
Donald E Chisholm, MD
Steven S Choung, MD
Dennis D Christensen, MD
Gerald P Clarke, MD
Richard W Clasen, MD
Walter E Clasen, MD
Norman M Clausen, MD
Frances A Cline, MD
Thomas H Cogbill, MD
Norman E Cohen, MD
Dean M Connors, MD
Dorothy R Conzelman, MD
Robert J Corliss, MD
Howard L Correll, MD
Polly H Craft, MD
William A Crawford, MD
Robert P Cronin, MD
Dave P Cupery, MD
John J Czajka, MD
James E Dall, MD
Dane County Medical Society Auxiliary
William B Davies, MD
Donald P Davis, MD

Hugh L Davis, MD
John A DeGiovanni, MD
Leon F DeJongh, MD
Joel R De Koning, MD
Joseph C DeRaimondo, MD
John E Dettmann, MD
Helen A Dickie, MD
Douglas K Diehl, MD
Jovan L Djokovic, MD
C Thomas Dow, MD
Jerome J Dowling, MD
Thomas J Doyle, MD
Steven D Driggers, MD
Robert E Drom, MD
Ernest M Drury, MD
Thomas A Duff, MD
James R Dyreby, MD
Paul R Ebling, MD
Manfred Effenhauser, MD
Alan A Ehrhardt, MD
Charles R Eichenberger, MD
Carl S L Eisenberg, MD
Ted D Elke, MD
Stanley A Englund, MD
James W Erchul, MD
Huron L Ericsen, MD
Pepito M Erlano, MD
Chesley P Erwin, MD
Victor S Falk, MD
Theodore C Feierabend, MD
John W Fenlon, MD
Peter A Fergus, MD
Gabriel P Ferrazzano, MD
Paul K Figge, Jr, MD
William A Fischer, MD
James H Fitzpatrick, Jr, MD
John V Flannery, MD
Martin B Fliegel, MD
Henry A Folb, MD
Fond du Lac County Medical Auxiliary
W James Foster, MD
Paul S Fox, MD
Theodore C Fox, MD
Jordon Frank, MD
D J Freeman, MD
Robert A Frisch, MD
Reynaldo P Gabriel, MD
Luis J Galang, MD
Ihor A Galarnyk, MD
Rocco S Galgano, MD
Timoteo L Galvez, MD
Badri N Ganju, MD
Arthur F Garcia, Jr, MD
Piero G Gasparri, MD
Francis E Gehin, MD
Jack E Geist, MD
Frederick W Gissal, MD
John R Gladieux, MD
James E Glasser, MD
Lucille B Glicklich, MD
Kenneth I Gold, MD
Farrell F Golden, MD
David N Goldstein, MD
Frank F Gollin, MD
Donald R Gore, MD
Albert P Graham, MD
Grant County Medical Auxiliary
Scott M Green, MD
Benjamin S Greenwood, MD
Vernon M Griffin, MD
Peter J Groessl, MD
Dean A Gruner, MD
David C Grout, MD
Gretchen Guernsey, MD
Thoralf E Gundersen, MD
Paul M Guzzette, MD
John E Hamacher, MD
Gurdon H Hamilton, MD
George R Hammes, MD
Gail J Hansen, MD
Robert G Hansen, MD
Harold F Hardman, PhD, MD
James W Hare, MD
Heidi J Harkins, MD
Irwin Harris, MD
John A Harris, MD
John R Haselow, MD
David S Haskell, MD
Stephen L Haug, MD
Richard L Hauser, MD
John C Heffelfinger, MD
Jack D Heiden, MD
Robert D Heinen, MD
Edgar O Hicks, MD
N Alfred Hill, MD
Glenn C Hillery, MD
Oliver M Hitch, MD
Arthur W Hoessel, MD
Dr and Mrs Thomas Hofbauer
Frederick J Hofmeister, MD
Richard C Holden, MD
Stanley W Hollenbeck, MD
Charles E Holmburg, MD
John S Honish, MD
Harold J Hoops, MD
Ralph F Hudson, MD
Jewel S Huebner, MD
W G Huebregtse, MD
Kenneth R Humke, MD
Amy L Hunter-Wilson, MD
Elmore P Huth, MD
Melvin F Huth, MD
Pauline J Jackson, MD
Michael T Jaekels, MD
Walter H Jaeschke, MD
William C Janssen, MD
Dorothy J Jayne, MD
Jefferson County Medical Auxiliary
Marshall R Jennison, MD
Alfhild I E Jensen, MD
Howard H Johnson, MD
J Howard Johnson, MD
John M Johnson, MD
John W Johnson, MD
Samuel B Johnson, MD
Clarence W Jordahl, Jr, MD
Thomas S Josephson, MD
Daniel G Judge, MD
August J Jurishica, MD
Robert N Justl, MD
Olli Kaarakka, MD
Michael T Kademian, MD
Edward S Kapustka, MD
Robert Karen, MD
Mack A Karnes, MD
David M Kashing, MD
Robert Kastalic, MD
Henry M Katz, MD
David A Kasuboski, MD
Eugene M Kay, MD
Keith M Keane, MD
Orville R Kelley, MD
Thomas J Kelley, MD
Gerald C Kempthorne, MD
William G Kendell, MD
Douglas Keng, MD
Theodore J Kern, MD
Charles W Keskey, MD
Nevenka T Kevich, MD
Byung H Kim, MD
Charles K Kincaid, MD
Leslie G Kindschi, MD
Josef A Kindwall, MD
Robert H Kitzman, MD
Roger A Kjentvet, MD
Martin H Klein, MD
Robert E Klingbeil, MD
Douglas D Klink, MD
Ralph A Kloehn, MD
Albert Kniaz, MD
Robert G Knight, MD
Ronald L Kodras, MD
Fred H Koenecke, Jr, MD
Thomas J Koewler, MD
Stanley A Korducki, MD
Bruce A Kraus, MD
Randolph W Kreul, MD
George F Kroker, MD
Robert M Krout, MD
Diana L Kruse, MD
Ursula Kutter, MD
Ervin F Kuglitsch, MD
Michael J Kuhn, Sr, MD
Gregory J Kuhr, MD
Vijay V Kulkarni, MD
Palmer Kundert, MD
Esther C Kurtz, MD
James R Kuzdas, MD
William J LaJoie, MD
Werner E Langheim, MD
John R Larsen, MD
Roy B Larsen, MD
Harry H Larson, MD
Lawrence S Larson, MD
Timothy E Lechmaier, MD
Emma K Ledbetter, MD
Alice M Lee, MD
Hendrik Leering, MD
Loren A Leshan, MD
Marc A Letellier, MD
Jules D Levin, MD
Russell F Lewis, MD
Clifford Liddle, Jr, MD
Roland Liebenow, MD
Larry A Lindesmith, MD
Elliot O Lipchik, MD
William J Listwan, MD
Roland Locher, MD
Jack M Lockhart, MD
Kenneth O Loken, MD
William G Longe, MD
Emilio M Lontok, MD
William L Lorton, MD
Robert M Lotz, MD
Erwin P Ludwing, MD
Oliva A Luib, MD
Dr and Mrs Rolf Lulloff
Enrique W Luy, MD
Jerome J Luy, MD
John MacDougall, MD
Robert F Madden, MD
Michael H Mader, MD
Frederick W Madison, MD
James D Maermond, MD
Larry J Malewiski, MD
Richard J Marchiando, MD
Michael T G Marra, MD
Kenneth L Matson
Dr and Mrs James R Mattson
Paul B Mason, MD
Thomas G McCall, MD
Peter J McCanna, MD
Donald H McDonald, MD
John W McDonough, MD
Norbert A McGreane, MD
George E McGuire, MD
Josiah A McHale, MD
Gerald T McInerrey, MD
David H McKenna, MD
John E McKenna, MD
Norval W McKittrick, MD
Urquhart L Meeter, MD
Michael P Mehr, MD
Morris M Meister, MD
Cecilio T Mendoza, MD
Charles T Meyer, MD
Glenn A Meyer, MD
Thomas C Meyer, MD
Thomas J Michlowski, MD
Dean D Miller, MD
John M Mills, MD
Milwaukee, County Medical Society Auxiliary
Clarence B Moen, MD
Jane M Moir, MD
Harvey Monday, MD
Jose V Montenegro III, MD
Claud E Morgan, MD
Walter D Moritz, MD
David L Morris, MD
Marriot T Morrison, MD
Cecil A Morrow, MD
Naghi Motamedi, MD
Albert J Motzel, Jr, MD
Gilbert A Mueller, MD
Donald C Mullen, MD
James E Murphy, MD
James L Murphy, MD
Robert B Murphy, Esq
Geetha Murthy, MD
Frank L Myers, MD
George Nadeau, MD
Moktar Najafzadeh, MD
Cornelius A Natoli, MD
Richard E Neils, MD
David L Nelson, MD
Earl J Netzow, MD
Julian J Newman, MD
Ligaya M I Newman, MD
Louis G Nezworski, MD
Mei Fond Ngui, MD
George P Nichols, MD
Robert A Nimz, MD
Eugene J Nordby, MD
Thomas A O'Connor, MD
Clifford A Olson, MD
Lyle L Olson, MD
Steven D O'Marro, MD
Michael D O'Reilly, MD
Judith E Orie, MD
Joseph J Osterbauer, MD
John A Ottum, MD
Yon Doo Ough, MD
Outagamie County Medical Auxiliary
Edwin L Overholt, MD
David W Ovitt, MD
Robert T Pacanowski, MD
Howard J Palay, MD
Jose M Palisoc, Jr, MD
Jung Kyun Park, MD
Bharat Y Pathakjee, MD
Ewald H Pawsat, MD
Ralph B Pelkey, MD
Russell S Pelton, MD
Karl L Pennau, Jr, MD
Alfred S Pennings, MD
Henry A Peters, MD
Marvin Peterson, MD
William J Pier, Jr, MD
Er Chang Ping, Jr, MD
James C Pinney, MD
L Maramon Pippin, MD
Robert B Pittelkow, MD
Evan F Pizer, MD
Bruce A Polender, MD
Guenther P Pohlmann, MD
George N Pratt, MD

Margaret Prouty, MD
Raymond W Quandt, MD
Sverre Quisling, MD
Leon J Radant, MD
Douglas J Raether, MD
Robert M Railey, MD
Ralph T Rank, MD
Veluvolu K Rao, MD
Cornelius J Rater, MD
John M Rathburn, MD
Thomas R Rauschenberger, MD
Erling O Ravn, Mr, MD
Vangala J Reddy, MD
Rick R Reding, MD
Mark Reichelderfer, MD
Arthur L Reinardy, MD
Michael J Reinardy, MD
Jose E Reyes, Jr, MD
David B Rich, MD
Alphonse M Richter, MD
Michael F Ries, MD
John M Roberts, MD
Barry L Rogers, MD
Raymond J Rogers, MD
John S Rogerson, MD
Teodero P Romana, Jr, MD
William R Rose, MD
Wilbur E Rosenkranz, MD
Jonathan Rovinson, MD
Richard J Rowe, MD
Owen Royce, Jr, MD
Donald M Ruch, MD
Roger L Ruehl, MD
John G Russo, MD
Dennis K Ryan, MD
Vijay K Sabnis, MD
Douglas D Salmon, MD
Gloria E Sarto, MD
Chester A Sattler, MD
Irving E Schiek, MD
Sally M Schlise, MD
Claude W Schmidt, MD
Gary A Schmidt, MD
Robert T Schmidt, MD
Robert T Schmidt, Jr, MD
Irvin L Schroeder, MD
Joseph B Schrock, MD
Ruth R Schuh, MD
Philip M Schultz, MD
Harry L Schwartz, MD
Walter R Schwartz, MD
Robert J Scott, MD
Roy Selby, MD
P Scott Sellinger, MD
Hassan Shahbandar, MD
Dr and Mrs Daniel W Shea
Edwin O Sheldon, Jr, MD
Weldon D Shelp, MD
James J Sherry, MD
John C Shields, MD
Richard T Shore, MD
Kenneth J Siegrist, MD
Paul O Simenstad, MD
John L Sims, MD
Kanwar A Singh, MD
Robert H Slater, MD
Jonathan Slomowitz, MD
Catherine M Slota, MD
Kenneth M Smigielski, MD
Glenn A Smiley, MD
Warren G Smirl, MD
Hwe Jae Song, MD
Moon-Won Song, MD
David L Sovine, MD
Paul N Sowka, MD
Robert E Stader, MD
Richard B Stafford, MD
Elizabeth A Steffen, MD
Charles L Steidinger, MD
Paul H Steingradber, MD
Ronald W Steube, MD
Otto K Stewart, MD
Mrs K Alan Stormo
Richard H Strassburger, MD
Robert A Straughn, MD
Jack Strong, MD
Leonas P Sulas, MD
Jaswinderjit S Sundlass, MD
Charles Supapodok, MD
Alan L Taber, MD
Duane W Taebel, MD
Yoshiro Taira, MD
Menandro V Tavera, Jr, MD
Arthur C Taylor, MD
Donald J Taylor, MD
Stewart F Taylor, MD
Jack L Teasley, MD
Ivan Teoh, MD
Ervin Teplin, MD
Serafin B Teruel, MD
John E Thompson, MD
Richard D Thompson, MD
Ronald G Thune, MD
John A Thranow, Jr, MD
Palmer G Tibbetts, MD
Clarence A Topp, MD
Darold A Treffert, MD
Gay D Trepanier, MD
Wilson J Toup, MD
Allen O Tuftee, MD
Valerio Turgai, MD
Henry F Twelmeyer, MD
Lee M Tyne, MD
Hart E VanRiper, MD
Roland G Vega, MD
Henry Veit, MD
Benjamin M Victoria, Jr, MD
Kenneth Viste, Jr, MD
George H Vogt, MD
Robert L Waffle, MD
Frank A Walker, MD
Hong Chu Wang, MD
Ki Jun Wang, MD
Richard H Ward, MD
David E Warner, MD
Waukesha County Medical Auxiliary
Jeffrey M Weber, MD
George B Webster, MD
Stephen B Webster, MD
John B Weeth, MD
William W Wendle
Henry B Wengelewski, MD
Timothy G Wex, MD
Maurice L Whalen, MD
John R Whiffen, MD
John E Whitcomb, MD
Rodney D Wichmann, MD
DeLore Williams, MD
Earl B Williams, MD
Thomas H Williams, MD
L M Williamson, MD
Warren H Williamson, MD
Edward R Wingra, MD
James P Wise, MD
John H Wishart, MD
Raymond W Witt, MD
Richard J Wittchow, MD
Gerhard L Witte, MD
Robert G Wochos, MD
Wood County Medical Auxiliary
James R P Wong, MD
Carol E Young, MD
Charles W Young, MD
Dr and Mrs N John Yousif
F Frank Zboralske, MD
Clarence E Zenner, MD
Richard C Zimmerman, MD

BUILDING AND EQUIPMENT

Henry A Anderson, MD
Fred J Ansfield, MD
E A Bachhuber, MD
G J Bachhuber, MD
James H Barbour, MD
Ann Bardeen-Henschel, MD
Gordon W Brewer, MD
Frederick Bunkfeldt, Jr, MD
Chris J Buscaglia, MD
E Frank Castaldo, MD
Blaine W Claypool, MD
David A Cohen, MD
James E Conley, MD
Howard W Correll, MD
E Stanley Custer, MD
Frederick Jefferson Davis, MD
John C Doctor, MD
Anton S Dorn, MD
Dean A Emanuel, MD
William A Fischer, MD
John R Fuller, MD
Irwin Gaynon, MD
Farrell F Golden, MD
Gretchen Guernsey, MD
George H Handy, MD
George C Hank, MD
Samuel B Harper, MD
Raymond Headlee
N Alfred Hill, MD
Dayton H Hinke, MD
S E Hollenbeck, MD
C L Ingwell, MD
John M Irvin, MD
J W Johnson, MD
A J Jurishica, MD
Dr and Mrs C K Kincaid
Martin H Klein, MD
Francis Kruse, Jr, MD
Palmer Kundert, MD
Joseph F Kuzma, MD
Gustave Landmann, MD
Jay A Larkey, MD
Jules D Levin, MD
Russell F Lewis, MD
E O Lukasek, MD
John D Lynch, MD
William J Madden, MD
F W Madison, MD
Urquhart L Meeter, MD
A Melamed, MD
Nekoosa Medical Center, SC
James W Nellen, MD
Vincent W Nordholm, MD
G E Oosterhous, MD
Dr and Mrs David W Ovitt, MD
Ewald H Pawsat, MD
C R Pearson, MD
Charles J Picard, MD
L W Picotte, MD
W H Pollard, MD
Margaret Prouty, MD
Sverre Quisling, MD
Ralph T Rank, MD
Raymond J Rogers, MD
Richard J Rowe, MD
William T Russell, MD
Harry L Schwartz, MD
William C Sheehan, MD
Warren K Simmons, MD
John W Temple, MD
Loren L Thompson, MD
Allen Twyman, MD
Gilbert B Tybring, MD
Henry Veit, MD
W H Williamson, MD
Robert G Wochos, MD
Edward Zupanc, MD

GENERAL GIFTS

Brown Unitrust
L Wayne and Marion Brown

30TH ANNIVERSARY DONATIONS

Donald R Beaver, DO
Robert M Boex, MD
John F Kreul, MD
John T Mendenhall, MD
Donald Temby
Kenneth M Viste, Jr, MD

STUDENT LOAN FUNDS

General

Richard A Collins, MD

Brown County Student Loan Fund

Mrs J C Adams
Mr and Mrs Michael Barnard
Joan F Barry
Mr and Mrs Dudley Birder
Brown County Medical Auxiliary
Agatha C Burdon
Mrs Raymond Burke
Mrs John P Burnham
Mrs A Burr (Dorothy) Be Dell
Mrs John Clancy
Miss Mary Clancy
Marie L Copps
Donna Dart
Mrs John Delaney
Delores Delwiche
Mrs Dom Denessen
Eleanor DeWitt
Michael and Eleanor Dockry
Dr and Mrs Ben Erickson
Lee and Mary Erickson
Mr and Mrs E L Everson
Jean A Farrell
Mr Richard Farrell
Mr and Mrs F L Ferzacca
Dr William W Ford
John R Goetz, MD
Mr and Mrs William Golueke
J B and Julianne Grace
Dr and Mrs John Guthrie
Mr and Mrs John A Hagman
Zella Hannas
Dr and Mrs Loren E Hart
Mr and Mrs S D Hastings
Alvina S Hawley
Dr and Mrs Oliver Hitch
Mr and Mrs Robert L Hoffmann
Mr and Mrs James Hogan
Mr and Mrs George Hollmiller
Dr and Mrs Robert Johnston
Mrs J E Kaufman
Mr and Mrs Thomas Kiedinger

Mrs Emmett Killeen
Mr and Mrs George Kress
Lorraine Martin
Mr and Mrs Robert McComb
Helen S Miller
Dr and Mrs Stuart Milson
Mrs Gerald Mortell
Mr and Mrs Spencer Mosley
Mrs E J Muench
Mrs Crane Murphy
Mrs Norris Murphy
Richard L Myers
Mrs Ellsworth Nelson
Mrs James W Nigbor
Joseph A Neufeld
Dr and Mrs Louis Phillip
Mr and Mrs Peter M Platten, Jr
Mr and Mrs Peter M Platten, Sr
Mrs Merrill (Zelda) Roghoff
Dr and Mrs Herbert Sandmire
Mr and Mrs Raymond Sauvey
Dr and Mrs Robert T Schmidt
Mr and Mrs Peter J Schumacher
Dr and Mrs Daniel W Shea
Mrs George Shinners
Mr and Mrs Bruce Somers
Mr and Mrs Michael Stern
Betty Stathas
Mrs Thomas G Thyes
Mary E Vanderheyden
Mr and Mrs James L Van Egeren
Dr and Mrs B P Waldkirch
Dr and Mrs Ray Waldkirch
Gordon and Irene Ware
Mr and Mrs Gerald P Warzella

Marathon County Medical Society Student Loan Fund
Marathon County Medical Society Auxiliary

Popp Student Loan Fund
Albert Popp, MD

Racine County Student Loan Fund
Racine County Medical Society Auxiliary

Sheboygan County Student Loan Fund
Sheboygan County Medical Society Auxiliary

HARRINGTON-WRIGHT SCHOLARSHIP FUND
Ashland-Bayfield-Iron County Medical Auxiliary
Barron-Washburn-Burnett County Medical Auxiliary
Brown County Medical Auxiliary
Dane County Medical Society Auxiliary
Dodge County Medical Auxiliary
Eau Claire-Dunn-Pepin County Medical Auxiliary
Fond du Lac County Medical Auxiliary
Grant County Medical Society Auxiliary
Milwaukee County Medical Society Auxiliary
Outagamie County Medical Society Auxiliary
Racine County Medical Auxiliary
Waukesha County Medical Auxiliary

PHYSICIANS BENEVOLENT ASSISTANCE FUND
Mark W Jeffries, MD

IMPAIRED PHYSICIAN PROGRAM
Dr and Mrs Roland Herrington
Wisconsin Association for Medical Staff Service

BARBARA SCOTT MARONEY MEMORIAL FUND
Maxine Gilbert
Roy Ragatz

TORMEY MEMORIAL MEDALLION FUND
Dr and Mrs Robin Allin
Anchor Savings and Loan
Geri Anderson
Doris E Beighley
Mr and Mrs J Beyler
Mr and Mrs Walter Bruckner
Robert C Buehner
Mr and Mrs Henry R Butler
Charlotte Campion
Dr and Mrs R F Collins
Edith Cripps
Marion T Darbo
Dr and Mrs Frederick J Davis
Dr and Mrs F C Dettloff
Elaine Dietrick
Mr and Mrs Joseph Dwyer
Theo and Bernie Feisst
Dr and Mrs Carl Fosmark
Dr and Mrs Harold Giese
Mr and Mrs Eugene W Hankel
Dr and Mrs Tom Henney
Mr and Mrs Robert W Higgins
Elizabeth and Norma Kieffer
Grace Kuczmarski
Mrs Jennie Licari
Mr and Mrs Robert Madigan
Madison Gas and Electric
Madison Gas and Electric Office Club
John and Tony Martinelli
Marquette Elementary School
The Melsens
Lorraine Howe Mongold
Dr and Mrs H J Morrell
Mr and Mrs Harold Murkve
Mr and Mrs George H Nelson
Dr and Mrs E J Nordby
Herbert Olmstead
Rita G Peck
Mr and Mrs Don Pressentin
Margaret and John Purcell
Mrs Vincent Purcell
Brian Scheidler
Mr and Mrs George H Scheler
R C Spoentgen
Mary Stellone
Beatrice B Tormey
Thomas W Tormey Jr, MD
Nancy Voelkner
Mary Wachter
Clara Wagner
Nancy Walsh
Beth Ward
Elizabeth Tormey Warner
Arthur W Wellman
Dr and Mrs Stephen C Werner
Mildred Young
Mrs Mary Zychoneski

POSTGRADUATE WORKSHOP FOR THE BASIC SCIENCES
Dr and Mrs Barry Rogers

WISCONSIN WORK WEEK ON HEALTH
State Medical Society of Wisconsin Auxiliary
State Medical Society of Wisconsin
SMS Services, Inc

AESCULAPIAN SOCIETY

Regular
William H Annesley, Jr, MD
Cecil A Bemis
Jacqueline P Dungar
Richard J Thurrell, MD

Supporting
Mary Lou Short
Earl R Thayer

Sustaining
Clara V Hussey, MD
Dr and Mrs William C Janssen
Timothy T Flaherty, MD

BEAUMONT 500
Mrs Benjamin Brunkow and the late Dr Benjamin Brunkow
Dr Robert T Cooney
Dr and Mrs Bertram H Dessel
Timothy T Flaherty, MD
Roy Selby, MD
1985 Staff of the State Medical Society of Wisconsin
Dr and Mrs Roger von Heimburg
Mace Garrison Zinggeler

FORT CRAWFORD MUSEUM ENDOWMENT FUND
Crawford County
Mrs W D Hoard, Jr

MEMORIAL CONTRIBUTORS
Mrs J C Adams
Mrs Mary Azchowski
Esther Bach-y-Rita
Mr and Mrs Michael Barnard
Joan F Barry
David E Beale Family
Mrs A Burr (Dorothy) Be Dell
Arnold E Biebel
Mr and Mrs Dudley Birder
Kristin L Bjurstrom
Brown County Medical Auxiliary
Dr and Mrs Irwin J Bruhn
Rosena E Brunkow
Agatha C Burdon
Mrs Raymond Burke
Mrs John P Burnham
Mrs John Clancy
Miss Mary Clancy
Marie L Copps
Dane County Medical Society
Donna Dart
Mrs John Delaney
Delores Delwiche
Mrs Dom Denessen
Eleanor DeWitt
Herman J Dick, MD
Michael and Eleanor Dockry
Dr and Mrs Richard Edwards
James W Erchul, MD
Dr and Mrs Ben Erickson
Lee and Mary Erickson
Mr and Mrs E L Everson
Jean A Farrell
Mr Richard Farrell
Bernie and Theo Feisst
Mr and Mrs F L Ferzacca
Dr William W Ford
Maxine Gilbert
John R Goelz, MD
Farrell F Golden, MD
Dr and Mrs David N Goldstein
Mr and Mrs William Golueke
R E Green, MD
J B and Julianne Grace
Dr and Mrs John Guthrie
Mr and Mrs John A Hagman
Zella Hannas
Dr and Mrs Loren E Hart
Mr and Mrs S D Hastings
Alvina S Hawley
Marcella Herfel
Dr and Mrs Oliver Hitch
Mr and Mrs Robert L Hoffmann
Mr and Mrs James Hogan
Mr and Mrs George Hollmiller
Dr and Mrs Robert Johnston
Mrs J E Kaufman
Mr and Mrs Thomas Kiedinger
Mrs Emmett Killeen
Mr and Mrs George Kress
Manitowoc County Medical Society Auxiliary
Lorraine Martin
Mr and Mrs Robert McComb
Doug and Dee Miller
Helen S Miller
Dr and Mrs Stuart Milson

Mavis and Reese Minor
Kathleen Mohelnitzky
Mrs Gerald Mortell
Mr and Mrs Spencer Mosley
Mrs E J Muench
Mrs Crane Murphy
Mrs Norris Murphy
Richard L Myers
Mrs Ellsworth Nelson
Joseph A Neufeld
Mrs James W Nigbor
Mrs Catherine Niles
Dr and Mrs Eugene J Nordby
Dr and Mrs Louis Philipp
Mr and Mrs Peter M Platten, Jr
Mr and Mrs Peter M Platten, Sr
Joan Pyre
Mrs Merrill (Zelda) Roghoff
James S Rohan, MD
Mr and Mrs John L Ross
Paul and Flo Roth
Dr and Mrs Herbert Sandmire
Mr and Mrs Raymond Sauvey
Mr and Mrs George H Schiler
Dr and Mrs Robert Schmidt
Mr and Mrs Peter J Schumacher
Dr and Mrs John K Scott
Shawano County Medical Society
Dr and Mrs Daniel W Shea
Mrs George Shinners
Mr and Mrs Bruce Somers
Marge and Dick Stafford
Mr and Mrs Michael Stern
State Medical Society of Wisconsin
Betty Stathas
Mr and Mrs C D Swanson
Mrs Thomas G Thyes
Nancy Ott Trainor
Mary E Vanderheyden
Mr and Mrs James L Van Egeren
Dr and Mrs B P Waldkirch
Dr and Mrs Ray Waldkirch
Beth Ward
Gordon and Irene Ware
Mr and Mrs Gerald P Warzella
Dr and Mrs William G Weber
Arthur W Wellman
Winnebago County Medical Society Auxiliary

IN MEMORIAM

Mr William E Appel
William E Bargholtz, MD
Richard O Bauman, MD
Gerald Bergmann, MD
Edwin P Bickler, MD
Gerard J Biedlingmaier, MD
Ingrid Blake
Joseph D Bonan, MD
Wallace Branley
Benjamin Brunkow, MD
Ralph G Burnett, MD
Mary Markey Burns
Desmond H Callaghan, MD
Ruth E Church, MD
Walter E Clasen, MD
William Coan
Nicholas Demeter, MD
Stanley S Dixon
Leo Donner
T A Duckworth
Judith M Endicott
Richard W Farnsworth, MD
Mrs Jean Fodden
Thelma Ford
Donald D Frawley, MD
Rodney B Fruth, MD
Mrs Elizabeth Garrow
Stephen E Gavin, Jr
Mrs David Goldstein
Harry Gonlag, MD
Mr Daniel Griffen
Rodney G Gwinn, MD
Lester E Haushalter, MD
Alvin O Hendrickson, MD
Adolph Hutter, Sr, MD
Richard E Jensen, MD
John Kerwin
Anthony S Kult, MD
Raul M Lagman, MD
Philip W Limberg, MD
Mrs Margaret Magnus
Mr Fank Maguire
Paul B Mason, MD
Ruth May
Mrs Patrick McGoldrick
Jerry W McRoberts, MD
George Mohelnitzky
Raymond J Murphy, MD
Moktar Najafzadek, MD
George C Owen, MD
Bruno J Peters, MD
Leona Priebe
Alphonsus Rauch, MD
Michael F Ries, MD
Vivian Romberg
Thomas E Schaewe
Ira Sisk, MD
Oscar Steinnon, MD
William H Studley, MD
Richard Surplice
Mrs Marie Tormey
Bernard A Trimborn, MD
Benjamin E Urdan, MD
Wendell Utrie
Mari Francis Verderzanden
Mrs Clara E Watts
Gene A Wells
Calvin Yoran, MD
William N Young, MD
James D Zeratsky, MD

CES FOUNDATION OFFICERS

President
R T Cooney, MD
Portage

Vice President
S B Webster, MD
La Crosse

Treasurer
R W Edwards
Richland Center

Secretary
E R Thayer
Madison

Assistant Secretary
H B Maroney
Madison

Executive Director
K L Bjurstrom
Madison

CES Foundation
330 E Lakeside St
PO Box 1109
Madison, WI 53701
800/362-9080
608/257-6781

FORT CRAWFORD MEDICAL MUSEUM
PRAIRIE DU CHIEN, WISCONSIN

Open daily May 1 through October 31
10 a.m. to 5 p.m.
Adults $2 Children $.50

Three building complex owned by the Charitable, Educational and Scientific Foundation of the State Medical Society of Wisconsin.

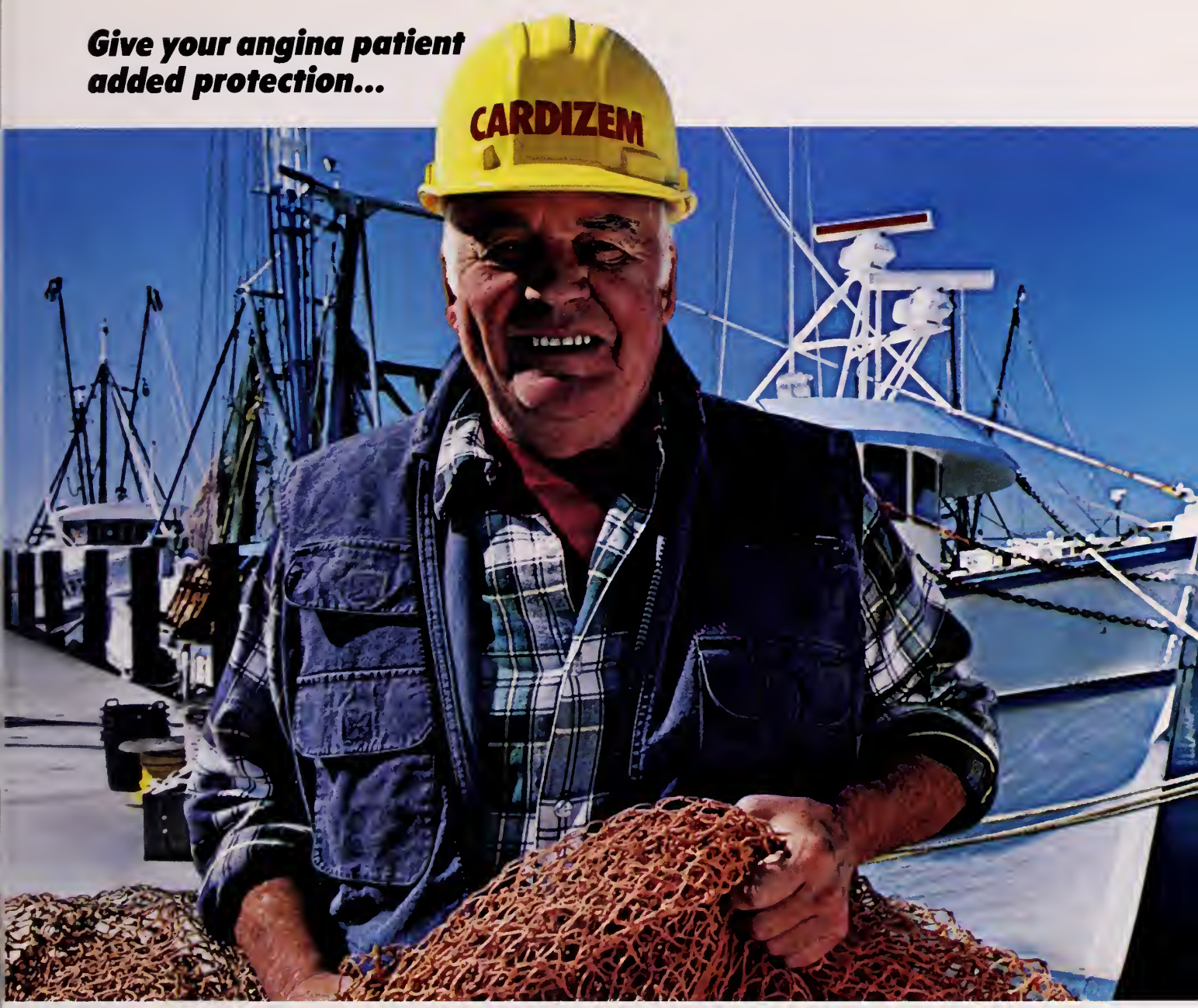
Annual Civil War Encampment

July 26–27, 1986

Fort Crawford Medical Museum Prairie du Chien

During the month of July, the Museum will feature a special exhibit on Civil War photographs and lithographs. The special month on the Civil War will culminate with the Annual Civil War Encampment.

Give your angina patient added protection...



CARDIZEM®: FEWER SIDE EFFECTS

diltiazem HCl/Marion

- ***The lowest incidence of side effects among the calcium channel blockers***[1]
- ***An exceptionally safe choice for angina patients with coexisting hypertension, diabetes, asthma, or COPD***[1-3]
- ***Proven efficacy when used alone in angina***[1,4-6]
- ***Compatible with both beta-blockers and nitrates***[7]

Please see brief summary of prescribing information on the next page.

CARDIZEM® 60 mg tid or qid

diltiazem HCl/Marion

FEWER SIDE EFFECTS IN ANTIANGINAL THERAPY

BRIEF SUMMARY

CARDIZEM® (diltiazem hydrochloride) is a calcium ion influx inhibitor (slow channel blocker or calcium antagonist).

INDICATIONS AND USAGE

1. **Angina Pectoris Due to Coronary Artery Spasm.** CARDIZEM is indicated in the treatment of angina pectoris due to coronary artery spasm. CARDIZEM has been shown effective in the treatment of spontaneous coronary artery spasm presenting as Prinzmetal's variant angina (resting angina with ST-segment elevation occurring during attacks).
2. **Chronic Stable Angina (Classic Effort-Associated Angina).** CARDIZEM is indicated in the management of chronic stable angina. CARDIZEM has been effective in controlled trials in reducing angina frequency and increasing exercise tolerance.

There are no controlled studies of the effectiveness of the concomitant use of diltiazem and beta-blockers or of the safety of this combination in patients with impaired ventricular function or conduction abnormalities.

CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic).

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt). Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients.
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury.** In rare instances, patients receiving CARDIZEM have exhibited reversible acute hepatic injury as evidenced by moderate to extreme elevations of liver enzymes. (See PRECAUTIONS and ADVERSE REACTIONS.)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.

Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)

Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%.

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats.

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women; therefore, use CARDIZEM (diltiazem hydrochloride) in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers. It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, exercise caution when CARDIZEM is administered to a nursing woman if the drug's benefits are thought to outweigh its potential risks in this situation.

Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded.

In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy.

The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences, as well as their frequency of presentation, are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%), AV block (1.1%). In addition, the following events were reported infrequently (less than 1%) with the order of presentation corresponding to the relative frequency of occurrence:

Cardiovascular:	Flushing, arrhythmia, hypotension, bradycardia, palpitations, congestive heart failure, syncope.
Nervous System:	Paresthesia, nervousness, somnolence, tremor, insomnia, hallucinations, and amnesia.
Gastrointestinal:	Constipation, dyspepsia, diarrhea, vomiting, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH.
Dermatologic:	Pruritus, petechiae, urticaria, photosensitivity.
Other:	Polyuria, nocturia.

The following additional experiences have been noted:

A patient with Prinzmetal's angina experiencing episodes of vasospastic angina developed periods of transient asymptomatic asystole approximately five hours after receiving a single 60-mg dose of CARDIZEM.

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: erythema multiforme; leukopenia; and extreme elevations of alkaline phosphatase, SGOT, SGPT, LDH, and CPK. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established.

OVERDOSAGE OR EXAGGERATED RESPONSE

Overdosage experience with oral diltiazem has been limited. Single oral doses of 300 mg of CARDIZEM have been well tolerated by healthy volunteers. In the event of overdosage or exaggerated response, appropriate supportive measures should be employed in addition to gastric lavage. The following measures may be considered:

Bradycardia	Administer atropine (0.60 to 1.0 mg). If there is no response to vagal blockade, administer isoproterenol cautiously.
High-Degree AV Block	Treat as for bradycardia above. Fixed high-degree AV block should be treated with cardiac pacing.
Cardiac Failure	Administer inotropic agents (isoproterenol, dopamine, or dobutamine) and diuretics.
Hypotension	Vasopressors (eg, dopamine or levarterenol bitartrate).

Actual treatment and dosage should depend on the severity of the clinical situation and the judgment and experience of the treating physician.

The oral LD_{50}'s in mice and rats range from 415 to 740 mg/kg and from 560 to 810 mg/kg, respectively. The intravenous LD_{50}'s in these species were 60 and 38 mg/kg, respectively. The oral LD_{50} in dogs is considered to be in excess of 50 mg/kg, while lethality was seen in monkeys at 360 mg/kg. The toxic dose in man is not known, but blood levels in excess of 800 ng/ml have not been associated with toxicity.

DOSAGE AND ADMINISTRATION

Exertional Angina Pectoris Due to Atherosclerotic Coronary Artery Disease or Angina Pectoris at Rest Due to Coronary Artery Spasm. Dosage must be adjusted to each patient's needs. Starting with 30 mg four times daily, before meals and at bedtime, dosage should be increased gradually (given in divided doses three or four times daily) at one- to two-day intervals until optimum response is obtained. Although individual patients may respond to any dosage level, the average optimum dosage range appears to be 180 to 240 mg/day. There are no available data concerning dosage requirements in patients with impaired renal or hepatic function. If the drug must be used in such patients, titration should be carried out with particular caution.

Concomitant Use With Other Antianginal Agents:

1. **Sublingual NTG** may be taken as required to abort acute anginal attacks during CARDIZEM therapy.
2. **Prophylactic Nitrate Therapy** — CARDIZEM may be safely coadministered with short- and long-acting nitrates, but there have been no controlled studies to evaluate the antianginal effectiveness of this combination.
3. **Beta-blockers.** (See WARNINGS and PRECAUTIONS.)

HOW SUPPLIED

CARDIZEM 30-mg tablets are supplied in bottles of 100 (NDC 0088-1771-47) and in Unit Dose Identification Paks of 100 (NDC 0088-1771-49). Each green tablet is engraved with MARION on one side and 1771 engraved on the other. CARDIZEM 60-mg scored tablets are supplied in bottles of 100 (NDC 0088-1772-47) and in Unit Dose Identification Paks of 100 (NDC 0088-1772-49). Each yellow tablet is engraved with MARION on one side and 1772 on the other. Issued 4/1/84

See complete Professional Use Information before prescribing.

D642T5

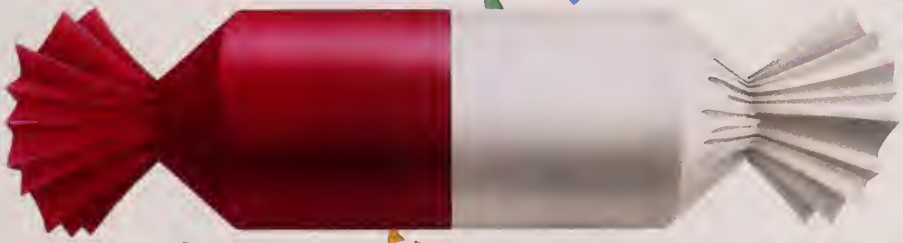
References: 1. *Physicians' Desk Reference®* ed 39. Dradell, NJ, Medical Economics Company Inc, 1985. **2.** Cohn PF, Braunwald E. Chronic ischemic heart disease, in Braunwald E (ed): *Heart Disease: A Textbook of Cardiovascular Medicine*, ed 2. Philadelphia, WB Saunders Co, 1984, chap 39. **3.** Schroeder JS: Calcium and beta blockers in ischemic heart disease. When to use which. *Mod Med* 1982; 50(Sept):94-116. **4.** Subramanian VB. Comparative evaluation of four calcium antagonists and propranolol with placebo in patients with chronic stable angina. *Cardiovasc Rev Rep* 1984; 5:91-104. **5.** Schroeder JS, Feldman RL, Giles TD, et al: Multiclinic controlled trial of diltiazem for Prinzmetal's angina. *Am J Med* 1982; 72:227-231. **6.** Weiner DA, McCabe CH, Cutler SS, et al: The efficacy and safety of high-dose verapamil and diltiazem in the long-term treatment of stable exertional angina. *Clin Cardiol* 1985; 7:648-653. **7.** Shapiro W. Calcium channel blockers: Actions on the heart and uses in ischemic heart disease. *Consultant* 1984; 24(Dec):150-159.

Another patient benefit product from

PHARMACEUTICAL DIVISION
MARION LABORATORIES, INC.
KANSAS CITY, MO 64137

100 YEARS

Thank you for your loyal support



DYAZIDE®

25 mg Hydrochlorothiazide/**50 mg** Triamterene/SKF

SK&F CO.

On nitrates,
but angina still
strikes...

After a nitrate, add ISOPTIN®
(verapamil HCl/Knoll)

To protect your patients, as well as their quality of life, add Isoptin instead of a beta blocker.

First, Isoptin not only reduces myocardial oxygen demand by reducing peripheral resistance, but also increases coronary perfusion by preventing coronary vasospasm and dilating coronary arteries — both normal and stenotic. These are antianginal actions that no beta blocker can provide.

Second, Isoptin spares patients the beta-blocker side effects that may compromise the quality of life.

With Isoptin, fatigue, bradycardia and mental depression are rare. Unlike beta blockers, Isoptin can safely be given to patients with asthma, COPD, diabetes or peripheral vascular disease. Serious adverse reactions with Isoptin are rare at recommended doses; the single most common side effect is constipation (6.3%).

Cardiovascular contraindications to the use of Isoptin are similar to those of beta blockers: severe left ventricular dysfunction, hypotension (systolic pressure <90 mm Hg) or cardiogenic shock, sick sinus syndrome (if no artificial pacemaker is present) and second- or third-degree AV block.

So, the next time a nitrate is not enough, add Isoptin...for more comprehensive antianginal protection without side effects which may cramp an active life style.

ISOPTIN. Added antianginal protection without beta-blocker side effects.

Please see brief summary on following page.

ISOPTIN®
(verapamil HCl/Knoll)
80 mg and 120 mg scored, film-coated tablets

Contraindications: Severe left ventricular dysfunction (see *Warnings*), hypotension (systolic pressure < 90 mm Hg) or cardiogenic shock, sick sinus syndrome (except in patients with a functioning artificial ventricular pacemaker), 2nd- or 3rd-degree AV block. **Warnings:** ISOPTIN should be avoided in patients with severe left ventricular dysfunction (e.g., ejection fraction < 30% or moderate to severe symptoms of cardiac failure) and in patients with any degree of ventricular dysfunction if they are receiving a beta blocker. (See *Precautions.*) Patients with milder ventricular dysfunction should, if possible, be controlled with optimum doses of digitalis and/or diuretics before ISOPTIN is used. (Note interactions with digoxin under *Precautions.*) ISOPTIN may occasionally produce hypotension (usually asymptomatic, orthostatic, mild and controlled by decrease in ISOPTIN dose). Elevations of transaminases with and without concomitant elevations in alkaline phosphatase and bilirubin have been reported. Such elevations may disappear even with continued treatment; however, four cases of hepatocellular injury by verapamil have been proven by rechallenge. Periodic monitoring of liver function is prudent during verapamil therapy. Patients with atrial flutter or fibrillation and an accessory AV pathway (e.g. W-P-W or L-G-L syndromes) may develop increased antegrade conduction across the aberrant pathway bypassing the AV node, producing a very rapid ventricular response after receiving ISOPTIN (or digitalis). Treatment is usually D.C.-cardioversion, which has been used safely and effectively after ISOPTIN. Because of verapamil's effect on AV conduction and the SA node, 1° AV block and transient bradycardia may occur. High grade block, however, has been infrequently observed. Marked 1° or progressive 2° or 3° AV block requires a dosage reduction or, rarely, discontinuation and institution of appropriate therapy depending upon the clinical situation. Patients with hypertrophic cardiomyopathy (IHSS) received verapamil in doses up to 720 mg/day. It must be appreciated that this group of patients had a serious disease with a high mortality rate and that most were refractory or intolerant to propranolol. A variety of serious adverse effects were seen in this group of patients including sinus bradycardia, 2° AV block, sinus arrest, pulmonary edema and/or severe hypotension. Most adverse effects responded well to dose reduction and only rarely was verapamil discontinued. **Precautions:** ISOPTIN should be given cautiously to patients with impaired hepatic function (in severe dysfunction use about 30% of the normal dose) or impaired renal function, and patients should be monitored for abnormal prolongation of the PR interval or other signs of excessive pharmacologic effects. Studies in a small number of patients suggest that concomitant use of ISOPTIN and beta blockers may be beneficial in patients with chronic stable angina. Combined therapy can also have adverse effects on cardiac function. Therefore, until further studies are completed, ISOPTIN should be used alone, if possible. If combined therapy is used, close surveillance of vital signs and clinical status should be carried out. Combined therapy with ISOPTIN and propranolol should usually be avoided in patients with AV conduction abnormalities and/or depressed left ventricular function. Chronic ISOPTIN treatment increases serum digoxin levels by 50% to 70% during the first week of therapy, which can result in digitalis toxicity. The digoxin dose should be reduced when ISOPTIN is given, and the patients should be carefully monitored to avoid over- or under-digitalization. ISOPTIN may have an additive effect on lowering blood pressure in patients receiving oral antihypertensive agents. Disopyramide should not be given within 48 hours before or 24 hours after ISOPTIN administration. Until further data are obtained, combined ISOPTIN and quinidine therapy in patients with hypertrophic cardiomyopathy should probably be avoided, since significant hypotension may result. Clinical experience with the concomitant use of ISOPTIN and short- and long-acting nitrates suggest beneficial interaction without undesirable drug interactions. Adequate animal carcinogenicity studies have not been performed. One study in rats did not suggest a tumorigenic potential, and verapamil was not mutagenic in the Ames test. *Pregnancy Category C*: There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy, labor and delivery only if clearly needed. It is not known whether verapamil is excreted in breast milk; therefore, nursing should be discontinued during ISOPTIN use. **Adverse Reactions:** Hypotension (2.9%), peripheral edema (1.7%), AV block: 3rd degree (0.8%), bradycardia: HR < 50/min (1.1%), CHF or pulmonary edema (0.9%), dizziness (3.6%), headache (1.8%), fatigue (1.1%), constipation (6.3%), nausea (1.6%), elevations of liver enzymes have been reported. (See *Warnings.*) The following reactions, reported in less than 0.5%, occurred under circumstances where a causal relationship is not certain: ecchymosis, bruising, gynecomastia, psychotic symptoms, confusion, paresthesia, insomnia, somnolence, equilibrium disorder, blurred vision, syncope, muscle cramp, shakiness, claudication, hair loss, macules, spotty menstruation. **How Supplied:** ISOPTIN (verapamil HCl) is supplied in round, scored, film-coated tablets containing either 80 mg or 120 mg of verapamil hydrochloride and embossed with "ISOPTIN 80" or "ISOPTIN 120" on one side and with "KNOLL" on the reverse side. Revised August, 1984 2385

KNOLL PHARMACEUTICAL COMPANY
30 NORTH JEFFERSON ROAD, WHIPPANY, NEW JERSEY 07981

2406

EMPLOYEES APPRECIATE THE PAYROLL SAVINGS PLAN.

JUST ASK THE PEOPLE AT THE BOEING COMPANY.

"My folks gave me a Bond for my birthday every year. Now I can do the same for my kids."
—Vaughn Hale

"It's certainly a painless way to save. The money comes directly out of my paycheck every two weeks."
—Florence Perry

"This is one way I can support my government and save at the same time."
—Douglas Scribner

U.S. Savings Bonds now offer higher variable interest rates *and* a guaranteed return. Your employees will appreciate that. They'll also appreciate your giving them the easiest, surest way to save.

For more information, write to: Steven R. Mead, Executive Director, U.S. Savings Bonds Division, Department of the Treasury, Washington, DC 20226.

U.S. SAVINGS BONDS
Paying Better Than Ever

A public service of this publication.

The C Morrison Schroeder Lecture

The importance of example

Eugene M Bricker, MD, St Louis, Missouri

C MORRISON SCHROEDER, MD

Emeritus Professor of Surgery, the Medical College of Wisconsin, Milwaukee. Doctor Schroeder has been a member of the MCW Surgical Faculty since 1948.

Dr C Morrison Schroeder, a true dean of Wisconsin surgery, retired September 30, 1985. During all of his years in Milwaukee, he was a teacher of surgery in every sense of the word, first part-time, and in the later years, on a full-time basis. Hundreds of medical students and surgical residents became better doctors because of Morry's tenacious insistence on logic, accuracy, and high ethical standards in patient care. His absence will be deeply felt. Because of Morry's impact on the practice of surgery in Wisconsin, Dr Robert Condon, Chairman of the Department of Surgery at the Medical College of Wisconsin, has instituted the C Morrison Schroeder Lectureship, a series of annual lectures by distinguished surgical educators on topics of surgical philosophy and education. The lectures are funded by contributions from Morry's students, residents, and friends. Dr Eugene Bricker delivered the first lecture in the series at MCW, October 4, 1985. The address follows:

It is indeed an honor to be invited to give the address on this occasion. Dr Morrison Schroeder is a long-time good friend of mine. For two years we were closely associated in Medical School at Washington University in St Louis, he graduating in 1933 and I in 1934. I have followed his career subsequent to graduation—through an internship in Philadelphia and surgical residencies in Nashville, San Juan, Puerto Rico, and two years of senior residency training at Louisville General Hospital. Morry was one of the early inductees into military service, entering in 1940 after having finished his senior residency; he was discharged from the Army in 1946. From 1946 until the present he has been a Milwaukee surgeon, and this is where the most important part of the Morrison saga starts. Many times over in the past years I have heard from former students, trainees, and colleagues of the high regard in which he is held as a doctor, surgeon, teacher, and professional practitioner of the highest moral and ethical standards. His presence, dedication, and loyalty to this school have been major contributions to its growth and distinction. The fact that his impact on Wisconsin surgery is recognized and appreciated is evidenced by the inauguration of this C Morrison Schroeder Lectureship. In giving this lecture I bask in reflected honor, in addition to having the great pleasure of visiting with my old friend.

Much has happened since our graduation from Medical School. We have lived through an exciting half century of surgery. I resist calling it the Golden Age because it would imply what comes after will be anticlimactic, and I have lived long enough to know the foolishness of making such predictions. Nevertheless, we *have* seen momentous advances in surgery; and also changes in the ethics, economics, and the practice patterns of surgery that are probably unavoidable results of the expanding population and other factors, but changes that I hesitate to classify as advances.

In October 1937 Dr Evarts Graham made his presidential address to the American Surgical Association.[1] In it, he presented an imaginary dialogue between himself and Dr Samuel Gross, the founder and first president of the Association, in which he proposed changes in the direction and scope of this

Doctor Bricker is Emeritus Professor of Clinical Surgery, Washington University School of Medicine, St Louis, Missouri. Reprint requests to: C Morrison Schroeder Lecture, Attn: Robert E Condon, MD, Medical College of Wisconsin, 8700 West Wisconsin Ave, Milwaukee, Wis 53226. Copyright 1986 by the State Medical Society of Wisconsin.

EVARTS A GRAHAM (1883-1957)—*Bixby Professor and Chairman of the Department of Surgery, Washington University School of Medicine, St Louis, Missouri, 1919-1951*

EUGENE M BRICKER, MD—*Emeritus Professor of Clinical Surgery, Washington University School of Medicine, St Louis, Missouri*

prestigious organization. I thought it might be interesting to invite Doctor Graham to foresake his position of heavenly repose to pay us a brief visit to be informed of earthly progress in his fields of interest. Since his interests were broad, the following dialogue will touch upon some of the current problems and issues as well as some of the clinical advances that have occurred since his death in 1957.

The Interview

Bricker: Doctor Graham, I think it is wonderful of you to take time off to pay us a visit here at Barnes Hospital and the Medical School. It is now 28 years since you left us, and I can assure you that you have been sorely missed. I hope you will have time to let us bring you up-to-date on the events that have transpired in your areas of contribution and interest.

Graham: Thank you, Gene, for inviting me down. Incidentally, I was really surprised to hear from you for I thought you would be long gone, and since your name never appeared on the admission list in our institution I, of course, feared the worst. I'm happy it isn't so. Indeed I *will* take time for this briefing, though I am terribly busy in my present position. You see, we have what corresponds to your Executive Faculty at Washington University and I don't dare miss a meeting for fear of what might transpire in my absence. But, here I am and where do we start?

Bricker: Let us start with one of your early clinical interests which resulted in the development of cholecystography through the efforts of yourself and Warren Cole. Much has happened since the animal attendant Riedel forgot to give breakfast to one of the laboratory dogs which resulted in producing the first gallbladder shadow leading to cholecystography and revolutionizing treatment of gallbladder disease. Would you believe that the gallbladder can now be visualized without any medication whatever, either oral or intravenous? Ultrasound and computerized axial tomographic (CT) scanning are new technological developments that have, to a large extent, replaced standard cholecystography. I know this may be difficult for you to comprehend, but it probably will be even more difficult to believe that the hepatic and extrahepatic ductal systems can now be visualized by injections of contrast material endoscopically through the ampulla of Vater or percutaneously through the liver.

Graham: Excuse me, but you are wrong in assuming I would find these things unbelievable. Of course, I cannot understand the technology off hand, but I never expected progress to stand still and cholecystography to be the end-all. However, may I say that even the very terminology of these new methods sounds expensive. May I ask—are they always indicated and are they really expensive?

Bricker: Good questions. Compared to cholecystography they are really expensive and they are not always necessary, but you understand the attraction of a new toy, and, as a matter of fact, there is a definite tendency for over-utilization. Because of a combination of the new-toy syndrome and the practice of defensive medicine I have seen patients subjected to three or four days of additional hospitalization and hundreds of dollars additional expense to develop information before operation that the surgeon could develop as well, or better, 15 minutes after the abdomen was open.

Graham: Well, I can't say that I am surprised at that. The patients you refer to were probably admitted to the medical service. You used a term with which I am not familiar, though—defensive medicine. What do you mean?

Bricker: Doctor Graham, I'm sorry I mentioned it. You really wouldn't believe the degree to which malpractice litigation has skyrocketed since you left. Judgments have been awarded that are incompre-

hensible. Malpractice insurance premiums range from exorbitant to prohibitive. Surgeons in some specialties are retiring from practice because of the expense of adequate coverage. There is a brand of lawyer, a few thousand of them actually, who used to be called "ambulance chasers" but who have become so sophisticated that they appear to have direct access to operating schedules and mortality and morbidity conferences in their search for possible clients. A high percentage of suits are trivial and without merit. Also, though I hate to relate it, there is a group of physicians (I hope not many) who are professional witnesses for the plaintiff and will testify to anything for a fee.

Graham: Please! Please! You are making me ill. I'm sorry we got into this subject, important though it is. I trust you are fighting back with full vigor. Obviously it is a very negative situation that cannot persist without great harm to the provision of health care in this country. I have confidence that the responsible organizations—the American College of Surgeons, the American Surgical Association, and other leading surgical societies, and—hopefully, even the American Medical Association, are devoting adequate time toward a solution. As for today, let us talk of something more pleasant. What about my field of special interest, thoracic surgery?

Bricker: This is indeed, a more pleasant subject. The progress has been incredible in thoracic and cardiac surgery. In pulmonary surgery, which you pioneered so prominently, the technicalities of pneumonectomy and lobectomy have been refined and perfected to the point that surgical mortality is insignificant. Thoracotomy for determination of operability of cancer is much less frequently necessary as a result of improved diagnostic methods. These include use of a flexible bronchoscope, endoscopic examination of the mediastinum through an incision in the neck, CT scanning which I have already mentioned, and percutaneous needle aspiration biopsy. Lobectomy is the procedure done most frequently for cancer and the technique is meticulous dissection and individual ligation of vascular structures. Small cell carcinoma has been recognized as the bad lesion it is and some degree of progress is being made in its treatment by radiation and chemotherapy. Esophageal resection and reconstruction by gastric or colonic substitution is fairly well standardized although the results of resection for carcinoma are still poor in spite of various multimodal attempts with radiation and chemotherapy.

In the field of cardiac surgery, the progress has been even more spectacular. One of the most frequently performed operations in the country is coronary artery bypass for atherosclerosis by the use of saphenous vein grafts. All the valvular and congenital abnormalities of the heart are daily being successfully corrected by surgery. Cardiac arrhythmic foci in the myocardium can be pinpointed for excision. As incredible as this all seems to one, it is dwarfed by the successful transplantation of not only the human heart but of heart and lungs as well with increasing success. Although not completely solved, the rejection phenomenon has been greatly controlled by newer drugs. Successful kidney transplants have now gone as long as 25 years, and hearts as long as 15 years. In addition, there are now successful transplants of liver and pancreas, and current research provides hope that pancreatic beta islet cells may eventually be transplanted successfully.

Of course, all of these accomplishments are built on the shoulders of pioneers such as yourself and John Gibbon who developed the pump oxygenator, and Sir Peter Medawar who was an early leader in the field of immunology. Nevertheless, I'm sure you must be astounded at how much has happened in such a short span of years. It seems only yesterday that I stood across the table from you in the first trying days of the development of pneumonectomy.

Graham: Gene, I am not only astounded, I am mind boggled! It is not just the remarkable technical accomplishments that are awesome, but they flash to mind the improvements in instrumentation and prosthetics, the incredible problems of donor organ supply, the moral and ethical problems that are secondary to so many of these advances, to say nothing of the expense involved. To think that so much has happened since my departure in 1957 is staggering. Please continue. Next you will be telling me that we will fly to the moon!

Bricker: There is much more, Doctor Graham, although I don't want to use all our time bragging about scientific and clinical accomplishments, but since you mention it, man has already been to the moon and back—a couple of times. However, let me just

give you a peek at a few other accomplishments in surgery. Being a pseudoplastic surgeon myself, I have been thrilled by what can be accomplished in this field by autotransplantation of free muscle, skin, and bone through microvascular anastomosis of arteries and veins as small as 1.0 mm in diameter. The orthopedic surgeons have attacked all the extremity joints with astounding success and total joint reconstruction in one form or the other is on the operative schedule daily. Neurosurgeons are mapping out trigger areas of the brain for definitive excision for some types of epilepsy. Urologic surgeons, in addition to developing new techniques of continent substitutions for the urinary bladder, have developed a method for disintegration of renal and ureteral stones by ultrasonic shock waves.

Graham: Excuse me for interrupting. All of this is exciting news but it is so clinical that it has just occurred to me to question the degree to which the basic scientists are associated with these advances. Are surgeons capable of standing on their own feet, or do they have to be nursed along by various medical or other specialists to accomplish the remarkable technical achievements you have described? You know that years ago we insisted that surgeons be trained in the relevant basic sciences; is this being done adequately at the present time?

Bricker: Doctor Graham, I am glad to report that the broadening of surgical training to include more emphasis on the basic sciences, started by yourself and colleagues in the American Board of Surgery in 1937, remains an inseparable part of surgical training and the associated examinations for competence. In this regard you must realize that we know so much more of physiology, chemistry, and pathology today than we did 30 years ago that there is a correspondingly greater amount to be taught and learned. This is one of the reasons that increased specialization, especially in academic centers, has become necessary. Of course, the basic sciences are all involved including the increasingly important fields of molecular biology and biomedical engineering, but the surgeons are co-contributors and certainly do not have to be nursed along. The renal transplant surgeon is a skilled nephrologist and the cardiac surgeon a cardiologist. Consultants are used when necessary but for the most part the surgeon is competent for total care. Management of the surgical patients has come a long way since Robert Elman's excursions into intravenous nutritional support with the primitive amino acid mixtures. Respiratory physiology and ventilatory support have become a part of the armamentarium of all surgeons as has knowledgeable monitoring and support of other organ systems. No, Doctor Graham, surgeons are doing well in caring for the basic needs of their patients and are not about to become operating anatomists.

Graham: What you say is reassuring, but what about cancer? I remember cancer was your primary interest. What about that horrible operation you used to do, or do you now have a cure for cancer that makes such operations unnecessary?

Bricker: Doctor Graham, you are right. I have had a long interest in cancer, starting in 1939 when you sent me to Columbia, Missouri as the first chief surgeon at the new cancer hospital established there. After the war I became one of a group of surgeons around the country who were known as "cancer surgeons" although they were really practitioners of general surgery with emphasis on cancer. In the past 20 years the field of cancer has become so complicated, not only in surgery but also in medicine and radiology, that subspecialties devoted to oncology have developed. At the same time, basic research has grown at an exponential rate and although no "cure" has yet come forth, the advances in radiation technology, chemotherapeutic drugs, immunotherapy, and the whole field of molecular biology are presenting an increasing need for the clinician to collaborate in clinical trials. The surgical oncologist who has evolved as a member of this multidisciplinary effort is forced to develop at least a working understanding of the basic fields in order to maintain his position as a participant in the research efforts. The surgeon is no longer preeminent in cancer therapy but shares this position with medicine and radiology and indirectly with the basic scientists. Of course, first and foremost he must be a finished technical surgeon, skilled in at least some of the anatomical areas where the infrequently necessary and difficult operations are required. The head and neck and the pelvic regions are good examples, although it would be unusual for one surgeon to be adept in both of these areas. Thus we have the emergence of an important new specialist who plays a key role especially in academic institutions and in cancer hos-

pitals. This is a subject I have spoken on before,[2] and is well represented in current surgical literature.[3,4]

In answer to your question about radical pelvic surgery, we were right in believing the biological characteristics of certain tumors justified an aggressive surgical approach. However, the ultraradical operations are less frequently necessary now as a result of earlier and more effective primary treatment. The trend is strongly toward tailoring the radical operations to fit the need for cure and on judiciously applied functional preservation and restoration. This has been a very gratifying field and I have always been appreciative of your allowing me to proceed with it in your department when I knew of your skepticism about its wisdom.

Graham: Very interesting. I am glad that your excursion into surgical mayhem turned out well. I must admit you made me a little uneasy, especially when Allen Whipple and Harvey Stone and one or two others of my good friends would needle me about what was going on in my department. Regarding surgical oncology I was always in favor of specialization as a means to progress and early encouraged specialists in plastic surgery, urology, orthopedics, and others as you well know. But, it seems to me your surgical oncologist is going to usurp what is a major portion of general surgery—the treatment of cancer. I can see this presenting problems. I trust that this has been given adequate consideration.

Bricker: Doctor Graham, general surgeons will continue to do the major part of cancer surgery and they will not be preempted from participation in the cancer program to any extent they have the time and desire for. To be considered as a surgical oncologist requires additional training beyond the requirements of the basic Board and indicates an academic dedication which practically limits the specialty to teaching institutions or major hospitals where the associations with other oncologists and the volume of cancer patients will benefit most from his or her special abilities. The surgical oncologist will be supplementary to the Department of Surgery and will be best equipped to interface with the other clinical oncologic specialties and with the basic sciences.

Graham: Yes, I can see the need for specialization in the field of surgical oncology, but how will their additional training and special abilities be recognized? Also, where will this special training be obtained? If these fellows are going to know so much, who is going to train them?

Bricker: First, Doctor Graham, we are not talking about the future but of today. It is a new but rapidly maturing specialty and the additional training should be limited to those institutions with enough cancer volume that training in the anatomical field or fields of interest will be possible without disrupting a standard residency training program. The current cancer centers, of which there are now some 40, are logical places. In addition, the supplementary training should include experience in-depth in one of the pertinent basic science fields in order that the individual may carry his weight on a multidisciplinary research team as an active participant and not as a confused bystander.

Your question about recognition is more difficult to answer, but I will do so in an indirect way. Since 1957 there has been a multiplication of specialties and subspecialties in all surgical areas. The major specialties of urology, plastic surgery, orthopedics, and gynecology have all developed subspecialties based on anatomical, physiological, or pathological criteria. The same thing is happening to what we call general surgery. Understand, no one finds fault with specialization which for the most part is not only justifiable but also productive. Most would agree that the development of subdivisions of general surgery leads to a better teaching and training experience; *ie,* peripheral vascular, transplantation, burns, oncology, and others. The problem arises when the various subspecialists want special recognition in the form of an official certificate. In the case of oncology such a certificate of special competence would elevate the surgical oncologist above the general surgeon who is going to be taking care of most of the cancer patients and who in a special area might be as competent or more so than the certified oncologist. You can see the problem that develops.

Graham: Certainly, I can see the problem. But if you say the surgical oncologist is so important, what is going to be his reward? Why should he make the effort, and spend the time and money in extra training—for what? Why should an individual elect to go into surgical oncology as you have described it in the first place?

Bricker: Doctor Graham, I am surprised that you should ask these questions. No one should know better than yourself the rewards of special effort and accomplishment. The attainment of excellence in the eyes of one's peers is the greatest reward possible in our profession. In comparison, the attainment of a special certificate which proclaims but does not necessarily assure excellence is a poor substitute. An individual qualified general surgeon may continue into surgical oncology because of interest in the disease, in the patient who has the disease, and in the challenge of the associated research. His concentration will result in the accumulation of knowledge which is beyond that of his confreres who are indeed caring for most of the cancer patients. But, is there any reason he should be placed on a pedestal with a special certificate?

Graham: My goodness, Gene, you do get carried away. But I still don't understand why such a person should not be allowed the distinction that it seems to me he has earned.

Bricker: Doctor Graham you are leading me into a controversial and contentious area that we could spend all our allotted time discussing. I think you get a feeling of the importance of this subject to the future of surgical training. I can tell you that today's leaders in academic surgery are giving the problem plenty of attention. It is possible that the objectionable features of this subject will be lessened by the avoidance of the terms "special competence" and "special qualification" and the use of the term "added qualifications" instead. Of course, this is purely a matter of semantics and does not decrease the need for preserving the stature of general surgery as an important and respected field of surgical training and practice.

Graham: I understand your concern and have a sense of the long-term effects such a trend might have on surgical training. However, since it is not practical for us to use more time on the subject, let us move on to something else. I am curious to hear about the current status of some ethical problems in which I was involved with the American College of Surgeons. Has the stand of the College on fee-splitting and ghost surgery been effective?

Bricker: Yes, they have been effective, but just to what extent is impossible to determine. The blatant splitting of a fee in cash or otherwise is probably nonexistent. However, there are many other ways the same end can be achieved in a more sophisticated manner and the maneuvers are practically impossible to detect or prove. I would say that fee-splitting is widely recognized as being the wrong thing to do and no one would defend it. However, human nature as it is, I am sure it still exists in one form or another. Although I am not acquainted with the fine details of this case, I do know that one surgeon who tried to blow the whistle on a community of suspected fee-splitters ended up in a backfire that cost his hospital privileges and is now forced to make his living from an office practice. To rectify a situation like this is practically impossible, except by years of expensive litigation. Perhaps fee-splitting or its equivalence can never be wiped out entirely and can best be combatted by indoctrination and example during the postgraduate training period. The great majority of young trainees in medicine and surgery are incorruptable, but their ethics and morals could certainly be strengthened by more specific attention to the facts of life in the outer world. Of course the university training centers are the backbone of our profession and should carry the responsibility for instruction in this facet of professional life that otherwise may have to be learned by disconcerting experience.

Actually, the whole subject of fee-splitting in its various forms may become moot in view of the profound changes taking place in medical practice brought about by skyrocketing costs and the resultant efforts of government and insurance companies in containing the cost of both hospital and professional service reimbursement. It is also possible that these changes may eradicate one ethical problem only to introduce others. Time will tell.

Graham: What you say points out the need for constant vigilance which I hope the leaders of American surgery are providing. I agree with you that the ethics of our profession pertaining to the interrelationships of practice is a subject worthy of more emphasis in medical school as well as in the postgraduate training period where teachers of strong character and high ethical standards can have a life-long influence. But, what about the old goblins of ghost surgery and itinerant surgery?

Bricker: I really can't answer this question with factual information, but it is my impression that ghost surgery as you knew it is pretty well eradicated by several factors. First, it is an act so blatant that it cannot be effectively concealed. Next, in view of the litigious atmosphere which now exists both parties to ghost surgery would have to be insane to participate in it. And finally, the Joint Commission on Accreditation of Hospitals, which you were instrumental in initiating, has laid down such stringent rules for hospital administration and for staff privileges that ghost surgery should be extremely difficult.

Itinerant surgery is a slightly different story in that there is always a grey area resulting from the distances involved and the degree to which patient contact is maintained. The deliberate establishment of an itinerant surgery practice is probably rare, but no doubt it still occurs on an ad hoc basis especially in communities lacking some of the surgical specialists. However, the flagrant practice does still exist to some extent for I have personal acquaintance of one situation in which the surgeon boasts of doing 700 operations per year between three different hospitals in three different rural communities. The patients frequently are not seen by the surgeon until the day of the operation and subsequent care is relegated entirely to the local referring physician. I think the American College of Surgeons is effective in recognizing flagrant instances of itinerant surgery and is denying fellowship.

Graham: Your account impresses me with the thought that itinerant surgery, ghost surgery, and fee-splitting are three evils that are very closely related, one begetting the other, and are the bad apples that can spoil the barrel if ignored. We attacked these evils strongly in my time but I am convinced that constant pressure is necessary. I am sure that the various surgical societies and associations, and especially the American College of Surgeons, are aware of the importance of these problems and the need for continued attention to them. I suppose, as in my time, all surgical societies and associations have ethics committees which in the past have served to consider specific instances brought to their attention, but none of them addressed ethical issues in a forward looking manner.

Perhaps the role of ethics committees should be broadened into a conjoined effort of the societies not only to address those old ethical problems which may still be extant but also to address the new problems which I am sure must be appearing. Surely space can be allocated on surgical programs devoted to these subjects as the milieu of surgical practice changes from year to year. The College Bulletin and the Clinical Congress will of course both be effective media for this purpose. But, frankly, for the bad apple, I am not sure how effective these measures will be. It seems to me the tree should be sprayed before the worms appear. Pardon the rather simplistic metaphor, but in addition to enhancement of all current efforts directed to this subject let me revert back to a point we have already made—the future of surgical ethics and morality resides in the hands of the young surgeons now coming on board, and especially those still in their training period. This is of great importance, for if surgeons are not going to determine and to control the morals and ethics of their profession, who will? The government? The hospital administrators? The insurance companies? Ethics are an individual as well as an organizational responsibility. Those who are responsible for surgical training have the opportunity not only to promote excellence in patient management and care but also to establish a foundation of moral and ethical values. This can best be done by precept and example, and in my opinion, is the way to assure high standards in the future.

Bricker: Such opinions coming from you, Doctor Graham, cannot help but be impressive. Perhaps you would like to know what has happened to the American Board of Surgery since 1957. I can tell you that, as predicted, it has maintained its position as a leading force in American surgery. Indeed, it is so highly respected that just being "board eligible" is enough to secure surgical privileges in some hospitals, even though this abused term has been firmly repudiated by the Boards.

The Board has been expanded and the examinations improved. Perhaps the most troublesome problem has been the continued high failure rate among applicants from borderline training programs. You will be interested to know that the American Medical Association has not aggressively promoted the elimination of substandard programs that had previously been approved. This and a torrential influx of foreign medical graduates in the 50s and 60s had an effect

that was contrary to the aim of the Board in assuring true excellence. This is on the way to being corrected since restructuring of the Residency Review Committee, under the Accreditation Council for General Medical Education. However, there is still need for more independence for the Committee by physical separation of the Residency Review Committee from the office of the American Medical Association and for a greater concern about quality in graduate medical education among the constituents of the Accreditation Council. The time for the elimination of weak and borderline surgical training services has long passed.

Graham: I am sorry to learn that the AMA is still presenting problems that complicate efforts to promote excellence in surgery. Of course, the AMA is so divorced from academia that it really has no business being centrally involved in the accreditation process. I don't understand, considering the years that have passed, why it continues in such an important role.

Bricker: Doctor Graham, another project in which you were directly involved was the Joint Commission on Accreditation of Hospitals which was established in 1953 and relieved the American College of Surgeons of the responsibility of the standardization program which it had started in 1918.

Graham: Yes, I am very interested in what has happened. The standardization program of the College had completely outgrown the resources and personnel of the College and had to be shared with other organizations. It was felt that the consortium of American College of Surgeons, American College of Physicians, American Hospital Association, and the American Medical Association into the JCAH was a good solution. Don't tell me that it has been a casualty of the changing times.

Bricker: To a certain extent, yes, it has. One of the most distressing occurrences has been the recent alteration of standards which permits nonphysicians to practice within hospitals. This has created quite a furor among surgeons as you might expect. Can you imagine optometrists, podiatrists, and chiropractors with hospital privileges? An even more disappointing feature of the Joint Commission has been its failure to address the problem of professional standards; it is still possible for surgery to be performed in many JCAH-approved hospitals by untrained and unqualified individuals. I know this will be difficult for you to believe and I hasten to say that the voting structure of the JCAH is such that some policy determinations are beyond the influence of the two professional organizations, the Colleges of Surgeons and Physicians. Out of 22 votes by the Commissioners, the Colleges of Surgery and Medicine have 6 (3 each). The AMA and AHA each have 7 votes, the Dentists have 1, and there is one public member with 1 vote. With the exception of the dental and public representatives, this is roughly what was finally agreed to in 1952 by the consortium after all the bickering of the preliminary negotiations. It was an unfortunate compromise and you can see how difficult it may be to influence some policy decisions aimed at the promotion of professional excellence. The JCAH has the possibility of strongly promoting quality of care, a direction much more rewarding that some of the minutiae that now get so much of its attention.

Graham: Terrible! Gene, I must say that in some ways you haven't changed a bit since you were a senior resident. You always managed to save the bad news for the last, except that at least now you are not backing toward the door. I can't believe that after all these years some of the problems that troubled us so much are still in existence. The voting structure was indeed a compromise and I am sorry it has presented problems. However, it was quite an accomplishment to put the consortium together under any circumstance. It is up to the present generation to correct the faults and continue to strive for quality. It is really astounding the degree to which the science and art of medicine have advanced in the past three decades as compared to the progress in solution of organizational, administrative, and medical political problems. I suppose the same situation exists in other walks of life.

Bricker: Doctor Graham, I can tell you that it does exist throughout our society and what I have related to you in medicine is just the tip of the iceberg. The problems presented by escalating costs of health care, physician reimbursement, the tightening of federal purse strings for research and postgraduate training, the relaxing of ethical standards pertaining to hospital and physician advertising, to say nothing of the remarkable escalation of health care as a marketable

for-profit commodity. These are a few of the present problems and issues and I must confess that I am quite happy to be of an age that rules me out of direct involvement in some of them.

Graham: I can understand your feeling, and I am afraid there will be no easy solutions. I hope enough of the young people coming along have the motivation and intellectual capacity to deal with the problems in their turn. Ours is an important profession and should continue to present an image of moral integrity as well as of professional competence, and I hope our successors can accomplish it in what is obviously a very changing world.

Bricker: Doctor Graham, it is indeed a very changing world. The changes for good are incredible when judged by the quality and expectancy of life in advanced countries. Whether the good overbalances the bad is a matter of judgment. Certainly, coming generations face problems that were foreign to us and to which we have to some extent contributed, either by action or by lack of action. Regarding our successors, the young people now in training, I have complete confidence. I have found them, in addition to being highly intelligent, to be undaunted by the various problems that seem so troublesome to those of us who have seen them develop. When I discussed these problems with one young trainee, he shrugged his shoulders and said there would always be sick patients needing care and that was what was most important. We might consider this a naive reply, but it is a very hopeful sign. I don't mean to imply that we do not have strong leadership at the present time, but some of the changes that to us seem objectionable are really secondary to the irresistible forces of the times. The important thing is to see that our professional character is not sidetracked or diluted, that we do not become a convert of Madison Avenue or succumb to the cajolery of the industrialists who see us as the purveyors of a marketable product. These are difficult feelings for me to express. Dr William Longmire has said it well in one of the College bulletins and I am going to quote him verbatim.[5] I am sure you will remember Bill Longmire as a promising young trainee and colleague of Alfred Blalock.

> "To those of us whose surgical experience has spanned a good portion of the last half-century, the current problems facing surgery seem difficult at best and insurmountable at worst, but to those newly arrived on the scene these problems merely present the rules they must live by and the constraints they must adjust to. The circumstances of surgical practice at the beginning and at the end of this half-century are, of course, quite different, but the fundamental requirements are the same. They are:
>
> "• The intellectual capacity to assimilate the necessary factual information and the ability to apply such information to solving the problems of injury and disease, and the ability to apply the appropriate technical expertise when indicated.
>
> "• The physical and emotional capacity to withstand the strenuous preparation for and the demanding requirements of surgical practice.
>
> "• A personality, either inborn or cultivated, that is sincerely interested in patients as people and derives great personal satisfaction from the interpersonal patient-physician relationship and from serving in the role of "helper" in the "helper-helpee" interaction.
>
> "• And finally, the ability to maintain an ethical performance worthy of respect from all.
>
> "Blessed with these qualifications, and anticipating the ups and downs, the successes and failures of any career, the surgeon can look to the future with some degree of anxiety to be sure, but with a highly favorable prospect of serving a successful, useful, and fulfilling professional life."

Doctor Graham, I revert to a point we have both made before in this conversation. The best way to influence the future is by the motivation that we impart to the young people coming along, and the best way to influence the intelligent, perceptive, and critical young surgeon is by precept and example. Of course, this assumes an adequate supply of preceptors and exemplars which is a key factor. We have had this responsibility for a long time, but at no time has it been more important than now. Do you agree, Doctor Graham?

Graham: Well, Gene, it's very nice of you to invite me back into the conversation after preempting all of our remaining time. Yes, I agree with most of what you have said. I especially enjoyed and do agree with the quotation from Bill Longmire. As you were talking it finally dawned upon me the purpose for which

you invited me here. Obviously you had a point to make about role models and, if this is true, I think you have accomplished it fairly well, although for what exact purpose I haven't quite figured out. Anyway, I am glad to be an accomplice in your scheme and, whatever your motive, I have enjoyed the conversation, the briefing, and the excursions into nostalgia. I hope we will be able to continue the chat again someday, of course at my place, if you are successful in gaining admission. Adios.

Bricker: And adios to you, Doctor Graham—and, hopefully, aufwiedersehen. And to you ladies and gentlemen, my appreciation for your kind attention to this C Morrison Schroeder Lecture, the first of many to follow.

REFERENCES

1. Graham EA: Address of the President: Samuel Gross looks in on the American Surgical Association. *Ann Surg* 1937; 106(4):481-491.
2. Bricker EM: Presidential Address: Tumoribus Praeter Naturam. *Ann Surg* 1985; 202(3):265-277.
3. Wilson RE: Defining the Surgical Oncologist. *Bull Am Coll Surg* 1984; 69(7):9-12.
4. Balch CM: Cancer surgery. *Bull Am Coll Surg* 1984;69(1):3-6.
5. Longmire Jr WP: Surgery in 1994. *Bull Am Coll Surg* 1984;69(11) 2-6. ■

CLINICAL CANCER: Number 6 of a series

The annual cervical Pap smear

Stanley L Inhorn, MD, Madison, Wisconsin

SINCE ITS introduction to the medical community at the First National Cytology Conference in 1948, the Papanicolaou (Pap) smear has become the basis for cervical cancer control in the United States and many other countries. Now, 38 years later, although credited with markedly reducing morbidity and mortality, the annual Pap smear dogma is being hotly debated. It might seem paradoxical that the American Cancer Society, having expended such effort and money to promote the annual Pap smear, would change its recommendations.

In the 1950s and 1960s, the Public Health Service sponsored several major studies to explore the usefulness of cervical cytology. A 14-county program was funded in Wisconsin in the late 1950s to determine the feasibility of screening for cervical cancer in rural physicians' offices, using a central laboratory, the State Laboratory of Hygiene. This and other demonstration projects proved the effectiveness of cervical cytology in reducing cervical cancer death rates. They also demonstrated the excellent receptivity of the public and medical profession to this cancer screening procedure, which complies with most general criteria for screening tests and has proved to be highly effective.

Change is inevitable in medicine, and yet most practitioners are reluctant to tamper with success. This article will focus on the issues involved in the American Cancer Society (ACS) guidelines for the cancer-related checkup and how they may influence the primary care physician. In the late 1970s, an ACS study group evaluated all prior recommendations for the early detection of cancer in asymptomatic people. All procedures were evaluated in the light of four major concerns:

1. Effectiveness in reducing morbidity or mortality.
2. Medical benefits should outweigh the risks.
3. Reasonable cost-benefit ratio should pertain.
4. Recommended actions must be practical and feasible.

For many years the ACS promoted the Pap test as part of an annual pelvic examination. A change in this protocol was based on massive data published on the natural history of cervical cancer and associated epidemiologic studies. The success of early detection relates to the long duration of carcinoma in situ (CIS), estimated to last from 8 to 30 years before progressing to invasive cancer of the

From the State Laboratory of Hygiene and the Department of Pathology and Laboratory Medicine, University of Wisconsin, Madison. Reprint requests to: Stanley L Inhorn, MD, State Laboratory of Hygiene, 465 Henry Mall, Madison, Wis 53706 (phone: 608/262-1293). Copyright 1986 by the State Medical Society of Wisconsin.

Series Coordinator:

Ernest C Borden, MD, Madison

American Cancer Society Professor of Clinical Oncology, University of Wisconsin Clinical Cancer Center, 600 Highland Ave, Madison, Wisconsin 53792

Physicians are encouraged to contact the authors if they wish to discuss these topics further or obtain additional information. Comments or suggestions for topics would be welcome.

cervix (ICC) in a high proportion of women (approximately 70%). Proper treatment of patients with CIS provides an excellent prognosis, virtually a 100% long-term survival. Epidemiologic studies in North America and Europe have demonstrated a decrease in ICC in direct proportion to the intensity of Pap screening.

The risks of relying on the Pap test for early detection relate to errors in cytologic diagnosis. False negative and false positive results may lead to inappropriate management. Furthermore, since all cases of dysplasia do not progress to CIS, and not all cases of CIS progress to ICC, there may be morbidity and costs related to unnecessary treatment of lesions that would have regressed.

Thus, based on extensive data analysis, the ACS recommended in 1980 that all asymptomatic women age 20 and over, and those under 20 who are sexually active, have a Pap test annually for two negative examinations and then at least every three years until the age of 65. A pelvic examination should be done as part of a general examination every three years from age 20 to 40 and annually thereafter. Women who are at high risk of developing cervical cancer, because of early age at first intercourse, multiple sexual partners, or other risk factors may be tested more frequently. Those who are relatively inactive sexually may be tested at long intervals.

The rationale for recommending the three-year frequency is based on the long average duration of CIS and its precursor, dysplasia. In addition, many effectiveness studies were conducted in countries where the screening frequency is greater than every year (*eg*, Scotland every five years, Iceland every two to three years). Furthermore, statistical estimates indicate that, based on an average CIS stage of eight years, a three-year frequency delivers about 97% of the increase in life expectancy delivered by an annual protocol. If CIS lasts 15 to 20 years and if dysplasia also lasts for a long period, a Pap test every three years has virtually the same effectiveness as an annual Pap test.

Obviously, all recommendations involve a compromise between benefits, risks, and practicality. The major concerns regarding the three-year interval screening protocol are:

1. The false-negative rate of the Pap test.
2. Differences in risk for cervical cancer.
3. A subset of ICC which develops more rapidly.
4. Loss of women from the healthcare system.

Needless to say, this 1980 recommendation evoked much reaction from the medical community, especially from gynecologists and pathologists and their professional societies. Fortuitously, the president of the ACS at the time was Dr SB Gusberg, an eminent gynecologist, who had done pioneering work in the field of cervical cancer. The ACS was quick to point out that these were general guidelines which can be modified in individual cases. Furthermore, it was noted that the ACS does recommend an annual pelvic examination in women over 40. In women less than 40, it was suggested that annual examinations would not yield significantly more malignant gynecologic disease of any site.

Many practitioners related anecdotal stories of women found to have ICC following a recent negative Pap smear. These cases raise concern about the adequacy of sampling, cytologic examination, and percentage of cases that progress rapidly. How effective would this new cancer-prevention strategy be, and what information is available regarding accuracy of cytology?

Accuracy in cytology depends upon two primary factors: (1) the quality of the specimen, and (2) the quality of the cytodiagnosis. As to the quality of the specimen, the smear should contain a reasonable number of well-preserved epithelial cells collected from the region of the external os. Sampling should include the endocervix and ectocervix, to capture cells from the transformation zone (TZ). The sample should be representative of all quadrants of the TZ, a feat that requires good visualization of the cervix.

The quality of cytodiagnosis depends upon the organization and expertise of the laboratory. Since individual cytotechnologists regularly sign out the majority of negative specimens, the sensitivity or false-negative rate reflects the skill and dedication of the screening cytotechnologists. Scanning each slide field-for-field, with referral of questionable cell patterns to the cytopathologist helps to reduce errors. Cytology accuracy can be jeopardized, however, if the daily workload exceeds an average of 70–75 slides per cytotechnologist. Quality assurance practices to monitor screening sensitivity and specificity include:

1. Rescreening of 5%–10% or more of negative cases.
2. Monitoring individual cytotechnologist's detection rates.
3. Reviewing patient's previous smears on all abnormals.
4. Followup tissue and clinical correlation.
5. Hierarchical evaluation of cytotechnologists' diagnosis.
6. Reviewing old abnormal cases "blindly" as unknowns.
7. Interlaboratory exchange and slide review.
8. External proficiency testing.

In our laboratory a false-negative rate of less than 0.01% was found on negative slide rescreening. These and other results have led us to conclude that the major

factor in false-negative results is inadequate sampling rather than errors in cytodiagnosis. In an on-site proficiency testing program conducted by the Centers for Disease Control, false-negative diagnoses were made in 7.5% of 4520 smears with moderate dysplasia through frank malignancy. In a Canadian study laboratory error was not a major contributing factor to the failure of cervical cytologic screening, but lack of physician-patient compliance was a significant problem.

What effect does the presence of high-risk populations have on the overall screening algorithm? The ACS suggests that even for a high-risk woman, a three-year protocol has virtually the same effectiveness as an annual program. A Canadian Task Force identifies the sexually active 18 to 35 age group as being at high risk for developing premalignant changes. Planned Parenthood requires that the Pap smear be included as part of each annual examination. Although there is substantial evidence to indicate that rates of cervical intraepithelial neoplasia is increasing in sexually active teenagers and young adults, perhaps associated with the multiple epidemics of sexually transmitted disease, the question still remains whether annual screening is necessary to prevent ICC.

It would seem then that the most important question in the overall controversy is whether the three-year protocol will permit a significant number of CIS lesions to progress to ICC. A major concern is that a false-negative result, in most cases secondary to a sampling error, might allow a more rapidly progressive cervical intraepithelial neoplasia (CIN) to become invasive in a course of six years (following a false-negative). Statistical data suggest that such an event is uncommon. Several European countries and Canada have moved to three-to-five year protocols with apparently no increase in the incidence of ICC. Success in many of these countries relies on effective state-operated or directed systems which include greater proportions of the female population. In the United States a more pluralistic medical community is still debating this issue and asking whether the extra degree of security for the individual woman justifies adding the cost of the Pap smear to the annual pelvic examination for the sexually active younger woman or the one over 40.

Five years later, the ACS has not changed its recommendations. However, in a survey of physicians' attitudes, the ACS found that, as of 1985, nearly nine out of ten of the 75% of all physicians who either follow or exceed Pap test guidelines report that they continue to perform Pap tests at least once a year. When considering a screening protocol, practitioners must consider all factors, including the natural history of the disease, the false-negative rate of the Pap smear, risk factors, cytology quality control, as well as the evaluation of a patient with an abnormal test result, effectiveness of therapy, and regression rate. The physician's decision will undoubtedly be based on consideration of benefits, risks, and costs, in an attempt to design the best screening program for the individual medical practice.

References

1. American Cancer Society: Guidelines for the cancer-related checkup: recommendations and rationale. *Ca* 1980; 30:194-240.
2. Holleb AI: Guidelines for the cancer-related checkup: five years later. *Ca* 1985; 35:194-196.
3. Inhorn SL: Sensitivity and specificity of cervical cytology. In: *Cancer Campaign, Vol. 8, Cancer of the Uterine Cervix*, Grundmann E (ed), G Fischer Verlag, Stuttgart, 1985, pp 101-114.
4. Walton RJ *et al*: Cervical cancer screening programs (Department of National Health and Welfare Task Force report). *Can Med Assoc J* 1976; 114:1003-1033.
5. Yobs AR, Swanson RA, LaMotte LC: Laboratory reliability of the Papanicolaou smear. *Obstet Gynecol* 1985; 65:235-244. ■

ABSTRACT

Jejunostomy—A rarely indicated procedure

MARK B ADAMS, MD, MS; GARY R SEABROOK, MD; EDWARD A QUEBBEMAN, MD, PhD; ROBERT E CONDON, MD, MS, Department of Surgery, The Medical College of Wisconsin, Milwaukee, Wis. *Arch Surg* 1986; 121:236-238

Jejunostomy is an alternative for alimentation in patients who cannot be fed orally. Seventy-three patients from the Medical College of Wisconsin Hospitals, Milwaukee, who underwent jejunostomy for gastrointestinal tract obstruction or dysfunction (28 patients), carcinoma (23 patients), neurologic disorders (13 patients), and other indications (nine patients) by the Stamm (46 patients), Witzel (17 patients), and Maydl (nine patients) techniques were studied. Forty-four patients survived and were discharged, while 29 died in the hospital. Fifty-three complications were documented among 34 patients. The jejunostomy was actually used for feeding in only 48 patients, and only 18 were discharged while receiving maintenance enterostomy feedings. Seven patients died as a direct result of complications of the jejunostomy. Jejunostomy is not an innocuous procedure; it carries a substantial risk of death and complications. Jejunostomy should be performed for alimentation only in patients with clear indications and a high potential for long-term use.■

Dr Mullooly takes helm; Dr Viste to follow next year

John P Mullooly, MD of Milwaukee was elected president of the State Medical Society April 18 at its Annual Meeting in Milwaukee. He succeeds John K Scott, MD of Madison.

Since earlier this year Doctor Mullooly had served as president-elect following the resignation of Charles W Landis, MD of Milwaukee, who was slated to head the Society for the coming year. Doctor Landis passed away in January.

Kenneth M Viste Jr, MD of Oshkosh was named president-elect to succeed Doctor Mullooly at the Annual Meeting in March 1987.

Doctor Mullooly's biographical sketch appears elsewhere in this issue.

Doctor Viste, a neurologist, has been active at all levels of organized medicine and has taken a special interest in state political and socioeconomic activities.

A member of the SMS Board of Directors since 1982, he has served as chairman of the Physicians Alliance Commission from 1978-85, and as chairman of the Wisconsin Political Action Committee (WISPAC) from 1978-1980.

Doctor Viste is Clinical Associate Professor of Neurology at the University of Wisconsin Medical School and a past president of the Wisconsin Neurological Society. He has been an alternate state delegate to the American Medical Association since 1982, and is a member of the American Academy of Neurology's Committee on Rehabilitation and Disability. In 1979 he was named Volunteer of the Year by the Wisconsin Epilepsy Society.

A complete biographical sketch of Doctor Viste appeared in the February issue.

* * *

In other elections at the Society's House of Delegates' third session April 18, Vernon M Griffin, MD, Mauston, was reelected vice speaker of the House. John J Foley, MD, Menomonee Falls, was reelected treasurer.

Reelected as delegates to the AMA for two-year terms for calendar years 1987-1988 were John K Scott, MD, Madison; Patricia J Stuff, MD, Bonduel; and DeLore Williams, MD, West Allis.

Alternate delegates reelected for two-year terms for calendar years 1987-1988 were Cyril M Hetsko, MD, Madison; John P Mullooly, MD, Milwaukee; and John D Riesch, MD, Menomonee Falls.

The House of Delegates also confirmed the reelection of three physicians to the Society's Board of Directors: Pauline M Jackson, MD, La Crosse (District 3) for her third three-year term; Roger L von Heimburg, MD, Green Bay (District 6) for his third three-year term; and Marwood E Wegner, MD, St Croix Falls (District 7) for his second three-year term.

The House also confirmed the election of nine new directors: District 1—Roger Laubenheimer, MD, Milwaukee, to succeed Carl S Eisenberg, MD, Milwaukee, who completed his third consecutive three-year term, making him ineligible for reelection; and H Leslie Ericson, MD, Racine, to succeed Fredrick Wood Jr, MD, Kenosha, who resigned with one year left on his three-year term. Doctor Ericson will complete the one-year term and then be eligible for three full three-year terms. Two additional directors were elected as a result of increased membership: Thomas A Reminga, MD, Milwaukee, and H Myron Kauffman, MD, Elm Grove, each to serve their first three-year term.

District 2—John D Wegenke, MD, Madison, was elected for his first three-year term as a result of increased membership.

District 4—William E Raduege, MD, Woodruff, to succeed John J Kief, MD, Rhinelander, whose three consecutive three-year terms have been completed, making him ineligible for reelection; and Richard H Ulmer, MD, Marshfield, was elected for his first three-year term to succeed W George Locher, MD, Wausau, who resigned at the end of his first three-year term.

District 5—James L Basiliere, MD, Oshkosh, to replace Kenneth M Viste Jr, MD, Oshkosh, who was elected president-elect of the State Medical Society, making him ineligible to remain a director.

District 6—John E Kraus, MD, Marinette, was elected as an additional director as a result of increased membership.

Pictures and biographical sketches of the new directors will appear in the June issue. ■

Doctor Viste

House approves establishing own insurance company

The Society's House of Delegates at its Annual Meeting in Milwaukee April 17–19 approved establishment of an SMS-sponsored, physician-owned, stock medical liability insurance company to be known as Physicians Insurance Company of Wisconsin (PICW).

In other major actions, the House also approved:

- Lowering the blood alcohol level acceptable for driving from 0.10 to 0.05, and pursuing this change through the Legislature.
- Calling for the Department of Health and Social Services to implement a true open enrollment policy in HMOs for AFDC recipients.
- Urging Governor Anthony Earl to convene a special session of the Legislature to consider medical liability reform legislation with provisions similar to those in Senate Bill 328.
- Encouraging the State to establish a single entity to deal with accidents involving hazardous chemical and radioactive materials, and of a regional network of institutions and individual facilities prepared to give advice or deal with such accidents.
- Supporting mandatory use of safety belts in Wisconsin.
- Reaffirming the Society's support of adoption of a 21-year-old drinking law in Wisconsin.

* * *

A complete summary of the House of Delegates actions will appear in the June issue. ■

ALL-IN-ONE

Computerized Accounting System

FOR THE SMALL MEDICAL PRACTICE

including:

- Hardware
- Software
- Installation
- 15 Hours of consulting time in system setup and conversion

IBM-AT based hardware

We write own software programs, making alterations easy. We design own forms. Program helps establish fee schedules. Designed for Medicare, Medicaid, HMO, private, and accepting assignment functions.

REFERENCES CAN BE PROVIDED

LOFDAHL LEASING COMPANY

R F LOFDAHL, CPA/President
3313 University Ave, Madison, WI 53705
608/233-9404

Dr Treffert reelected Board chairman

At the SMS Board of Directors meeting April 19 during the Annual Meeting in Milwaukee, Darold A Treffert, MD, Fond du Lac, was reelected chairman of the Board.

Other elections:

Vice Chairman of the Board: Roger L von Heimburg, MD, Green Bay (reelected).

Assistant Treasurers: Reelected Eugene J Nordby, MD, Madison; William T Russell, MD, Sun Prairie; and William P Crowley, MD, Madison.

Secretary (and General Manager): Earl R Thayer, Madison (reelected). Mr Thayer will be retiring in March 1987 at the time of the Annual Meeting. Thomas Adams of Washington, DC has been named Secretary-General Manager Designate and will assume Mr Thayer's position in March 1987.

Medical Editor of the *Wisconsin Medical Journal:* Victor S Falk, MD, Edgerton (reelected to serve until the end of 1986 when he has announced his retirement from this position).

Associate Medical Editor of the *Wisconsin Medical Journal:* Richard D Sautter, MD, Marshfield, who will assume the Medical Editor position starting January 1987 and continue the two-year term until the Annual Meeting in 1988.

Editorial Associates of the *Wisconsin Medical Journal:* Reelected Wayne J Boulanger, MD, Milwaukee, Editorial Director and Chairman; Victor S Falk, MD, Edgerton (Medical Editor); Russell F Lewis, MD, Marshfield; and R Buckland Thomas, MD, Monroe. Elected Richard D Sautter, MD, Marshfield (Associate Medical Editor) and Thomas H Cogbill, MD, La Crosse.

Commission and Committee appointments will appear in the June issue. ■

SMS Toll-free number in Wisconsin

1-800-362-9080

SMS members form Physician Support Group

The physicians of the State Medical Society have formed a Physician Support Group to provide:

- emotional support,
- helpful information,
- an opportunity for physicians and spouses experiencing the anxiety of a malpractice suit to share their feelings with sympathetic listeners.

This panel will be composed of concerned physicians and spouses who have been through the experience and are willing to be available on an individual basis to provide confidential assistance to anyone who may request it.

The Physician Support Group is actively seeking physicians interested in providing support to their peers through this Group. The program is not intended to deal with the merits or detractions of any specific "malpractice" case. The purpose is to provide necessary emotional support and helpful information to physicians and their spouses to get through this stressful period in their lives. Confidentiality will be maintained at all times. To insure this, individuals requesting this service will be given a list of panelists to choose from and can then make their own determination for contact.

The premise of the program is individual, one-on-one contact based on open and frank discussions, and there will be no group interaction. Emotions, feelings, and fears that are elicited will vary widely among physicians and their spouses as each in his/her own way works through the process. Therefore, the program is designed to be flexible in order to adapt to the needs of each individual.

Because a claim against a physician for medical malpractice is not just a "cost of doing business," the support physician must have been sued at some time. Having the emotional experience and understanding the process will aid the support physician.

Individuals interested in participating in the Physician Support Group should contact: Deborah J Powers, Physicians Alliance Division, telephone: 1-800-362-9080 or 608/257-6781. ■

SMS Toll-free
number in Wisconsin
1-800-362-9080

AMA Physician's Recognition Award Recipients

LISTED BELOW are those physicians in Wisconsin who have earned the AMA Physician's Recognition Award in recent months. The State Medical Society of Wisconsin congratulates these physicians who have distinguished themselves and their profession by their commitment to continuing education:

MARCH 1986

*Altenberg, Barry M, Racine
*Bernsten, Stephen A, Madison
*Biehl, Mark D, Waukesha
*Burg, Edward A, Milwaukee
*Caskey, Harry S, Clintonville
*Dean, Russell A, Greenwood
*Ebben, David M, Campbellsport
Eder, Richard L, Hayward
*Friedman, Jerry E, Milwaukee
*Gilbert, Francis, Kewaunee
*Gottlieb, Victor, Marshfield
*Gottschalk, Paul G, Marshfield
*Hansotia, Phiroze L, Marshfield
*Mazza, Joseph J, Marshfield
*Patrick, June C, Wauwatosa
*Peterson, Thomas H, Wausau
*Raduege, William E, Woodruff
*Ryan, Thomas A, Appleton
*Shaenboen, Michael J, Menomonee Falls
*Weber, David L, Sun Prairie
*Wex, Timothy G, Oshkosh
*Wyman, John B, Marshfield ■

Members of the State Medical Society of Wisconsin

24 HOUR Radio dispatched truck fleet for

INDUSTRY, INSTITUTIONS, SCHOOLS, ETC.

AUTHORIZED PARTS AND SERVICE FOR CLEAVER—BROOKS
Throughout Wisconsin and Upper Michigan

SALES
Boiler room accessories
O_2 trims
Cleveland controls
and Car automatic bottom blowdown systems

SERVICE—CLEANING ON ALL MAKES
Complete Mobile Boiler Room Rentals

Stevens Point—715/344-7310
Green Bay—414/494-3675
Madison—608/249-6604

PBBS EQUIPMENT CORP.
5401 N Park Dr
PO Box 365
Butler, WI 53007
Phone: 414/781-9620

Eau Claire area physicians host Governor

EAU CLAIRE-DUNN-PEPIN: The Tri-County Medical Society in March hosted a reception in honor of Governor Anthony Earl. Approximately 120 physicians and their spouses attended the event. Governor Earl complimented the group on the turnout and told them they had become "players" in the political process since he addressed them two years ago. At the fund-raiser two years ago in Eau Claire Governor Earl pointed out how few of them were there. He said the only time physicians were heard from was when they had a negative response to a parochial issue. He urged them to participate in the political process through time and financial support. A number of physicians were able to talk with the Governor individually and encourage his support of medical malpractice legislation. A special thanks was extended to Eileen Immerman, a member of the SMS Auxiliary, for the time she spent organizing the reception for Governor Earl. Pictured above, from left to right: Stanley G Norman, MD and Edgar O Hicks, MD of Eau Claire; Governor Anthony Earl, Madison; and Michael F Finkel, MD, Altoona.—Reported by Lisa Hilbert, SMS Physicians Alliance field consultant

RACINE: Ms Terry Hottenroth, Governmental Affairs Coordinator for the State Medical Society, was the guest speaker for the February meeting of the Racine County Medical Society. Ms Hottenroth outlined for the members the current status and prognosis of pending legislation in the State Legislature pertaining to the medical malpractice insurance crisis.

SHEBOYGAN: Thirty-five members were present at the March meeting of the Sheboygan County Medical Society. John K Scott, MD,* president of the State Medical Society, was the guest speaker.

WINNEBAGO: Thirty-seven members and one guest were present at the March meeting of the Winnebago County Medical Society. The revised constitution and bylaws for the county medical society were discussed and approved and will be sent to the State Medical Society for approval.

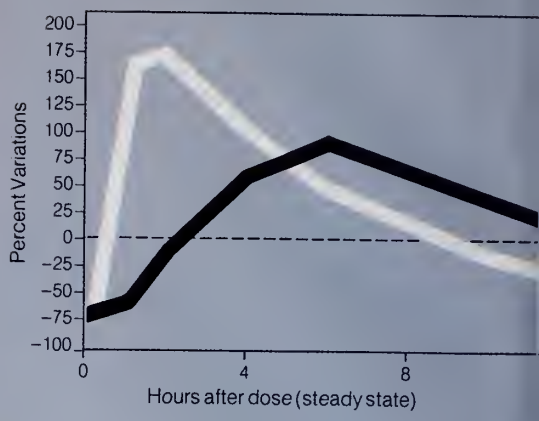
WINNEBAGO: Thirty-eight members and two guests were present at the February meeting of the Winnebago County Medical Society. Jonathan B Towne, MD,* professor of surgery at the Medical College of Wisconsin, Milwaukee, spoke on "The Diabetic Foot." ■

1986 Membership Directory to be published in July issue

Members who have not yet updated their listing in the 1986 Membership Directory to be published in the July issue of the *Wisconsin Medical Journal* should do so immediately, using the business reply card from the "false cover" on this issue. The mailing address label on this card contains the information in Membership Records that will be used unless the card is returned to SMS Headquarters with corrections. **Only return the card if there are changes to the mailing label on this issue.** The Directory will include all members of record at May 15, 1986 as provided from Membership Records. If there is a question, please call Membership Records at SMS Headquarters in Madison: 1-800-362-9080 or (608) 257-6781.

Easy to live with

INDERAL LA and



- INDERAL LA avoids the sharp peaks seen with atenolol

Blood pressure controlled,

Smooth blood pressure control and well tolerated

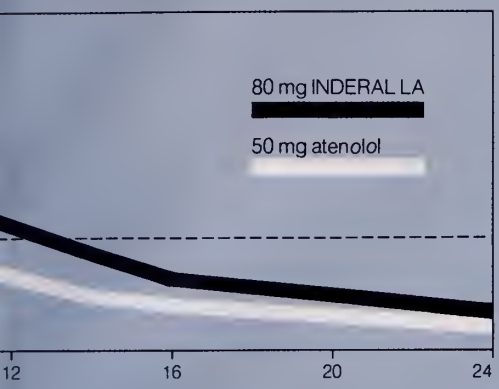
Once-daily INDERAL LA (propranolol HCl) keeps life simple for the patient. A single dose provides 24-hour blood pressure control. Convenient and well tolerated, INDERAL LA rarely interferes with everyday living. In fact, a recent study of 138 patients found a low incidence of side effects with INDERAL LA, which was not significantly different from that reported with metoprolol and atenolol.[2]

INDERAL LA should not be used in the presence of congestive heart failure, sinus bradycardia, cardiogenic shock, heart block greater than first degree, and bronchial asthma.

Once-daily
INDERAL® LA
(PROPRANOLOL HCl) *Long Acting Capsules*

Please turn page for brief summary of prescribing information.

atenolol over 24 hours*[1]



*Plasma concentrations in relation to the mean.

- Smooth, consistent plasma drug levels over 24 hours
- Full, 24-hour blood pressure control with INDERAL LA

and feeling good.

Added blood pressure control with the preferred diuretic

When more than one antihypertensive agent is needed, once-daily INDERIDE LA enhances patient compliance to improve long-term control. Patients receive all the benefits of controlled-release INDERAL LA *and* standard-release hydrochlorothiazide (HCTZ), for comfortable morning diuresis. Not only does this regimen permit patients to follow normal daily routines, but HCTZ also produces less potassium wastage on a mg-for-mg basis than chlorthalidone.[3,4]

Once-daily

INDERIDE® LA

(PROPRANOLOL HCl [INDERAL® LA] /HYDROCHLOROTHIAZIDE)

As with all fixed-combination antihypertensives, INDERIDE LA is not indicated for the initial treatment of hypertension.

Please turn page for brief summary of prescribing information.

Once-daily INDERAL® LA (PROPRANOLOL HCl) LONG ACTING CAPSULES

The appearance of these capsules is a registered trademark of Ayerst Laboratories.

BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE CIRCULARS.)*

INDERAL® LA Brand of PROPRANOLOL HYDROCHLORIDE **(Long Acting Capsules)**
INDERIDE® LA Brand of PROPRANOLOL HYDROCHLORIDE (INDERAL® LA) and HYDROCHLOROTHIAZIDE **(Long Acting Capsules)**
INDERAL LA AND INDERIDE LA Capsules should not be considered simple mg-for-mg substitutes for INDERAL and INDERIDE Tablets. Please see package circulars

CONTRAINDICATIONS

Propranolol hydrochloride (INDERAL® LA): Propranolol is contraindicated in 1) cardiogenic shock, 2) sinus bradycardia and greater than first degree block, 3) bronchial asthma, 4) congestive heart failure (see WARNINGS) unless the failure is secondary to a tachyarrhythmia treatable with propranolol.

Hydrochlorothiazide: Hydrochlorothiazide is contraindicated in patients with anuria or hypersensitivity to this or other sulfonamide-derived drugs.

WARNINGS

Propranolol hydrochloride (INDERAL® LA): CARDIAC FAILURE. Sympathetic stimulation may be a vital component supporting circulatory function in patients with congestive heart failure, and its inhibition by beta blockade may precipitate more severe failure. Although beta blockers should be avoided in overt congestive heart failure, if necessary, they can be used with close follow-up in patients with a history of failure who are well compensated, and are receiving digitalis and diuretics. Beta-adrenergic blocking agents do not abolish the inotropic action of digitalis on heart muscle.

IN PATIENTS WITHOUT A HISTORY OF HEART FAILURE, continued use of beta blockers can, in some cases, lead to cardiac failure. Therefore, at the first sign or symptom of heart failure, the patient should be digitalized and/or treated with diuretics, and the response observed closely, or propranolol should be discontinued (gradually, if possible).

IN PATIENTS WITH ANGINA PECTORIS, there have been reports of exacerbation of angina and, in some cases, myocardial infarction following *abrupt* discontinuance of propranolol therapy. Therefore, when discontinuance of propranolol is planned the dosage should be gradually reduced and the patient carefully monitored. In addition, when propranolol is prescribed for angina pectoris, the patient should be cautioned against interruption or cessation of therapy without the physician's advice. If propranolol therapy is interrupted and exacerbation of angina occurs, it usually is advisable to reinstitute propranolol therapy and take other measures appropriate for the management of unstable angina pectoris. Since coronary artery disease may be unrecognized, it may be prudent to follow the above advice in patients considered at risk of having occult atherosclerotic heart disease who are given propranolol for other indications.

THYROTOXICOSIS. Beta blockade may mask certain clinical signs of hyperthyroidism. Therefore, abrupt withdrawal of propranolol may be followed by an exacerbation of symptoms of hyperthyroidism, including thyroid storm. Propranolol does not distort thyroid function tests.

IN PATIENTS WITH WOLFF-PARKINSON-WHITE SYNDROME, several cases have been reported in which, after propranolol, the tachycardia was replaced by a severe bradycardia requiring a demand pacemaker. In one case this resulted after an initial dose of 5 mg propranolol.

MAJOR SURGERY. The necessity or desirability of withdrawal of beta-blocking therapy prior to major surgery is controversial. It should be noted, however, that the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures.

Nonallergic Bronchospasm (eg, chronic bronchitis, emphysema)—PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD, IN GENERAL, NOT RECEIVE BETA BLOCKERS. INDERAL should be administered with caution, since it may block bronchodilation produced by endogenous and exogenous catecholamine stimulation of beta receptors.

DIABETES AND HYPOGLYCEMIA. Beta-adrenergic blockade may prevent the appearance of certain premonitory signs and symptoms (pulse rate and pressure changes) of acute hypoglycemia in labile insulin-dependent diabetes. In these patients, it may be more difficult to adjust the dosage of insulin. Hypoglycemic attacks may be accompanied by a precipitous elevation of blood pressure.

Hydrochlorothiazide: Thiazides should be used with caution in severe renal disease. In patients with renal disease, thiazides may precipitate azotemia. In patients with impaired renal function, cumulative effects of the drug may develop.

Thiazides should also be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Thiazides may add to or potentiate the action of other antihypertensive drugs. Potentiation occurs with ganglionic or peripheral adrenergic-blocking drugs.

Sensitivity reactions may occur in patients with a history of allergy or bronchial asthma.

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

PRECAUTIONS

Propranolol hydrochloride (INDERAL® LA): GENERAL. Propranolol should be used with caution in patients with impaired hepatic or renal function. Propranolol is not indicated for the treatment of hypertensive emergencies.

Beta adrenoreceptor blockade can cause reduction of intraocular pressure. Patients should be told that propranolol may interfere with the glaucoma screening test. Withdrawal may lead to a return of increased intraocular pressure.

CLINICAL LABORATORY TESTS: Elevated blood urea levels in patients with severe heart disease, elevated serum transaminase, alkaline phosphatase, lactate dehydrogenase.

DRUG INTERACTIONS: Patients receiving catecholamine-depleting drugs, such as reserpine should be closely observed if propranolol is administered. The added catecholamine-blocking action may produce an excessive reduction of resting sympathetic nervous activity, which may result in hypotension, marked bradycardia, vertigo, syncopal attacks, or orthostatic hypotension.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY. Long-term studies in animals have been conducted to evaluate toxic effects and carcinogenic potential. In 18-month studies, in both rats and mice, employing doses up to 150 mg/kg/day, there was no evidence of significant drug-induced toxicity. There were no drug-related tumorigenic effects at any of the dosage levels. Reproductive studies in animals did not show any impairment of fertility that was attributable to the drug.

PREGNANCY. Pregnancy Category C. Propranolol has been shown to be embryotoxic in animal studies at doses about 10 times greater than the maximal recommended human dose. There are no adequate and well-controlled studies in pregnant women. Propranolol should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Once-daily INDERIDE® LA

Each capsule contains propranolol HCl (INDERAL® LA), 80 mg, 120 mg, or 160 mg, and hydrochlorothiazide, 50 mg

The appearance of these capsules is a registered trademark of Ayerst Laboratories.

NURSING MOTHERS. Propranolol is excreted in human milk. Caution should be exercised when propranolol is administered to a nursing mother.

PEDIATRIC USE. Safety and effectiveness in children have not been established.

Hydrochlorothiazide: GENERAL. Periodic determination of serum electrolytes to detect possible electrolyte imbalance should be performed at appropriate intervals.

All patients receiving thiazide therapy should be observed for clinical signs of fluid or electrolyte imbalance, namely: Hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Medication such as digitalis may also influence serum electrolytes. Warning signs irrespective of cause are: Dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting.

Hypokalemia may develop, especially with brisk diuresis, when severe cirrhosis is present, or during concomitant use of corticosteroids or ACTH.

Interference with adequate oral electrolyte intake will also contribute to hypokalemia. Hypokalemia can sensitize or exaggerate the response of the heart to the toxic effect of digitalis (eg, increased ventricular irritability). Hypokalemia may be avoided or treated by use of potassium supplements, such as foods with a high potassium content.

Any chloride deficit is generally mild and usually does not require specific treatment, except under extraordinary circumstances (as in liver or renal disease). Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction, rather than administration of salt, except in rare instances when the hyponatremia is life-threatening. In actual salt depletion, appropriate replacement is the therapy of choice.

Hyperuricemia may occur or frank gout may be precipitated in certain patients receiving thiazide therapy.

Insulin requirements in diabetic patients may be increased, decreased, or unchanged. Diabetes mellitus which has been latent may become manifest during thiazide administration.

If progressive renal impairment becomes evident, consider withholding or discontinuing diuretic therapy.

Thiazides may decrease serum PBI levels without signs of thyroid disturbance.

Calcium excretion is decreased by thiazides. Pathologic changes in the parathyroid gland with hypercalcemia and hypophosphatemia have been observed in a few patients on prolonged thiazide therapy. The common complications of hyperparathyroidism, such as renal lithiasis, bone resorption, and peptic ulceration, have not been seen. Thiazides should be discontinued before carrying out tests for parathyroid function.

DRUG INTERACTIONS: Thiazide drugs may increase the responsiveness to tubocurarine.

The antihypertensive effects of thiazides may be enhanced in the postsympathectomy patient. Thiazides may decrease arterial responsiveness to norepinephrine. This diminution is not sufficient to preclude effectiveness of the pressor agent for therapeutic use.

PREGNANCY: Pregnancy Category C. Thiazides cross the placental barrier and appear in cord blood. The use of thiazides in pregnancy requires that the anticipated benefit be weighed against possible hazards to the fetus. These hazards include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

NURSING MOTHERS: Thiazides appear in human milk. If use of the drug is deemed essential, the patient should stop nursing.

PEDIATRIC USE: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Propranolol hydrochloride (INDERAL® LA): Most adverse effects have been mild and transient and have rarely required the withdrawal of therapy.

Cardiovascular: Bradycardia; congestive heart failure; intensification of AV block; hypotension; paresthesia of hands; thrombocytopenic purpura; arterial insufficiency, usually of the Raynaud type.

Central Nervous System: Lightheadedness; mental depression manifested by insomnia, lassitude, weakness, fatigue; reversible mental depression progressing to catatonia; visual disturbances, hallucinations, an acute reversible syndrome characterized by disorientation for time and place, short-term memory loss; emotional lability; slightly clouded sensorium; and decreased performance on neuropsychometrics.

Gastrointestinal: Nausea, vomiting, epigastric distress, abdominal cramping, diarrhea, constipation; mesenteric arterial thrombosis; ischemic colitis.

Allergic: Pharyngitis and agranulocytosis, erythematous rash, fever combined with aching and sore throat, laryngospasm and respiratory distress.

Respiratory: Bronchospasm.

Hematologic: Agranulocytosis; nonthrombocytopenic purpura, thrombocytopenic purpura.

Auto-Immune: In extremely rare instances, systemic lupus erythematosus has been reported.

Miscellaneous: Alopecia, LE-like reactions; psoriasiform rashes; dry eyes, male impotence; and Peyronie's disease have been reported rarely. Oculomucocutaneous reactions involving the skin, serous membranes, and conjunctivae reported for a beta blocker (practolol) have not been associated with propranolol.

Hydrochlorothiazide:

Gastrointestinal: Anorexia; gastric irritation, nausea, vomiting, cramping, diarrhea, constipation; jaundice (intrahepatic cholestatic jaundice); pancreatitis; sialadenitis.

Central Nervous System: Dizziness, vertigo; paresthesias; headache, xanthopsia.

Hematologic: Leukopenia, agranulocytosis; thrombocytopenia, aplastic anemia.

Cardiovascular: Orthostatic hypotension (may be aggravated by alcohol, barbiturates, or narcotics).

Hypersensitivity: Purpura, photosensitivity, rash, urticaria, necrotizing angiitis (vasculitis, cutaneous vasculitis); fever, respiratory distress, including pneumonitis, anaphylactic reactions.

Other: Hyperglycemia, glycosuria, hyperuricemia, muscle spasm, weakness, restlessness; transient blurred vision.

Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn.

*The appearance of these capsules is a registered trademark of Ayerst Laboratories.

REFERENCES

1. Data on file, Ayerst Laboratories. **2.** Ravid M, Lang R, Jutrin I: The relative antihypertensive potency of propranolol, oxprenolol, atenolol, and metoprolol given once daily. *Arch Intern Med* 1985;145:1321-1323. **3.** Sumiye L, Vivian AS, Frisof KB, et al: Potassium loss associated with hydrochlorothiazide versus chlorthalidone. *Clin Ther* 1981;4:308-320. **4.** Ram CVS, Garrett BN, Kaplan NM: Moderate sodium restriction and various diuretics in the treatment of hypertension. *Arch Intern Med* 1981;141:1015-1019.

5593/486

Ayerst. AYERST LABORATORIES
New York, NY 10017

© 1986 Ayerst Laboratories

Motrin® 800 mg TABLETS

ibuprofen

Extra strength
Convenience
Economy

Upjohn

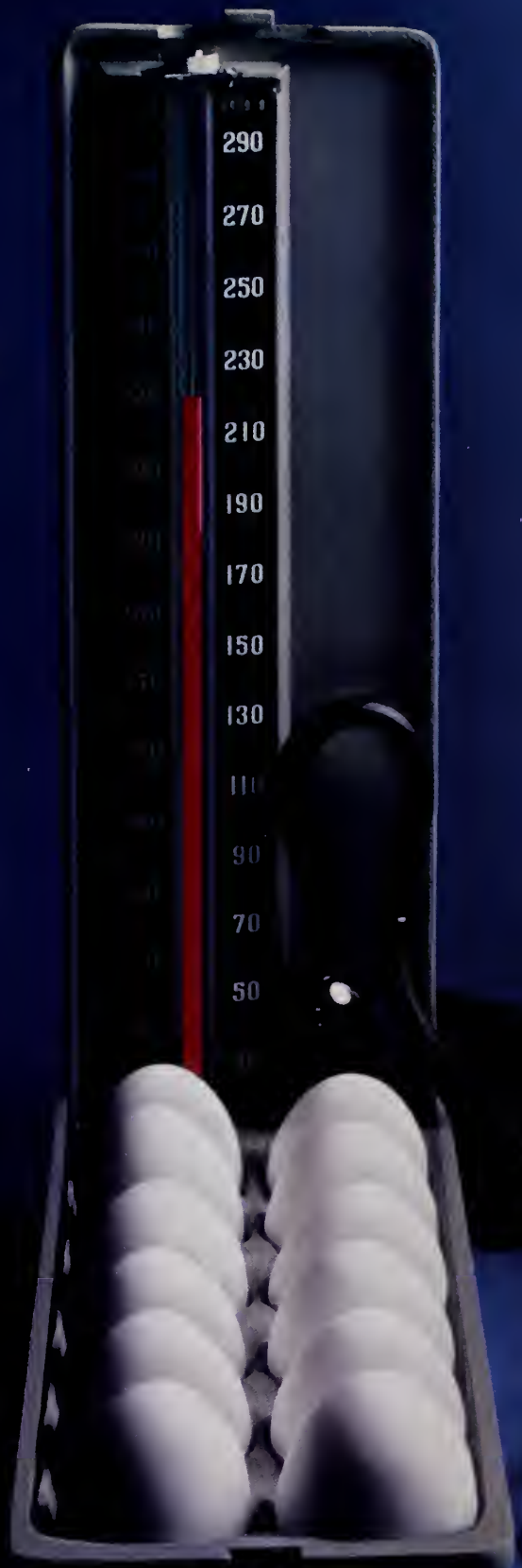
A Century of Caring

1886·1986

©1986 The Upjohn Company

J-6138 January 1986

"High blood pressure should be a red flag to screen for cholesterol..."[1]



Wyeth Laboratories
Philadelphia, PA 19101

If your patients have hypertension, they probably have high cholesterol too.

The Framingham Heart Study[2] showed that over two thirds of the 35 and older population in that study with systolic blood pressures over 145 mmHg also had serum cholesterol levels of 225 mg/dL or more, and 46% had levels above 250 mg/dL.

While many clinical laboratories still report 250 mg/dL as "normal" cholesterol, the NIH Consensus Development Conference Statement on Cholesterol and Heart Disease[3] stated that any level above 220 mg/dL is associated with a significantly increased risk of coronary heart disease.

You need to know, because high cholesterol parallels high blood pressure as a CHD risk factor.

Epidemiological studies and large-scale prevention trials have indicated that as with blood pressure, serum cholesterol levels are proportionately related to CHD risk.

Specifically, *"...for every 10 mmHg rise in pressure, there appears to be about a 30% rise in cardiovascular risk."*[4] *"...for every one percent you go up the American cholesterol scale, your subsequent rate of heart attack rises two to three percent."*[5]

And although the specific impact on CHD has not been determined, we know that many of the principal agents used to lower blood pressure actually increase cholesterol.

Wytensin® lowers blood pressure effectively without raising cholesterol.

While Wytensin is not a cholesterol-lowering agent and is not indicated for the treatment of hyperlipidemia, in controlled clinical trials[6] it caused a slight, sustained decrease in total cholesterol without reducing the HDL fraction or altering serum triglycerides.

At the same time, Wytensin lowered blood pressure as effectively as hydrochlorothiazide, propranolol, clonidine or methyldopa. Drowsiness and/or dry mouth, the most frequent side effects noted with Wytensin, usually diminish or disappear over time. In fact, in double-blind studies to date, discontinuance of therapy for all side effects occurred in about 13% of patients.

WyTensin®
(guanabenz acetate)

Antihypertensive therapy that does not increase cholesterol

See important information on following page.

References: 1. Glueck CJ: Remarks in the symposium, *Blood Pressure, Cholesterol and Coronary Heart Disease*, Washington, D.C., March 31, 1985. 2. *The Framingham Study, An epidemiological investigation of cardiovascular disease*, Section 28, U.S. Dept. of Health, Education, and Welfare. 3. National Institutes of Health Consensus Development Conference Statement, 1984: Vol 5, No 7, p 4. 4. Chobanian AV: The influence of hypertension and other hemodynamic factors in atherogenesis. *Progress in Cardiovascular Diseases, XXVI* (3): 177, Nov/Dec, 1983. 5. Castelli WP: Remarks in the symposium, *Blood Pressure, Cholesterol and Coronary Heart Disease*, Washington, D.C., March 31, 1985. 6. Data on file, Wyeth Laboratories.

© 1985, Wyeth Laboratories

WyTensin®
(guanabenz acetate)

Antihypertensive therapy that does not increase cholesterol

Brief Summary

Before prescribing, consult the complete package circular.

Indications and Usage: Treatment of hypertension, alone or in combination with a thiazide diuretic

Contraindication: Known sensitivity to the drug.

Precautions: 1 Sedation Causes sedation or drowsiness in a large fraction of patients When used with centrally active depressants, e g , phenothiazines, barbiturates and benzodiazepines, consider potential for additive sedative effects 2 Patients with vascular insufficiency Like other antihypertensives use with caution in severe coronary insufficiency, recent myocardial infarction, cerebrovascular disease, or severe hepatic or renal failure 3 Rebound Sudden cessation of therapy with central alpha agonists like **Wytensin** may rarely result in "overshoot" hypertension and more commonly produces increase in serum catecholamines and subjective symptomatology

INFORMATION FOR PATIENTS Advise patients on **Wytensin** to exercise caution when operating dangerous machinery or motor vehicles until it is determined they do not become drowsy or dizzy Warn patients that tolerance for alcohol and other CNS depressants may be diminished Advise patients not to discontinue therapy abruptly

LAB TESTS In clinical trials, no clinically significant lab test abnormalities were identified during acute or chronic therapy Tests included CBC, urinalysis, electrolytes, SGOT, bilirubin, alkaline phosphatase, uric acid, BUN, creatinine, glucose, calcium, phosphorus, total protein, and Coombs' test During long-term use there was small decrease in serum cholesterol and total triglycerides without change in high-density lipoprotein fraction In rare instances occasional nonprogressive increase in liver enzymes was observed, but no clinical evidence of hepatic disease

DRUG INTERACTIONS **Wytensin** was not demonstrated to cause drug interactions when given with other drugs, e g , digitalis, diuretics, analgesics, anxiolytics, and antiinflammatory or antiinfective agents, in clinical trials However, potential for increased sedation when given concomitantly with CNS depressants should be noted

DRUG/LAB TEST INTERACTIONS No lab test abnormalities were identified with **Wytensin** use

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY No evidence of carcinogenic potential emerged in rats during a two-year oral study with **Wytensin** at up to 9 5 mg/kg/day, i e , about 10 times maximum recommended human dose In the Salmonella microsome mutagenicity (Ames) test system, **Wytensin** at 200-500 mcg per plate or at 30-50 mcg/ml in suspension gave dose-related increases in number of mutants in one (TA 1537) of five *Salmonella typhimurium* strains with or without inclusion of rat liver microsomes. No mutagenic activity was seen at doses up to those which inhibit growth in the eukaryotic microorganism, *Schizosaccharomyces pombe*, or in Chinese hamster ovary cells at doses up to those lethal to the cells in culture In another eukaryotic system, *Saccharomyces cerevisiae*, **Wytensin** produced no activity in an assay measuring induction of repairable DNA damage Reproductive studies showed a decreased pregnancy rate in rats given high oral doses (9 6 mg/kg), suggesting impairment of fertility Fertility of treated males (9 6 mg/kg) may also have been affected, as suggested by decreased pregnancy rate of mates, even though females received drug only during last third of pregnancy

PREGNANCY Pregnancy Category C WYTENSIN® MAY HAVE ADVERSE EFFECTS ON FETUS WHEN ADMINISTERED TO PREGNANT WOMEN A teratology study in mice indicated possible increase in skeletal abnormalities when **Wytensin** is given orally at doses 3 to 6 times maximum recommended human dose of 1 0 mg/kg These abnormalities, principally costal and vertebral, were not noted in similar studies in rats and rabbits However, increased fetal loss has been observed after oral **Wytensin** given to pregnant rats (14 mg/kg) and rabbits (20 mg/kg) Reproductive studies in rats have shown slightly decreased live-birth indices, decreased fetal survival rate, and decreased pup body weight at oral doses of 6 4 and 9 6 mg/kg There are no adequate, well-controlled studies in pregnant women **Wytensin** should be used during pregnancy only if potential benefit justifies potential risk to fetus

NURSING MOTHERS Because no information is available on **Wytensin** excretion in human milk, it should not be given to nursing mothers.

PEDIATRIC USE Safety and effectiveness in children less than 12 years of age have not been demonstrated, use in this age group cannot be recommended

Adverse Reactions: Incidence of adverse effects was ascertained from controlled clinical studies in U S and is based on data from 859 patients on **Wytensin** for up to 3 years There is some evidence that side effects are dose-related Following table shows incidence of adverse effects in at least 5% of patients in study comparing **Wytensin** to placebo, at starting dose of 8 mg b i d

Adverse Effect	Placebo (%) n = 102	**Wytensin** (%) n = 109
Dry mouth	7	28
Drowsiness or sedation	12	39
Dizziness	7	17
Weakness	7	10
Headache	8	5

In other controlled clinical trials at starting dose of 16 mg/day in 476 patients, incidence of dry mouth was slightly higher (38%) and dizziness was slightly lower (12%), but incidence of most frequent adverse effects was similar to placebo-controlled trial Although these side effects were not serious, they led to discontinuation of treatment about 15% of the time In more recent studies using an initial dose of 8 mg/day in 274 patients, incidence of drowsiness or sedation was lower, about 20% Other adverse effects reported during clinical trials but not clearly distinguishable from placebo effects and occurring with frequency of 3% or less Cardiovascular—chest pain, edema, arrhythmias, palpitations Gastrointestinal—nausea, epigastric pain, diarrhea, vomiting, constipation, abdominal discomfort Central nervous system—anxiety, ataxia, depression, sleep disturbances ENT disorders—nasal congestion Eye disorders—blurring of vision Musculoskeletal—aches in extremities, muscle aches Respiratory—dyspnea Dermatologic—rash, pruritus Urogenital—urinary frequency, disturbances of sexual function Other—gynecomastia, taste disorders

Drug Abuse and Dependence: No dependence or abuse has been reported

Overdosage: Accidental ingestion caused hypotension, somnolence, lethargy, irritability, miosis, and bradycardia in two children aged one and three years Gastric lavage and pressor substances, fluids, and oral activated charcoal resulted in complete and uneventful recovery within 12 hours in both Since experience with accidental overdosage is limited, suggested treatment is mainly supportive while drug is being eliminated and until patient is no longer symptomatic Vital signs and fluid balance should be carefully monitored Adequate airway should be maintained and, if indicated, assisted respiration instituted No data are available on **Wytensin** dialyzability

Dosage and Administration: Individualize dosage A starting dose of 4 mg b i d is recommended, whether used alone or with a thiazide diuretic Dosage may be increased in increments of 4 to 8 mg/day every one to two weeks, depending on response. Maximum dose studied has been 32 mg b i d , but doses this high are rarely needed.

How Supplied: (guanabenz acetate) Tablets, 4 mg, bottles of 100 and 500; 8 mg and 16 mg, bottles of 100 Revised 2/14/85

Wyeth Laboratories
Philadelphia Pa 19101

©1984, Wyeth Laboratories.

Ad Council

TWELVE IMPECCABLE EXCUSES FOR NOT GIVING BLOOD.

"**1.** I think I have lumbago.
2. I'm type Z negative.
3. I'm on the grapefruit diet.
4. I gave six months ago.
5. I just got back from Monaco.
6. The lines are thirteen blocks long.
7. My mother won't let me.
8. I didn't sign up.
9. I'm going out of town.
10. Asthma runs in my family.
11. I forgot to eat this morning.
12. I'm allergic to flowering magnolia."

Each one's a doozy, but we're hoping you won't use any of them. Give blood through the American Red Cross. Please, don't chicken out.

EXCUSES DON'T SAVE LIVES. BLOOD DOES.

American Red Cross

We know you.
We've talked with you.
We have a continuing commitment to serve you.

For professional liability insurance, the stakes are too high to depend on anyone else.

That's why the State Medical Society has endorsed a professional liability plan which has been developed especially for Wisconsin physicians.

Available only to members of the SMS—and offered through SMS Services, Inc.—this medical malpractice policy has superior features including:

- Consent of the physician is required before settlement of any claim.
- Availability of legal counsel, experienced in defendant medical liability.
- All members of claims and underwriting committees are Wisconsin physicians.
- Occurrence coverage provided for claims arising during the policy period, even if claim is reported at a later time.

For the best in professional liability coverage, contact SMS Services, Inc. at (608) 257-6781 or toll-free 1-800-362-9080

Endorsed by the
State Medical Society
of Wisconsin

We know how vital it is to safeguard the present... and to protect the future.

Underwritten by:

A respected leader in coverage for preferred markets.

Membership Directory—Update

The following information is being provided from Membership reports and from individual members for updating the 1985 Membership Directory as published in the July 1985 issue of the *Wisconsin Medical Journal*. Because of space limitations address changes and phone numbers will not be included in this Update; however, they will be changed in Membership records. County transfers will be included when processing has been completed by the Membership Department.

Changes in practice specialties (as used by the AMA) and changes in **Board-certified specialties** as listed by the American Board of Medical Specialties.

(changes only with member's name; practice specialties appear before the slash (/) and Board-certified specialties appear after the slash.)

BROWN

PS HS / GS
Eugene H Schmitt III MD
704 S Webster Ave
Green Bay WI 54301

DANE

Sonya Basser
213 N Brooks St, #2
Madison WI 53715

IM
Richard D Cornwell MD
UW CSC
600 Highland Ave
Madison WI 53792

N PM
Mary L Domhovy MD
3996 Shawn Trail
Middleton WI 53562

FP / FP
Marshall Fields MD
1912 Atwood Ave
Madison WI 53704

P
Anna Kane Laird MD
1118 Risser Rd
Madison WI 53705

Stephen E Lemos
118 Breese Terr, #M
Madison WI 53705

IM
Edward J Mc Manus MD
2140 Kendall Ave
Madison WI 53705

IM END
David N Nevin MD
214 Karen Court
Madison WI 53705

OM GPM / GPM
Jerry J Noren MD
707 WARF Bldg
610 N. Walnut St
Madison WI 53705

FP
Joseph F Pellicer MD
205 Highland Ave
Madison WI 53705

ORS
Paul D Peterson MD
2704 Marshall Court
Madison WI 53705

ON IM / IM
Scot C Remick MD
6818 Park Ridge Dr
Madison WI 53792

Michael A Savin MD
2130 Allen Blvd, #4
Middleton WI 53562

FP
Michael K Stahl MD
2502 Gregory St
Madison WI 53711

FP
Karen Marie Tierney MD
3593 Natvig Rd
Cottage Grove WI 53527

DOUGLAS

OTO / OTO
David J Fontaine DO
28th and Hill
Superior WI 54880

KENOSHA

OBG / OBG
Paul A Capelli MD
1400 75th St
Kenosha WI 53140

FP
Neil A Shepler MD
2129 - 16th Ave
Kenosha WI 53140

LA CROSSE

AN
Susmita Chiplunker MD
2140 Joy Lane
La Crosse WI 54601

AN / AN
Young Kyoon Lee MD
1836 South Ave
La Crosse WI 54601

IM
Thomas A Sinaky MD
2213 - A South 7th St
La Crosse WI 54601

FP IM
Neena Sodhi MD
815 South 10th St
La Crosse WI 54601

MARATHON

FP / FP
Kevin J O'Connell MD
995 Campus Dr
Wausau WI 54401

MILWAUKEE

IM
Wendy L Adams MD
950 North 12th St
Milwaukee WI 53201

IM
Alan G Carnell MD
3442 North 96th St
Milwaukee WI 53222

IM
Scott H Conant MD
6453 North 73rd St
Milwaukee WI 53223

IM
Mohammed Haseeb MD
5541 South 13th St
Milwaukee WI 53221
FP / FP

Arthur R King MD
2414 North Farwell
Milwaukee WI 53211

AN / AN
Tjing Hien Lie MD
6300 N Port Washington Rd
Milwaukee WI 53217

IM
Mary P Mc Namara MD
10133 W Fisher Parkway
Wauwatosa WI 53226

FP / FP
Paul H Rehnstrom DO
PO Box 1023, RR #4
Lake Geneva WI 53147

GS / GS
Benjamin F Shockley Jr MD
PO Box 593
Elm Grove WI 53122

IM
Stephen G Sievers MD
7741 W Stickney Ave
Wauwatosa WI 53213

Scott M Stillwell MD
2400 West Villard Ave
Milwaukee WI 53209

ORS
John G Thometz MD
2525 South Shore Dr, #18C
Milwaukee WI 53207

Dianne L Zwicke MD
4261 W Highland Blvd
Milwaukee WI 53208

PORTAGE

PD / PD
Juan B Lopez MD
4100 Main St
Stevens Point WI 54481

RACINE

EM GS
Dilip P Patel MD
3741 Pleasant Lane
Racine WI 53405

continued next page

ROCK
FP / FP
Gregory L Darrow MD
2000 E Racine St
Janesville WI 53545

FP / FP
Eric R Lyerla MD
508 Campus St
Milton WI 53563

TREMPEALEAU/JACKSON/ BUFFALO
FP / FP
Jerome C Kitowski MD
610 West Adams
Black River Falls WI 54615

WAUKESHA
PS / PS
Lilla A Breyer MD
1053 Lake Waterville
Oconomowoc WI 53066

County society transfers

KENOSHA
(from Dodge)
James O Steele MD
7001 236th Ave
PO Box 342
Paddock Lake WI 53168

MILWAUKEE
(from Dane)
James D Boblin MD
3335-A N 50th St
Milwaukee WI 53216

Robert C Mead MD
2400 West Villard
Milwaukee WI 53209

Steven D O'Marro MD
3457 N 45th St
Milwaukee WI 53216 ■

ARMY PHYSICIANS PRACTICE MEDICINE, NOT LAW.

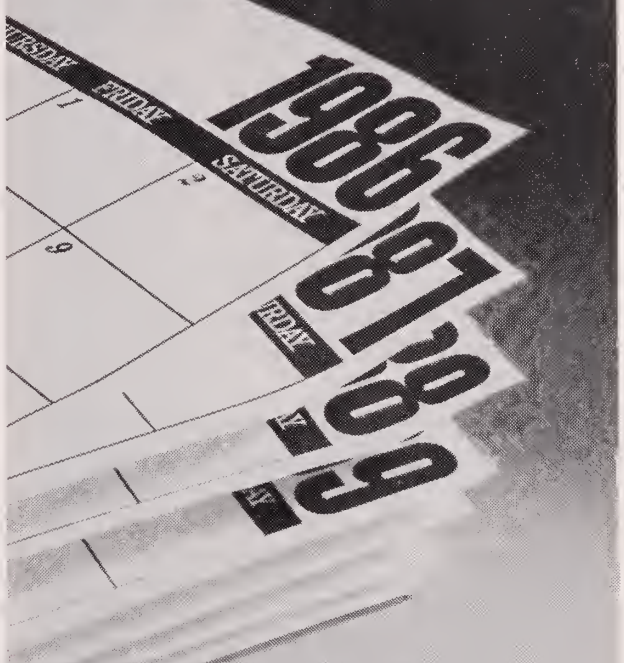
The Army Medical Department believes in excellence in the practice of medicine. That means allowing our physicians to work at perfecting their medical skills, and not being burdened with endless insurance forms, malpractice premiums, cash flow worries. And they need not concern themselves with the ability of the patient to pay.

Part of Army medical excellence is prescribing the best possible care—not the least care, nor most defensive care. If you believe in this kind of comprehensive health care, you may wish to explore the many exciting possibilities Army Medicine has for you. We invite your call:

Captain Scott Hendrickson
(312) 926-2040

ARMY MEDICINE. BE ALL YOU CAN BE.

Are you ready for your future?



At Gaarder Miller we are experts at managing the business aspect of medical practices. Our professional consultants will tailor solutions to your special needs . . . solutions that result in increased productivity, optimal patient services and maximized income for today — and tomorrow.

WE OFFER: • Financial projections • Office management • Organizational planning • Facilities planning • Tax preparation • Personal financial planning • Billing service • Computer billing . . .

All the value of a full - time business manager at a part - time cost.

Gaarder Miller Milwaukee Ltd.
12778 W. North Ave.
Brookfield, WI 53005
(414) 784-9559

Planning today . . . for a secure tomorrow.

Mark Aschliman, MD, Shorewood, has joined the medical practice of MDs David Mellencamp and Thomas Pojunas. He graduated from the University of Chicago Medical School and completed his internship at the University of Rochester, New York, and his orthopedic residency at University of Chicago hospitals and clinics, the Shriner's Hospital for Crippled Children, and Cook County Hospitals. He also is on the medical staff of the Sports Medicine Clinic at Columbia Hospital and the Athletic Injury Clinic at St Joseph's Hospital.

Narasimhulu Neelagaru, MD, Neillsville, recently was reelected president of the Neillsville Clinic. Also reelected were MDs Vangala J Reddy, treasurer, and Bahri O Gungor, secretary. Doctor Neelagaru joined the Clinic staff in 1978 and has served as secretary and president of the Clark County Medical Society. He also was chief-of-staff for Memorial Hospital, Neillsville, from 1980-84.

Edward Zupanc, MD, Monroe, pediatrician with the Monroe Clinic, is one of the first recipients of the American Academy of Pediatrics' Review and Education Program Fellowship Award. Doctor Zupanc has been active in PREP's continuing education program completing at least 20 hours per year of coordinated self-directed and self-evaluated study since the inception of PREP in 1979.

David J Sievers, MD,* Berlin physician for over 37 years, has retired from his medical practice. Doctor Sievers graduated from the University of Wisconsin Medical School, Madison, and served his internship at Milwaukee Lutheran Hospital. He entered the Army in 1946 and served in the Pacific area for two years. After service, he completed a residency at University Hospital and Clinics in Madison.

Richard K Dyer, MD, Manitowoc, has been appointed medical director of mental health services at Holy Family Medical Center in Manitowoc. Doctor Dyer graduated from the University of Nebraska College of Medicine, Omaha, and served his internship at the Nebraska Psychiatric Institute. He had previously practiced at Immanuel Hospital in Omaha for four years.

Ann Rock, MD, Superior, has been named medical director of the Superior-Douglas County Community Blood Bank. She succeeds Charles J Picard, MD,* who has been the director since its inception in 1957. Doctor Rock graduated from the University of Wisconsin Medical School, Madison, and served an internship at Maricopa County General Hospital, Phoenix, AZ. Her residency was completed at Jackson Memorial Hospital in Miami, FL. She is a member of the Superior Clinic and is on the medical staff at Memorial Hospital in Superior.

Carl S L Eisenberg, MD,* pediatrician on the medical staff of Milwaukee Medical Clinic, has been named "Outstanding Clinical Teacher at Milwaukee Children's Hospital for 1985." Doctor Eisenberg has been teaching pediatrics at the hospital since 1973 and has been a member of the Milwaukee Medical Clinic since 1972. He is a graduate of Duke University Medical School and completed his internship and residency at St Louis Children's Hospital in Missouri. He is an assistant clinical professor of pediatrics at The Medical College of Wisconsin and recently was honored by the Wisconsin Chapter of the American Academy of Pediatrics as "Pediatrician of the Year" for 1985.

David J Deubler, MD will begin his private practice in August at the Kiel Clinic. He will be joining family practice staff members MDs Karen K Cowan and Frank Pulito at the Sheboygan Clinic's branch in Kiel. Doctor Deubler graduated from the University of Wisconsin Medical School, Madison, and is currently in a family practice residency program with the University of Wisconsin Affiliated Hospitals in Wausau.

Lee R Duncklee, MD, is beginning his medical practice in Cedar Grove in August. He will join the Sheboygan Clinic's branch in the department of family practice. Doctor Duncklee presently is serving his family practice residency in Sioux Falls, SD. He graduated from the University of Florida in Gainesville and served an internship at the McKennan Hospital in Sioux Falls, SD.

Stephen L Bechdolt, MD, Ashland, recently was appointed to the medical staff at Memorial Medical Center. He will serve as the chief pathologist and medical director of the hospital's medical laboratory. He graduated from the University of Minnesota School of Medicine and completed his residency at St Vincent's Hospital, Jacksonville, FL, and served as a staff physician at Memorial Hospital in Menomonie. Doctor Bechdolt served as a flight surgeon for the US Air Force and also completed his anatomic and clinical pathology

residency at the University of South Florida College of Medicine in Tampa. Prior to moving to Ashland, Doctor Bechdolt served as medical director of the laboratory at Seven Rivers Community Hospital in Crystal River, FL.

John E Mc Kenna, MD,* Antigo, recently received the "Citizen of the Year" award from the Chamber of Commerce. Doctor Mc Kenna, Antigo's health officer since 1973, is deeply involved in church activities and also the Antigo Youth Hockey Association. He has served as president of the Langlade County Medical Society and has practiced medicine in Antigo since 1961.

A Charles Alexander, MD,* Racine, is the first physician from the Racine area to be awarded the Certificate without Examination from the American Board of Laser Surgery. The certification which has been awarded to less than 100 professionals nationally, recognizes Doctor Alexander's achievements in both his pioneering research and current use of the laser within his medical specialty of obstetrics and gynecology.■

*Physician members of the State Medical Society of Wisconsin

NEWS HIGHLIGHTS

Catholic Health Association of Wisconsin (CHAW) recently elected James Beyers of St Claire Hospital, Monroe, chairperson of its organization. Jim Coller, administrator of St Mary's Hospital Medical Center, Green Bay, was elected secretary-treasurer and Sr Julie Teitrich, St Mary's Hospital, Sparta, is chairperson-elect. CHAW is the statewide service organization of Catholic hospitals and long-term care facilities, their sponsoring organizations and systems, and other health-related agencies operated as Catholic. The organization represents 37 hospitals, 15 nursing homes, 11 associations (healthcare systems) and has 18 corporate members, which consist primarily of religious orders who sponsor healthcare providers.

St Marys Hospital Medical Center, Madison, has elected Paul A Wertsch, MD,* chief-of-staff elect; Edward K Ryder, MD,* secretary-treasurer; and George F Roggensack, MD,* chief-of-staff. MDs serving as departmental chairmen are: William R Scheibel,* Dane County Medical Society; Tamnit Ansusinha,* radiology; Ronald E Behling,* anesthesiology; Calvin S Bruce, family practice; William H Card,* pathology; Marc F Hansen,* pediatrics; Cyril M Hetsko,* internal medicine; Robert J Salinger,* psychiatry; Gerald W Shay,* obstetrics/gynecology; and Raul F Waters,* surgery.

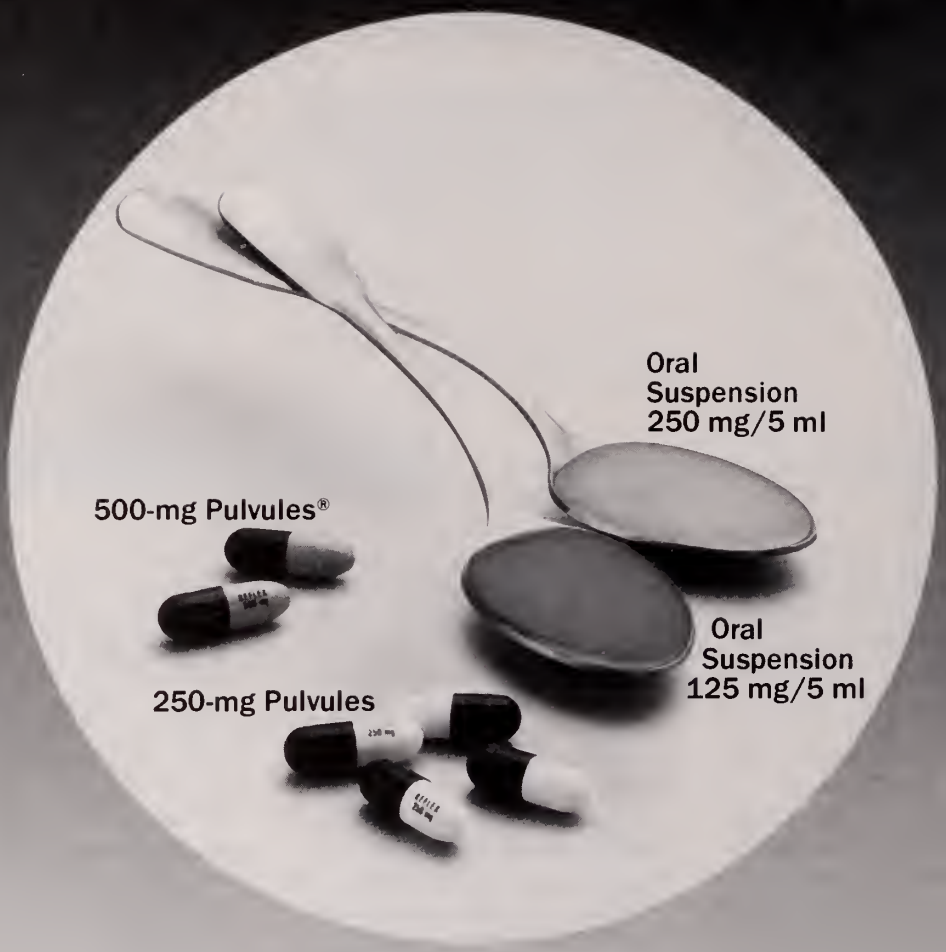
Wisconsin Association of Senior Physicians has announced the following MDs to office for 1986. They are Stanley W Hollenbeck,* Milwaukee, president; Palmer R Kundert,* Madison, president-elect; and Carroll A Bauer,* Phillips, secretary-treasurer.

The Monroe Clinic recently sponsored a Sports Symposium Clinic organized by orthopedic surgeon, Daniel M Stormont, MD.* Twelve Monroe Clinic physicians spoke on a variety of topics, from skin problems to eye injuries. Participating physicians were MDs James R Stormont;* John D Bancroft;* Frank C Stiles;* Bruce Duemler;* Robert R Baumann;* C B Davis;* Daniel L Stormont;* William L Baker;* V K Nair;* Jodelle Bentley;* and Charles S McCauley.* The highlight of the day was the session with Domenic Gentile, head trainer for the Green Bay Packers, who demonstrated taping techniques and answered many questions.■

BLUE BOOK UPDATE

On page 146 of the June BLUE BOOK issue, the following changes under the heading Medical Examining Board should be made. G Thomas Pfaehler, MD (1989), Madison, is now secretary and replaces George W Arndt, MD, Neenah. Gwen Jackson, Milwaukee, is chairperson and William E Walker, MD, Whitefish Bay, is vice-chairman.■

Easy To Take



Keflex®
cephalexin

Additional information available to the profession on request.

DISTA

420113

Dista Products Company
Division of Eli Lilly and Company
Indianapolis, Indiana 46285
Mfd. by Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630

AMERICAN PHYSICIANS LIFE

Serving All Your Life Insurance Needs.

American Physicians Life's comprehensive and competitively priced line of insurance products is now being offered exclusively through SMS Services Inc., to State Medical Society members.

APL is a majority-owned subsidiary of Physicians Insurance Company of Ohio (PICO) and a sister company of The Professionals Insurance Company, the carrier of the SMS-endorsed Professional Liability Insurance Plan.

APL coverages available to you through SMS Services Inc., and its authorized insurance representatives include:

- Innovative Universal Life coverages
- Low Cost Graded Premium Whole Life plan
- Yearly Renewable and Convertible Term Life protection
- Non-cancellable Disability Income programs
- Single and Flexible Premium Annuities
- Comprehensive Office Overhead Expense protection

Why not contact SMS Services Inc., today to find out how American Physicians Life can solve all your life insurance needs.

CONTACT:

STATE MEDICAL SOCIETY OF WISCONSIN
SMS SERVICES INC.
SUBSIDIARY

SMS SERVICES INC.
330 EAST LAKESIDE STREET
P.O. BOX 1109
MADISON, WISCONSIN 53701
(608) 257-6781 OR TOLL FREE
1-800-362-9080

Thomas H Cooper, MD, 58, former Wisconsin physician, died July 4, 1985 in Salem, OR. Born Oct 5, 1926 in Oregon City, OR, Doctor Cooper graduated from Marquette University School of Medicine in 1954 and served his internship at St Joseph Hospital in Milwaukee. His residency was completed at the VA Center in Wood. Doctor Cooper had practiced medicine at the Monroe Clinic and the Janesville Medical Center.

Paul N Sowka, MD, 78, Stevens Point, died Jan 28, 1986 in Stevens Point. Born Mar 18, 1908 in Chicago, IL, Doctor Sowka graduated from Loyola University, Chicago, and served his internship at St Elizabeth Hospital in Chicago. His residency was completed at Lewis Memorial Hospital, Chicago. Doctor Sowka served in the United States Navy as Lt Commander and flight surgeon during World War II. He had practiced medicine in Stevens Point since 1937. He was a member of the "50 Year Club" of the State Medical Society of Wisconsin, the Portage County Medical Society, and the American Medical Association. Surviving are his widow and four children.

Norbert G Bauch, MD, 64, Milwaukee, died Feb 4, 1986 in Milwaukee. Born Feb 12, 1921 in Milwaukee, Doctor Bauch graduated from Marquette University School of Medicine and served his internship at Milwaukee County General Hospital. His residency was completed at St Michael's Hospital in Milwaukee. Doctor Bauch had served as chairman of the Department of Family Practice at St Michael's Hospital and also had been the director of the Family Practice Residency Program. He was a member of the American Academy of Family Physicians, The Medical Society of Milwaukee County, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow, Geraldine; two sons, Thomas W, Seattle, Wash; Robert J, San Francisco, Calif; and two daughters, Nancy Wulfers, Chicago, IL, and Barbara Bauch of New Orleans, LA.

George C Schulte, MD, 80, Kenosha physician for 47 years, died Feb 4, 1986 in Kenosha. Born Apr 7, 1905 in Kenosha, Doctor Schulte graduated from Marquette University School of Medicine and served his internship and residency at Milwaukee County Hospital. During World War II he served as a naval physician in the Pacific Theater for three and one-half years. Doctor Schulte was a member of the medical staffs of St Catherine and Kenosha Memorial hospitals. He was a past president of Kenosha County Medical Society and was a fellow of the American Academy of Family Physicians. He was a member of the State Medical Society of Wisconsin and the American Medical Association. Surviving are his widow, Mildred; three daughters, Mrs Robert (Louise) Johnson, Hinsdale, IL; Mrs William (Jane) White, Winnetka, IL, and Mrs Jerome (Gretchen) Neff, Cleveland Heights, OH; and two sons, Michael G, Atlanta, GA; and Joseph J, Mountain Lake, NJ.

Charles S Rife, MD, 76, Milwaukee, died Feb 7, 1986 in Milwaukee. Born Sept 9, 1909 in Wayne, WV, Doctor Rife graduated from the University of Michigan Medical School and completed his internship and residency at University Hospitals in Ann Arbor, MI. He was a member of the United States Army Medical Corps from 1941-1945. He was a member of the Milwaukee Surgical Society, Western Surgical Society, Excelsior Surgical Society, The Medical Society of Milwaukee County, State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow, Evelyn; and two daughters, Mary James and Susan Ahlquist of Chicago, IL.

Robert E Woodruff, MD, 38, Alamo, CA, died Feb 15, 1986 at Incline Village, NV. Born in Monroe on June 22, 1947, Doctor Woodruff graduated from the University of Wisconsin Medical School, Madison. He joined the United States Navy and served his internship and residency at Oak Knoll Regional Medical Center in Oakland, CA. Surviving are his widow, Terri, and two daughters.

Reginald H Jackson, MD, 77, Madison, died Mar 13, 1986 in Madison. Born May 15, 1909 in Madison, Doctor Jackson graduated from Northwestern University School of Medicine in 1935 and completed his internship at Passavant Hospital in Chicago. Doctor Jackson was a member of the medical staff of the Jackson Clinic from 1934-1958 when he retired. His father, Reginald H Jackson, MD and grandfather, James Jackson, MD were founders of the Jackson Clinic in 1918.■

SMS Services, Inc.
in cooperation with Reinhart, Boerner, Van Deuren, Norris & Rieselbach, S.C., Attorneys at Law presents

Personal Financial Planning
A seminar for physicians and their spouses

Wednesday, October 8, 1986
Milwaukee Marriott, Brookfield, Wisconsin

Program will include topics such as:
- Maximizing After Tax Income
- Analysis of Real Estate Investments and Investor Protections
- Qualified Retirement Plans
- Structure of Professional Practice
- Financial and Estate Planning After 1984 Legislation

All-day seminar includes lunch and opportunity for one-on-one discussion with highly qualified faculty. Information will be sent to the SMS membership along with registration forms. Please watch for it!

Info: Phone 608/257-6781 or toll-free 1-800-362-9080

YOU CAN HELP STOP BEDWETTING

For a large majority of your Enuretic patients

- Ethical — prescription only
- Professional — you supervise treatment
- Approximately 90 percent effective
- Proven reliable and dependable bell, pad, and light system
- Low cost rental service — $14.00 per week (avg. 6-week treatment)
- Convenient mail order service to the 48 states

For more information, call or write:

S. & L. SIGNAL COMPANY

Helping Enuretic Clients
Since 1950
1142 Fleetwood Ave. Madison, WI 53716
Phone: 608-222-7939
Accepted for advertising in the AMA Journal

A SPECIAL PRACTICE FOR SPECIALISTS

If you're a surgeon or OB/GYN or other medical specialist, the Air Force may have a special practice for you.

What makes it special? You'll enjoy an excellent pay and benefits package. Your regular working hours will allow you to spend more time with your family. You'll receive 30 days of vacation with pay each year. And you will work with modern equipment and some of the most highly trained professionals in the world, serving your country and your patients. Now that's special!

Find out just how special your practice can be.

FOR MORE INFORMATION CONTACT:
TSgt. Kathy Rath
414-258-2430

AIR FORCE

On the leading edge of technology.

THE BROAD SPECTRUM SOLUTION TO MEDICAL DATA MANAGEMENT

If you're thinking about automating your medical records management, you may be overwhelmed by the range of software packages available today, each purporting to be the solution for medical data control.

The trouble is, even the most sophisticated package may have nothing to do with the needs of your practice.

This is why Advanced Technology Associates wants you to investigate MDX, the clinical management system that's flexible enough to meet almost any physician's or clinic's needs.

Of course, MDX maintains your patients' medical records accurately, giving you quick and easy access to all the information you need and letting you search for records meeting a full range of specified criteria.

But our software takes you beyond these basics.

MDX allows you to define your own record formats, for example, and change them as your practice evolves.

MDX helps you organize your records in the way that makes sense for your specialty, using time or problem oriented structures, for instance.

When you consider that MDX also lets you automate everything from appointment scheduling to accounting to correspondence, and has the unique distinction of being endorsed by the State Medical Society Services Inc., you'll see why it's clearly the system of choice for you.

For a *free videotape on MDX, please call us, toll free at 1-800-242-4280 or 1-414-445-4280

*Qualified callers only.

ATA

ADVANCED TECHNOLOGY ASSOCIATES

4710 WEST NORTH AVENUE MILWAUKEE, WI 53208 414/445-4280

PHYSICIANS EXCHANGE

East Range Clinics, Ltd seeks physicians in the following specialties: Orthopedic Surgery, Ophthalmology, and Internal Medicine (with special interest in cardiology, pulmonary medicine, or intensive care). Opportunity to join established practice with progressive multispecialty group of 27 physicians; unlimited opportunity for outdoor recreation. Contact: Gary Lishinski, Administrator, East Range Clinics, Ltd, 910 North Sixth Ave, Virginia, MN 55792; ph 218/741-0150.
p12/85;1-5/86

Excellent opportunity for a Board-certified or eligible **internist** with a subspecialty in **critical care medicine** to practice in conjunction with an 8-member Internal Medicine Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential.
5tfn/86

Wisconsin. Immediate opportunities available for primary care-trained physicians in several hospital-based clinics and busy emergency departments. Southern and Central Wisconsin locations. Competitive compensation, paid malpractice insurance, flexible scheduling. For further information contact: Emergency Consultants, Inc, 2240 South Airport Rd, Rm 36, Traverse City, MI 49684; ph 1/800-253-1795 or in Michigan 1/800-632-3496. p5/86

Emergency physicians full or part-time. Positions available in a moderate volume emergency room in Beloit, Wis. Must have an active interest in community relations. ACLS required. ATLS desirable. If interested, contact John Maher, MD, Director, Emergency Department, Beloit Memorial Hospital, 1969 W Hart Rd, Beloit, WI 53511.
5-7/86

RATES: 50¢ per word, with a minimum charge of $20.00 per ad. BOXED AD RATES: $25.00 per column inch. *All ads must be prepaid.*

DEADLINE: Copy must be received by the 15th of the month preceding month of issue; e.g., copy for the August issue is due July 15. Send copy to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 800/362-9080.

Minneapolis. Family Practice, Internal Medicine, Obstetrics/Gynecology, Child Psychiatry, Ophthalmology. Join established multispecialty group in one of America's leading metropolitan areas. Group provides professional liability, four weeks paid vacation, two weeks paid conference leave, disability, retirement, hospital dues, and more. Paul J Brat, MD, Medical Director, Group Health, Inc, 2829 University Ave, SE, Minneapolis, MN 55414. 5-6/86

General Internist wanted to join two-man office conveniently located next to St Mary's Hospital, Milwaukee. Please send CV to H James Hamm, MD, Director of Medical Services, St Mary's Hospital, 2323 North Lake Dr, Milwaukee, WI 53201; or call Dr Hamm at 414/225-8152. p5/86

Emergency Physician. Seeking full-time associate for modern, well-equipped Emergency/Outpatient Department. Lower volume ER. 35 miles north of Green Bay. Board eligible, ATLS, ACLS certifications desirable. Beautiful rural Wisconsin. Send inquiries with CV to: Administrator, Community Memorial Hospital, 855 South Main St, Oconto Falls, WI 54154 or call 414/846-3444. 5-6/86

Family Practitioner. An opportunity to join seven Board-certified FPs and a general surgeon. Excellent clinic facilities adjacent to a progressive 105-bed hospital in a beautiful recreation area. Located only 40 miles from Madison and 110 miles from Milwaukee. Contact Richard S Matthews, Mgr, Medical Associates, SC, 703 14th St, Baraboo, WI 53913 or call 608/356-8394. 5-6/86

Excellent opportunity for a Board-certified or eligible **internist** to practice in conjunction with an 8-member Internal Medicine Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Family Practitioner wanted for branch offices of Park Nicollet Medical Center. Northern or Southern suburbs of Minneapolis. Growing active practice. Full range of benefits. Contact Milton Hanson, MD, Park Nicollet Medical Center, 5000 W 39th St, Minneapolis, MN 55416; ph 612/931-2922. p5-7/86

Excellent opportunity for a Board certified or eligible **ob/gyn** to practice in conjunction with a 4-member OB/GYN Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Urgent Care. Primary care physicians wanted for full-time urgent care in large multispecialty clinic. Competitive salary, excellent fringes, very good geographic location. If interested, please send letter and CV to Donna Anderson, Park Nicollet Medical Center, 5000 W 39th St, Minneapolis, MN 55416.
p5-7/86

Pediatrics. Southeastern Wisconsin. Large multispecialty group located near Milwaukee is seeking a third BE/BC pediatrician. Competitive salary; excellent fringe benefits. Address inquiries and CV to Administrator, PO Box 427, Menomonee Falls, WI 53051.
5-6/86

Fargo Clinic, Ltd, has a family practice opportunity available for an immediate care physician; metropolitan area of 130,000; 35 minutes from clean lakes region. No call, regular office hours. If interested, please send CV and references to Dr Chuck Anderson, PO Box 2067, Fargo, North Dakota 58123. 4-5/86

West Bend, Wisconsin, General Clinic, a (18) physician multispecialty group, is seeking physicians in the specialties of Internal Medicine, Family Practice, OB/GYN, and Pediatrics. First-year salary guaranteed. Corporate membership possible after one year. Excellent fringe benefits. Located in scenic, recreational area with close proximity to Milwaukee. Please contact Hans W Schmelzling, Administrator, General Clinic, 279 S 17th Ave, West Bend, WI 53095; ph 414/338-1123. 6tfn/85

Internist or Family Practitioner to join two Internists and General Surgeon in growing, established, Green Bay area practice. Send CV to John Brusky, MD, 1203 South Military Ave, Green Bay, WI 53404. 7tfn/84

Racine. Residency trained or experienced emergency physician for opening summer of '86. Send CV to Director, Emergency Department, Saint Mary's Medical Center, 3801 Spring, Racine, WI 53405. 5-10/86

PHYSICIANS EXCHANGE

continued

Pediatrics/Neonatology: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits, and early ownership. Neonatology skills needed for Level II Nursery. Please send curriculum vitae to R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

OB/GYN, Family Physician, Board certified/eligible. Full-time to join an established busy group practice in Milwaukee. Send curriculum vitae to Chafi Medical Center, SC, 2711 W Wells St, Milwaukee, WI 53208; ph 414/342-3000. 4-6/86

Wanted. Qualified physician to practice emergency medicine in Southeastern Wisconsin beginning July 1986. Ours is a small group covering two hospital emergency rooms, maintaining secure professional contracts. Flexible scheduling and competitive salary guaranteed. Interested parties should send CV to Associated Emergency Room Physicians, SC, 1131 Sherwood Lane, Caledonia, WI 53108; ph 414/835-4889. 12/85;1-6/86

Family Practice, Internal Medicine, Urology, & ENT. Practice medicine in beautiful northern Wisconsin with established medical group. Call or write: Lakeland Medical Associates, Ltd, Attn: R J Sloan, MD, President, PO Box 549, Woodruff, WI 54568; ph 715/356-3292. 4-6/86

FAMILY PRACTITIONERS INTERNISTS, OB/GYN

The UW Office of Rural Health is seeking primary care specialists for more than 50 communities throughout Wisconsin. Opportunities are available throughout Wisconsin for Board certified physicians trained in US medical schools and residencies.

CONTACT:
Laurie Glowac or Fred Moskol
New Physicians for Wisconsin
University of Wisconsin
Department of Family Medicine
777 S Mills St, Madison, WI 53715
Phone 608/263-4095 7/85-6/86

Wanted—Board qualified—board certified obstetrician-gynecologist as an associate. Modern well equipped facility. Excellent starting salary and benefits including profit sharing plan. Please contact Elizabeth Allen Steffen, MD, 734 Lake Ave, Racine, Wis 54303. 9tfn/83

Family Practice. Third family practice physician needed to join multispecialty group of 17 in Hartford, WI. Two branch locations. All facilities modern and well equipped. Guaranteed first year negotiable salary; usual fringe benefits. Contact: Murlin Bernd, Clinical Manager, 1004 E Sumner St, Hartford, WI 53027; ph 414/673-5745. p4-5/86

Physicians needed in Arizona, all specialties, BE-BC. Send CV to: Fred Welhausen, Western Personnel, 316 E Flower, Phoenix, AZ 85012. 4-6tfn/86

Family Practice: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary gaurantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Directorship available for a new Ambulatory Care Center in Milwaukee, Wisconsin. Family practice or emergency medicine experience preferred. Attractive hours and compensation package. Ideal professional opportunity. Please contact: MESA-Medical Emergency Service Associates, SC, Debbie Carsky (312) 459-7304 or write to 15 S McHenry Rd, Buffalo Grove, IL 60089. 5/86

Wisconsin. We are seeking a Board-certified pediatrician to assume an established position of a pediatrician who is leaving. We have a three-member pediatric department in a nine-member multispecialty clinic. The town has 35,000 people with a drawing area of 85,000—equal distance from Milwaukee and Madison—in a scenic and recreational area. Guaranteed salary for the first year. Please contact: David L Lawrence, MD, 92 E Division St, Fond du Lac, WI 54935; ph 414/921-0560. p4-9/86

Hematology/Oncology. The Racine Medical Clinic, a progressive cluster corporation of 32 physicians, is currently seeking a HEM/ONC physician. Full benefits, unlimited earnings and a full and exciting practice are offered. Please contact: Roger D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406; ph 414/886-5000. 4tfn/86

Part-time challenges with retirement benefits. The Wisconsin Army National Guard is seeking physicians to conduct physical examinations, consultations, and medical opinions. You will receive direct commission, PX, and commissary privileges, and retirement annuity after completing 20 years part-time service (doctors may be retained to age 64) if you can give 16 hours a month plus 2 one-week training periods during the year. Yearly salary of $3400–$5100. Please contact: Major Robert C Klinger, 3506 Memorial Dr, Madison, WI 53704-1199 or call toll free in Wisconsin 1-800/362-7444 for additional information. 4-5/86

Otolaryngologist. Busy practice looking for second BC/BE otolaryngologist to join 50-doctor multispecialty group located in suburb 20 minutes northwest of Milwaukee. Excellent salary and fringe benefits. Send CV and letter of application to Administrator, PO Box 427, Menomonee Falls, Wisconsin 53051. 4-5/86

Wanted. Family Physician, residency-trained, Board certified/eligible to join one FP, age 37, in growing practice in Chanhassen, MN. This community of 7000 is 20 miles from downtown Minneapolis. First-year guaranteed income plus incentives and additional income opportunities available. Write or call David McCollum, MD, PO Box 423, Chanhassen, MN 55317; 612/934-0570 or (home) 612/448-6019. 4-6/86

Obstetrician-Gynecologist, Board-certified or eligible to join 17-physician multispecialty clinic with 2-physician OB/GYN department. Located in beautiful Wisconsin lakeshore community of 35,000. Competitive salary, complete fringe benefits, liberal vacation. Send CV to Administrator, Manitowoc Clinic, SC, PO Box 3008, Manitowoc WI 54220. 2-5/86

Internal Medicine. Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 2tfn/86

PHYSICIANS EXCHANGE

continued

Wisconsin group of residency-trained, Board-certified emergency physicians is seeking ABEM certified/prepared emergency physicians for staff and administrative positions in Milwaukee and Kenosha. Excellent patient populations, medical and administrative staffs, and medical school affiliation. Send CV to: Thomas A Reminga, MD, 2025 East Newport Ave, Milwaukee, WI 53211; ph 414/961-3508. 4-6/86

Family Practitioner. River Valley Medical Center is seeking two family practice Board eligible/certified physicians for its multispecialty group of 16 physicians in Northwest Wisconsin. Excellent starting salary and comprehensive fringe benefit package the first year with full group membership after one year. Attached to a progressive 90-bed hospital. We are within 45 minutes of the St Paul-Minneapolis area. Please contact Dr Carl Hansen, Recruitment Chairman or Tom Halverson, Clinic Manager, 208 Adams St, South, St Croix Falls, WI 54024; ph 715/483-3221. p11/85;12tfn/85

Physicians needed full or part-time to perform light physicals. Milwaukee area. Professional liability provided. Phone 414/344-2100, Ms Jenkins. 10tfn/84

Family Practitioner position available with 25-member multispecialty group. Excellent benefits and competitive salary. Contact W J Mommaerts, Administrator, West Side Clinic sc, 1551 Dousman St, Green Bay, WI 54303; ph 414/494-5611. 2-5/86

Ophthalmologist. BC/BE, to join 25-member multispecialty group. Excellent benefits, competitive salary. Call or write: W J Mommaerts, Administrator, West Side Clinic, sc, 1551 Dousman St, Green Bay, WI 54303; ph 414/494-5611. 2-5/86

Family Practice opening for residency-trained physician to join established family practitioner in Stevens Point. Competitive first-year salary with excellent fringe benefits. 100-bed hospital with a fully-staffed ER and specialty backup. Good school system. Cultural and recreational opportunities abound. Please send CV to Dept 580 in care of the Journal. 5-8/86

Physicians. Ready for a change? Positions nationwide. BE/BC. No fee. Fifteen years recruiting experience. Contact Earl Czech, North Central Staff Services, Inc, 4175 Lovell Rd, Suite 108, Circle Pines, MN 55014 or call 612/786-1929. p5/86

Physicians Preceptor in Family Practice. Upper Peninsula Health Education Corporation is accepting applications for a full-time family physician in a unique rural medical education center. Responsibilities are patient care including obstetrics and clinical instruction of medical students of the Upper Peninsula campus of Michigan State University's College of Human Medicine. Requirements are board eligibility or certification in family practice with a commitment to medical education. Salary and rank commensurate with experience. Send inquiries to John Hickner, MD, Bay de Noc Family Health Center, Doctors Park, Escanaba, MI 49829; ph 906/786-9510. 5/86

MEDICAL FACILITIES

General and surgical solo practice for sale. Gross in excess of $300,000. Growing desirable midwestern university city with population 25,000. One very well-equipped hospital in county of 60,000 a few blocks away. Owner will remain to introduce. Contact Dept 563 in care of the Journal. 9tfn/85

Milwaukee, Wisconsin suburban area. Busy OB/GYN practice for sale immediately. Selling physician may continue practicing to acquaint new physician to his patients. Also will finance. Contact Dept 578 in care of the Journal. 2-5/86

Rural Family Practice. Well established. Building, x-ray, and EKG laboratory included. Excellent opportunity for solo practice or satellite office near Madison. Netting $60,000 per year for 6 hours per week. Contact Dept 575 in care of the Journal. 1-6/86

MISCELLANEOUS

HOLTER MONITOR

Quality Scanning for reel or cassette type recorders by qualified technicians and certified cardiologists' interpretations, scan price $35.00 with UPS speedy delivery. Recorders loaned, leased, or purchase new dual-channel Holter recorders, $995.00, with one-year warranty. For more information call Advance Medical and Research Center 1-800/552-6753. 11tfn/85

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

WISCONSIN

MAY 30-31, 1986: Wisconsin Radiological Society, American Club, Kohler. g12/85;1-4/86

JUNE 11-14, 1986: Wisconsin Academy of Family Physicians, Telemark Lodge, Cable. g11-12/85;1-5/86

JUNE 26-27, 1986. *Clinical Home Care in the 1980s: Economics, Implementation, and Ethical Issues.* The Wisconsin Center, Madison. Sponsored by Continuing Medical Education and Department of Medicine, School of Medicine, University of Wisconsin; and Nutritional Services, Pharmacy Department, and Regional Services/Home Care, University of Wisconsin CEUs—all 14 hours. AAFP and AOA Category 2-D credit. Contact: Sarah Aslakson, Continuing Medical Education, 610 Walnut St, 465B WARF, Madison, WI 53705; ph 608/263-2856. 5/86

JULY 17-19, 1986: Wisconsin Society of Obstetrics & Gynecology, Embassy Suites, Green Bay. g11-12/85;1-6/86

AUGUST 1-3, 1986: Wisconsin Dermatological Society, The Abbey, Lake Geneva. g11-12/85;1-7/86

THIS LISTING is compiled by the State Medical Society of Wisconsin in cooperation with others who wish to maintain a centralized schedule of meetings and courses of interest to Wisconsin physicians and to avoid scheduling programs in conflict with others. Hospitals, Clinics, Specialty Societies, and Medical Schools are particularly invited to utilize this listing service. There is a nominal charge for listing of Continuing Medical Education courses at the following rates: 50¢ per word, with a minimum charge of $20.00 per listing.

BOXED LISTINGS: $25.00 per column inch. Listings of other scientific meetings will be included at the discretion of the editors.

COPY DEADLINE for listings is 15th of the month preceding the month of publication; e.g., copy for the August issue is due by July 15. Address communications to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 800/362-9080.

FOR LISTING of other meetings see the January 4, 1985 issue of the *Journal of the American Medical Association:* Continuing Education Opportunities for Physicians for period January 1985 through December 1985.

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

continued

JULY 31-AUGUST 2, 1986: *Third Annual St Paul-Ramsey Trauma Conference,* Fox Hills Resort, Mishicot, WI. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. (Further details elsewhere in this section) g5-7/86

SEPTEMBER 5–7, 1986: Wisconsin Anesthesiologists, The Abbey, Lake Geneva. g12/85;1-8/86

SEPTEMBER 11–13, 1986: Wisconsin Society of Internal Medicine, The Edgewater Hotel, Madison. g12/85;1-8/86

Wisconsin Specialty Society Meetings 1986

- Wisconsin Radiological Society, May 30-31, 1986, American Club, Kohler
- Wisconsin Society of Anesthesiologists, Sept 5-7, 1986, The Abbey, Lake Geneva
- Wisconsin Academy of Family Physicians, June 11-14, 1986, Telemark Lodge, Cable
- Wisconsin Society of Obstetrics & Gynecology, July 17-19, 1986, Embassy Suites, Green Bay
- Wisconsin Dermatological Society, Aug 1-3, 1986, The Abbey, Lake Geneva
- Wisconsin Society of Internal Medicine, Sept 11-13, 1986, The Edgewater Hotel, Madison
- American College of Physicians: Wisconsin Chapter, Sept 11-13, 1986, Edgewater, Madison
- Wisconsin Surgical Society, Sept 19-20, 1986, St Mary's Hospital, Madison
- Wisconsin Radiological Society, Oct 3-4, 1986, The Concourse Hotel, Madison
- Wisconsin Neurological Society, Oct 10-11, 1986, The Heidel House, Green Lake
- Wisconsin Chapter of the American College of Emergency Physicians, Oct 23–24, 1986, Pfister, Milwaukee

OCTOBER 3–4, 1986: Wisconsin Radiological Society, The Concourse Hotel, Madison. g12/85;1-9/86

OCTOBER 15-18, 1986: *La Crosse Health and Sports Science Symposium.* Info: Philip K Wilson, Executive Director, La Crosse Exercise and Health Program, 221 Mitchell Hall/UWL, La Crosse, WI 54601; ph 608/785-8686. (Further details elsewhere in this section) g5-9/86

OCTOBER 23–24, 1986: Wisconsin Chapter, American College of Emergency Physicians, Pfister, Milwaukee. g4–9/86

OTHERS

SEPTEMBER 8-19, 1986 (Minnesota): *Fourth Annual Occupational Health & Safety Institute,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-8/86

SEPTEMBER 17–19, 1986 (Georgia): American Cancer Society National Conference on Gynecologic Cancer-1986, Atlanta Hilton, Atlanta. Approved 16½ credit hours in Category I of PRA/AMA. Info: American Cancer Society, National Conference on Gynecologic Cancer-1986, 90 Park Ave, New York NY 10016. g3-8/86

SEPTEMBER 19-20, 1986 (Minnesota): *Pediatric Update,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-8/86

OCTOBER 3, 1986 (Minnesota): *Chemical Exposures: Emergency Response & Management,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-9/86

OCTOBER 9-10, 1986 (Minnesota): *Family Practice Update,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-9/86

OCTOBER 23-24, 1986 (Minnesota): *Emergency Medicine for Primary Care Physicians,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-9/86

NOVEMBER 8, 1986 (Minnesota): *Neurology Update,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-10/86

LA CROSSE HEALTH AND SPORTS SCIENCE SYMPOSIUM

October 15-18, 1986

Featuring conferences on:

- Cardiac Rehabilitation
- Orthopaedic and Sports Injuries
- Nutrition and Weight Control
- Wellness in the Hospital and Corporate Setting
- Cardiology/Rehabilitation (Clinical Forum)

In addition, pre-symposium workshops consisting of lecture and practicum are offered Tuesday, October 14.

For information: Philip K Wilson, Executive Director, La Crosse Exercise and Health Program, 221 Mitchell Hall/UWL, La Crosse, WI 54601; ph 608/785-8686. 5/86

State Medical Society of Wisconsin

Dates and locations of ANNUAL MEETINGS 1986–1992

All meetings will be held in Milwaukee at the Milwaukee Exposition and Convention Center and Arena (MECCA) and the new Hyatt Regency as the headquarters hotel.

1987—March 26–28
1988—April 28–30
1989—April 13–15
1990—April 26–28
1991—April 18–20
1992—April 23–25

Meeting days will be Thursday and Friday; the first session of the House of Delegates will convene on Thursday, the second and third on Friday. Scientific programming will be on Friday and Saturday.

Further information: Commission on Continuing Medical Education, State Medical Society of Wisconsin, Box 1109, Madison, Wis 53701. Local telephone: 257-6781; toll-free in Wisconsin: 1-800/362-9080.

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

continued

NOVEMBER 13-15, 1986 (Minnesota): *Primary Care Medicine,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-10/86

DECEMBER 4-6, 1986 (Minnesota): *Cardiopulmonary Medicine,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-11/86

AMA

JUNE 15-19, 1986: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 7-10, 1986: Interim AMA House of Delegates, Las Vegas, NV.

JUNE 21-25, 1987: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 6-9, 1987: Interim AMA House of Delegates, Atlanta, GA.

JUNE 26-30, 1988: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 4-7, 1988: Interim House of Delegates, Dallas, TX. ■

ADVERTISERS

Acme Laboratories/ House of Bidwell 64
Advanced Technology Associates, Inc 58
Medical Computer Systems
American Physicians Life 55
Army Medicine 51
Ayerst Laboratories 41, 42, 43, 44
Inderal® LA
Inderide® LA
Dista Products Co (Div of Eli Lilly & Co) 54
Keflex®
Gaarder Miller Milwaukee Ltd 51
Journal of Family Practice, The 64
Knoll Pharmaceutical Company 22, 23, 24
Isoptin®
Lofdahl Leasing Company 38
Computerized Accounting System
Marion Laboratories 19, 20
Cardizem®
Medical Protective Company 13
PBBS Equipment 39
Professionals Insurance Company, The 49
Roche Laboratories . . . . . 65, BC
Dalmane®
St Paul-Ramsey Medical Center 63
Continuing Medical Education
SK&F Company 21
Dyazide®
S&L Signal Company 57
SMS Services, Inc 4, 8
United States Air Force 57
Upjohn Company, The 45
Motrin®
Wyeth Laboratories 46, 47, 48
Wytensin® ■

ST. PAUL-RAMSEY MEDICAL CENTER

THIRD ANNUAL ST. PAUL-RAMSEY TRAUMA CONFERENCE

(Fishing and Family Recreation)

July 31-August 2, 1986 • Fox Hills Resort
Mishicot, Wisconsin (Lake Michigan)

This program will combine a high quality educational program with summertime leisure activities on Lake Michigan. The educational component is designed to update physicians on current procedures for initial assessment and appropriate management of adult and pediatric trauma injuries. In addition to recreational and sporting activities at the resort, charter fishing will be available on Lake Michigan. Sponsored by Burn Center and Continuing Medical Education, St. Paul-Ramsey Medical Center, 640 Jackson Street, St. Paul, MN 55101; Phone 612/221-3977.

Mark your calendar now for these upcoming conferences:

September 8-19, 1986	Fourth Annual Occupational Health & Safety Institute, St. Paul, MN
September 19-20, 1986	Pediatric Update, St. Paul, MN
October 3, 1986	Chemical Exposures: Emergency Response & Management, St. Paul, MN
October 9-10, 1986	Family Practice Update, St. Paul, MN
October 23-24, 1986	Emergency Medicine for Primary Care Physicians, St. Paul, MN
November 8, 1986	Neurology Update, St. Paul, MN
November 13-15, 1986	Primary Care Medicine, St. Paul, MN
December 4-6, 1986	Cardiopulmonary Medicine, St. Paul, MN

Information and registration: Bonnie Young, CME, St. Paul-Ramsey Medical Center, 640 Jackson Street, St. Paul, MN 55101; Phone 612/221-3977.

CME

ANNOUNCING

A combined effort to improve the quality of life.

Qualified, competent orthotists and prosthetists have been the trademark of Acme Laboratories since its beginning in 1950. Now, with the acquisition by Acme of one of the most respected and oldest names in the business, the House of Bidwell, the trademark has only been strengthened.

Professional patient care, human understanding, custom orthoses or prostheses, high standards, quality service. We also accept all insurance, including Medicare and Medicaid.

Acme Laboratories, and now the House of Bidwell – where quality of life is our main concern.

Acme Laboratories, Inc. | House of Bidwell

IMPROVING THE QUALITY OF LIFE

Acme Laboratories, Inc.
Main Office
10702 W. Burleigh St.
Milwaukee, WI 53222
(414) 259-1090

Acme Laboratories, Inc.
525 E. Division St.
Fond du Lac, WI 54935
(414) 923-6676

House of Bidwell, Inc.
7954 W. Harwood Ave.
Milwaukee, WI 53213
(414) 774-6250

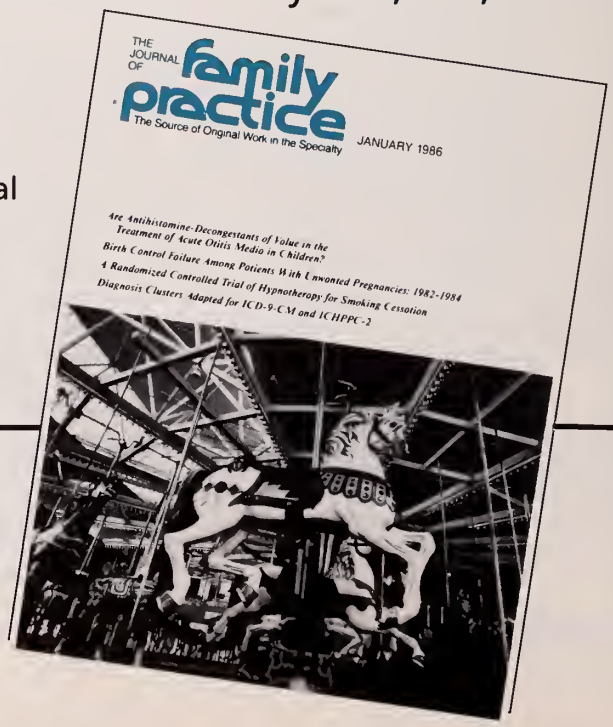
Green Bay Orthopedic
Division of Acme
428 S. Adams St.
Green Bay, WI 54301
(414) 435-1461

For Original Work in the Specialty

...GO TO THE SOURCE

THE JOURNAL OF FAMILY PRACTICE • John P. Geyman, MD, Editor

- Reaches over 74,000 physicians monthly
- More citations in **Index Medicus** for family practice than any other journal
- Ranked **first** as the most prestigious medical journal among family physician educators
- Peer reviewed by experts in family medicine



The Journal Division
Appleton-Century-Crofts
25 Van Zant St.
E. Norwalk, CT 06855
(203) 838-4400

EXCERPTS FROM A SYMPOSIUM
"THE TREATMENT OF SLEEP DISORDERS"[8]

"...highly effective for both sleep induction and sleep maintenance"

Sleep Laboratory Investigator
Pennsylvania

"...onset of action is rapid...provides sleep with no rebound effect to agitate the patient the following day"

Psychiatrist
California

"...appears to have the best safety record of any of the benzodiazepines"

Psychiatrist
California

After 15 years, the experts still concur about the continuing value of Dalmane (flurazepam HCl/Roche). It provides sleep that satisfies patients... and the wide margin of safety that satisfies you.

The recommended dose in elderly or debilitated patients is 15 mg. Contraindicated in pregnancy.

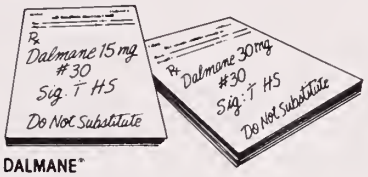
DALMANE®

brand of
flurazepam HCl/Roche ℞

sleep that satisfies

15-mg/30-mg
capsules

References: **1.** Kales J, *et al. Clin Pharmacol Ther 12* 691-697, Jul-Aug 1971. **2.** Kales A, *et al: Clin Pharmacol Ther 18*:356-363, Sep 1975. **3.** Kales A, *et al. Clin Pharmacol Ther 19*:576-583, May 1976. **4.** Kales A, *et al. Clin Pharmacol Ther 32*:781-788, Dec 1982. **5.** Frost JD Jr, DeLucchi MR. *J Am Geriatr Soc 27*:541-546, Dec 1979. **6.** Dement WC, *et al: Behav Med*, pp. 25-31, Oct 1978. **7.** Kales A, Kales JD. *J Clin Psychopharmacol 3*:140-150, Apr 1983. **8.** Tennant FS, *et al.* Sympasium an the Treatment of Sleep Disarders, Telecanference, Oct 16, 1984. **9.** Greenblatt DJ, Allen MD, Shader RI: *Clin Pharmacol Ther 21*:355-361, Mar 1977.



DALMANE®
brand of
flurazepam HCl/Roche ℞

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening, in patients with recurring insomnia or poor sleeping habits, in acute or chronic medical situations requiring restful sleep. Objective sleep laboratory data have shown effectiveness for at least 28 consecutive nights of administration. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended. Repeated therapy should only be undertaken with appropriate patient evaluation.

Contraindications: Known hypersensitivity to flurazepam HCl, pregnancy. Benzodiazepines may cause fetal damage when administered during pregnancy. Several studies suggest an increased risk of congenital malformations associated with benzodiazepine use during the first trimester. Warn patients of the potential risks to the fetus should the possibility of becoming pregnant exist while receiving flurazepam. Instruct patients to discontinue drug prior to becoming pregnant. Consider the possibility of pregnancy prior to instituting therapy.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. An additive effect may occur if alcohol is consumed the day following use for nighttime sedation. This potential may exist for several days following discontinuation. Caution against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Potential impairment of performance of such activities may occur the day following ingestion. Not recommended for use in persons under 15 years of age. Withdrawal symptoms rarely reported, abrupt discontinuation should be avoided with gradual tapering of dosage for those patients on medication for a prolonged period of time. Use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated patients, it is recommended that the dosage be limited to 15 mg to reduce risk of oversedation, dizziness, confusion and/or ataxia. Consider potential additive effects with other hypnotics or CNS depressants. Employ usual precautions in severely depressed patients, or in those with latent depression or suicidal tendencies, or in those with impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported: headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins, and alkaline phosphatase, and paradoxical reactions, e.g., excitement, stimulation and hyperactivity.

Dosage: Individualize for maximum beneficial effect. *Adults:* 30 mg usual dosage, 15 mg may suffice in some patients. *Elderly or debilitated patients:* 15 mg recommended initially until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.

ROCHE®
Roche Products Inc.
Manati, Puerto Rico 00701

#1 FOR SLEEP

After more than 15 years of use, it's #1 for sleep that satisfies. Patients are satisfied because they fall asleep fast and stay asleep till morning.[1-8] And *you're* satisfied by the exceptionally wide margin of safety.[7-9] As always, caution patients about driving or drinking alcohol.

Please see preceding page for summary of product information.

DALMANE®

brand of
flurazepam HCl/Roche ⓒⅣ

sleep that satisfies

ROCHE®

Copyright © 1986 by Roche Products Inc. All rights reserved.

Practice specialties and Board certifications, with codes, for use in updating MEMBERSHIP RECORDS which will be used in the *1986 Membership Directory* to be published in the July issue of the *Wisconsin Medical Journal*. See postage-paid return card on front cover.

AMA codes for self-designated PRACTICE SPECIALTIES (primary and secondary)

- ☐ A Allergy
- ☐ ABS Abdominal Surgery
- ☐ ADL Adolescent Medicine
- ☐ AI Allergy & Immunology
- ☐ AM Aerospace Medicine
- ☐ AN Anesthesiology
- ☐ BE Bronchoesophagology
- ☐ BLB Blood Banking
- ☐ CD Cardiovascular Diseases
- ☐ CDS Cardiovascular Surgery
- ☐ CHN Child Neurology
- ☐ CHP Child Psychiatry
- ☐ CLP Clinical Pathology
- ☐ CRS Colon & Rectal Surgery
- ☐ D Dermatology
- ☐ DIA Diabetes
- ☐ DMP Dermatopathology
- ☐ DR Diagnostic Radiology
- ☐ EM Emergency Medicine
- ☐ END Endocrinology
- ☐ FOP Forensic Pathology
- ☐ FP Family Practice
- ☐ GE Gastroenterology
- ☐ GER Geriatrics
- ☐ GP General Practice
- ☐ GPM General Preventive Medicine
- ☐ GS General Surgery
- ☐ GYN Gynecology
- ☐ HEM Hematology
- ☐ HNS Head & Neck Surgery
- ☐ HS Hand Surgery
- ☐ HYP Hypnosis
- ☐ ID Infectious Diseases
- ☐ IG Immunology
- ☐ IM Internal Medicine
- ☐ LAR Laryngology
- ☐ LM Legal Medicine
- ☐ MFS Maxillofacial Surgery
- ☐ N Neurology
- ☐ NA Neuropathology
- ☐ ND Neoplastic Diseases
- ☐ NEP Nephrology
- ☐ NM Nuclear Medicine
- ☐ NPM Neonatal-perinatal Medicine
- ☐ NR Nuclear Radiology
- ☐ NS Neurological Surgery
- ☐ NTR Nutrition
- ☐ OBG Obstetrics & Gynecology
- ☐ OBS Obstetrics
- ☐ OM Occupational Medicine
- ☐ ON Oncology
- ☐ OPH Ophthalmology
- ☐ ORS Orthopaedic Surgery
- ☐ OS Other; *ie*, physician designated a specialty other than appearing here
- ☐ OT Otology
- ☐ OTO Otorhinolaryngology
- ☐ P Psychiatry
- ☐ PA Clinical Pharmacology
- ☐ PD Pediatrics
- ☐ PDA Pediatric Allergy
- ☐ PDC Pediatric Cardiology
- ☐ PDE Pediatric Endocrinology
- ☐ PDR Pediatric Radiology
- ☐ PDS Pediatric Surgery
- ☐ PH Public Health
- ☐ PHO Pediatric-Hematology-Oncology
- ☐ PM Physical Medicine & Rehabilitation
- ☐ PNP Pediatric Nephrology
- ☐ PS Plastic Surgery
- ☐ PSF Facial Plastic Surgery
- ☐ PTH Pathology
- ☐ PUD Pulmonary Diseases
- ☐ PYA Psychoanalysis
- ☐ PYM Psychosomatic Medicine
- ☐ R Radiology
- ☐ RHI Rhinology
- ☐ RHU Rheumatology
- ☐ RIP Radioisotopic Radiology
- ☐ TR Therapeutic Radiology
- ☐ TRS Traumatic Surgery
- ☐ TS Thoracic Surgery
- ☐ U Urological Surgery
- ☐ VS Vascular Surgery

BOARD CERTIFICATIONS

☐ **AI** **American Board of Allergy & Immunology**
- ☐ AI Allergy & Immunology
- ☐ DLI Diagnostic Laboratory Immunology

☐ **AN** **American Board of Anesthesiology**
- ☐ AN Anesthesiology
- ☐ CCM Critical Care Medicine

☐ **CRS** **American Board of Colon & Rectal Surgery**
- ☐ CRS Colon & Rectal Surgery
- ☐ ARS Anorectal Surgery

☐ **D** **American Board of Dermatology**
- ☐ D Dermatology
- ☐ DMP Dermatopathology

☐ **EM** **American Board of Emergency Medicine**
- ☐ EM Emergency Medicine

☐ **FP** **American Board of Family Practice**
- ☐ FP Family Practice

☐ **IM** **American Board of Internal Medicine**
- ☐ IM Internal Medicine
- ☐ AI Allergy & Immunology
- ☐ CD Cardiovascular Disease
- ☐ CCM Critical Care Medicine
- ☐ DLI Diagnostic Laboratory Immunology
- ☐ END Endocrinology & Metabolism
- ☐ GE Gastroenterology
- ☐ HEM Hematology
- ☐ ID Infectious Disease
- ☐ MON Medical Oncology
- ☐ NEP Nephrology
- ☐ PUD Pulmonary Disease
- ☐ RHU Rheumatology

☐ **NS** **American Board of Neurological Surgery**
- ☐ NS Neurological Surgery

☐ **NM** **American Board of Nuclear Medicine**
- ☐ NM Nuclear Medicine

☐ **OBG** **American Board of Obstetrics & Gynecology**
- ☐ OBG Obstetrics & Gynecology
- ☐ OBS Obstetrics
- ☐ GYN Gynecology
- ☐ CCM Critical Care Medicine
- ☐ GON Gynecologic Oncology
- ☐ MFM Maternal & Fetal Medicine
- ☐ RE Reproductive Endocrinology

☐ **OPH** **American Board of Ophthalmology**
- ☐ OPH Ophthalmology

☐ **ORS** **American Board of Orthopaedic Surgery**
- ☐ ORS Orthopaedic Surgery
- ☐ AOS Adult Orthopaedic Surgery

☐ **OTO** **American Board of Otolaryngology**
- ☐ OTO Otolaryngology

☐ **PTH** **American Board of Pathology**
- ☐ PTH Clinical Pathology & Pathologic Anatomy
- ☐ BLB Blood Banking
- ☐ CP Chemical Pathology
- ☐ CLC Clinical Chemistry
- ☐ CLP Clinical Pathology
- ☐ DMP Dermatopathology
- ☐ FOP Forensic Pathology
- ☐ HEM Hematology
- ☐ MC Medical Chemistry
- ☐ MMB Medical Microbiology
- ☐ NA Neuropathology
- ☐ PA Pathologic Anatomy
- ☐ RP Radioisotopic Pathology

☐ **PD** **American Board of Pediatrics**
- ☐ PD Pediatrics
- ☐ CCM Critical Care Medicine
- ☐ DLI Diagnostic Laboratory Immunology
- ☐ NPM Neonatal-Perinatal Medicine
- ☐ PDA Pediatric Allergy
- ☐ PDC Pediatric Cardiology
- ☐ PDE Pediatric Endocrinology
- ☐ PHO Pediatric Hematology-Oncology
- ☐ PNP Pediatric Nephrology

☐ **PS** **American Board of Plastic Surgery**
- ☐ PS Plastic Surgery

☐ **PM** **American Board of Physical Medicine & Rehabilitation**
- ☐ PM Physical Medicine & Rehabilitation

☐ **PN** **American Board of Psychiatry & Neurology**
- ☐ PN Psychiatry & Neurology
- ☐ P Psychiatry
- ☐ N Neurology
- ☐ CHP Child Psychiatry
- ☐ CHN Child Neurology
- ☐ CCM Critical Care Medicine

☐ **GPM** **American Board of Preventive Medicine**
- ☐ AM Aerospace Medicine
- ☐ GPM General Preventive Medicine
- ☐ OM Occupational Medicine
- ☐ PH Public Health

☐ **R** **American Board of Radiology**
- ☐ R Radiology
- ☐ DR Diagnostic Radiology
- ☐ TR Therapeutic Radiology
- ☐ DNR Diagnostic-Nuclear Radiology

☐ **GS** **American Board of Surgery**
- ☐ GS General Surgery
- ☐ GVS General Vascular Surgery
- ☐ PDS Pediatric Surgery
- ☐ CCM Critical Care Medicine

☐ **TS** **American Board of Thoracic Surgery**
- ☐ TS Thoracic Surgery

☐ **U** **American Board of Urology**
- ☐ U Urology

STACK

Official Publication of the State Medical Society of Wisconsin

WISCONSIN MEDICAL JOURNAL

COLLEGE OF PHYSICIANS OF PHILADELPHIA
M.D.S.
AUG 5 - 1986

Governor signs medical malpractice law . . . see page 38

Blue Book issue . . . A reference source on medicolegal, socioeconomic, legislative, governmental matters of direct concern to the physician. Also a reference source on State Medical Society organizational structure, other related organizations, and state governmental agencies

Special features . . . Malpractice and other new laws, peer review, Worker's Compensation, AIDS, and summary report of House of Delegates' actions

v. 85, no. 6

JUNE 1986

WISCONSIN MEDICAL JOURNAL

ISSN 0043-6542 / Established 1903

Owned and published by
State Medical Society of Wisconsin

Medical Editor
Victor S Falk MD, Edgerton

Associate Medical Editor
Richard D Sautter MD, Marshfield

Editorial Board
Victor S Falk MD, Edgerton *Chairman*
Melvin F Huth MD, Baraboo
M C F Lindert MD, Milwaukee
Andrew B Crummy Jr MD, Madison
Richard D Sautter MD, Marshfield
Dean M Connors MD, Madison
George W Kindschi MD, Monroe
Charles H Raine MD, Racine
Garrett A Cooper MD, Madison *Emeritus*

Editorial Director
Wayne J Boulanger MD, Milwaukee

Editorial Associates
R Buckland Thomas MD, Monroe
Russell F Lewis MD, Marshfield
Thomas H Cogbill MD, La Crosse
Victor S Falk MD, Edgerton
Richard D Sautter MD, Marshfield

Staff
Earl R Thayer, Madison
Secretary-General Manager
State Medical Society of Wisconsin

H B Maroney II, Madison
Assistant Secretary-Corporate Counsel
State Medical Society of Wisconsin

Mrs Mary Angell, Madison
Managing Editor

Mrs Marjorie Stafford, Madison
Publications Assistant

NATIONAL ADVERTISING REPRESENTATIVE: State Medical Journal Advertising Bureau, Inc, 711 South Blvd, Oak Park, Ill 60302. Ph 312/383-8800.

LOCAL (WISCONSIN) ADVERTISING: Contact: Mrs Mary Angell, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701. Ph 608/257-6781.

SUBSCRIPTION RATES: Members, $12.50 per year (included in dues); nonmembers, $25.00. Single copy: current year, $2.00; previous years, $3.00. SPECIAL RATES: Foreign and Canada, $30.00. Blue Book issue, $8.00. Membership Directory issue, $15.00.

SECOND CLASS POSTAGE PAID at Madison, Wisconsin, and at additional mailing offices.

PUBLISHED MONTHLY. "Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized August 7, 1918." Address all communications to THE WISCONSIN MEDICAL JOURNAL. Street address: 330 East Lakeside Street. Mailing address: Box 1109, Madison, Wis 53701.

POSTMASTER: Send address changes to Wisconsin Medical Journal, PO Box 1109, Madison, Wis 53701.

COPYRIGHT 1986
State Medical Society of Wisconsin

CONTENTS

June 1986

SPECIAL FEATURES

Editorials

6 Physicians Insurance Company of Wisconsin, by *Wayne J Boulanger, MD,* Milwaukee

Miscellaneous

6 Medical Museum season at Prairie du Chien began May 1

Letters

7 Rate setting—a separate issue in liability problem, by *Nicholas L Owen, MD,* Milwaukee
7 Thoughts of a retiring Director, by *Carl S Eisenberg, MD,* Milwaukee
8 SMS "willing to listen," by *Gladys R Voegli,* Green Bay
9 Medical malpractice crisis: legislator makes record clear, by *Tommy G Thompson,* State Representative, Madison
10 It is not inspiring to read own obituary, by *William H Reed, MD,* Watertown

"BLUE BOOK" FEATURES

19 *Wisconsin Medical Journal* "Blue Book" 1986
20 State Medical Society of Wisconsin: Officers and Directors, Delegates and Alternates to the AMA
21 Significant new legislation—
  21 Medical malpractice
  24 Abortion
  26 Living Wills
  26 Required request
  27 Death certificates
  27 Bone marrow donors
27 Child abuse and neglect: The law—explanation and implication
29 Living will form
31 State Medical Society Legislative Box Score
38 The Governor signs medical malpractice law
39 Physician Support Group
39 Cancer reporting by physicians and laboratories
40 Recently enacted communicable disease laws
41 Wisconsin Poison Control Program Network
42 New laws on AIDS and HTLV-III antibody testing
45 Acquired Immunodeficiency Syndrome (AIDS) and Human T-cell Lymphotropic Virus Type III (HTLV-III) Infections
48 Let these guides and reprints help you
50 Medical liability—A physician's rights and responsibilities
52 Executive summary: Report of the SMS Task Force on Physician Review and Discipline
56 Unprofessional conduct defined (Wisconsin Administrative Code: Medical Examining Board—Chapter Med 10)

WISCONSIN MEDICAL JOURNAL (ISSN 0043-6542) is the official publication of the State Medical Society of Wisconsin, devoted to the interests of the medical profession and health care in Wisconsin. Its affairs are handled by the Editorial Board, subject to policy direction of the Society's Board of Directors. The Managing Editor is responsible for the production, business operation, and coordination of contents as well as the final responsibility of the entire publication. The Editorial Director is responsible for Editorials. Unsigned Editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed Editorials express personal views of the author for which the Society takes no responsibility. Neither the Editors nor the State Medical Society will accept responsibility for statements made or opinions expressed in the pages of the Journal. Indexed in "Index Medicus," "Hospital Literature Index," and "Cambridge Scientific Abstracts."

Vol. 85 No. 6

CONTENTS

57 Hospitals and others required to report physician disciplinary actions to State Medical Examining Board

58 What happens when a patient complains to the Medical Examining Board?

59 Hospitals required to report physician's loss of hospital staff privileges to State Medical Examining Board

59 Wisconsin hospital emergency rooms and outpatient facilities are aware of the following federal and state laws which prohibit 1) discrimination against patients, and 2) refusal of admission

60 Wisconsin's Peer Review Confidentiality and Immunity Statute

63 Physician licensure verification procedure

63 Physician re-registration

64 Retention and inspection of patients' records

70 Consent to release medical information (form)

70 Patients' right to access to their medical records

71 "Denial of Access" forms

72 Questions about medical records laws

74 Must a Wisconsin physician report . . .

75 Statewide Impaired Physician Program

77 How to get health-related information in Wisconsin

78 Mediation and peer review services of the State Medical Society, including protocol manual

84 Alternate modes of treatment (Wisconsin Administrative Code: Medical Examining Board, Chapter Med 18)

85 Use of consent and related forms for physicians

92 Important notice to physicians and clinics re toxic substances and infectious agents

93 Wisconsin Clearinghouse (for information on alcohol and other mood-altering drugs, etc)

93 Narcotics

94 SMS members, you should know—
- Abortion
- Abused Child Law
- Adoption process in Wisconsin
- Adoption Records Law
- Autopsy (and sudden infant death [SID] syndrome)
- Certification
- Child safety restraint systems
- Closing a physician's office
- Communicable diseases

continued next page

The *Wisconsin Medical Journal* gratefully acknowledges publication support of this "Blue Book" issue through a contribution from the **Crownhart Memorial Account** of the State Medical Society's Charitable, Educational and Scientific Foundation.

THE STATE MEDICAL SOCIETY OF WISCONSIN, created by the Territorial Legislature in 1841, represents over 6200 member physicians in Wisconsin, comprising 55 county medical societies and 26 medical specialty sections. The purpose of the Society is to "bring together the physicians of the State of Wisconsin to advance the science and art of medicine and the better health of the people of Wisconsin, and to secure the enactment and enforcement of just medical laws." The major activities of the Society include continuing medical education, peer review, legislation, community health education, scientific affairs, socioeconomics, health planning, services for physicians, operation of a Charitable, Educational and Scientific Foundation, and publication of the *Wisconsin Medical Journal*.

STATE MEDICAL SOCIETY OF WISCONSIN

Officers

PRESIDENT: *John P Mullooly, MD,* Milwaukee
PRESIDENT-ELECT: *Kenneth M Viste Jr, MD,* Oshkosh
SECRETARY-GENERAL MANAGER: *Earl R Thayer,* Madison
TREASURER: *John J Foley, MD* Menomonee Falls

Board of Directors

CHAIRMAN: *Darold A Treffert, MD* Fond du Lac
VICE CHAIRMAN: *Roger L von Heimburg, MD,* Green Bay

FIRST DISTRICT
Jerome W Fons Jr, MD, Cudahy
Roger Laubenheimer, MD, Milwaukee
Thomas A Hofbauer, MD, Menomonee Falls
Wayne H Konetzki, MD, Waukesha
H Leslie Ericson, MD, Racine
William L Treacy, MD, Milwaukee
Richard D Fritz, MD, Milwaukee
William J Listwan, MD, West Bend
Glenn H Franke, MD, Milwaukee
Lucille B Glicklich, MD, Milwaukee
Thomas A Reminga, MD, Milwaukee
H Myron Kauffman, MD, Elm Grove

SECOND DISTRICT
J D Kabler, MD, Madison
Cyril M Hetsko, MD, Madison
James J Tydrich, MD, Richland Center
Alwin E Schultz, MD, Madison
Kenneth I Gold, MD, Beloit
John D Wegenke, MD, Madison

THIRD DISTRICT
Pauline M Jackson, MD, La Crosse

FOURTH DISTRICT
William E Raduege, MD, Woodruff
Jung K Park, MD, Wisconsin Rapids
Richard H Ulner, MD, Marshfield

FIFTH DISTRICT
Darold A Treffert, MD, Fond du Lac
James L Basiliere, MD, Oshkosh
C William Freeby, MD, Appleton

SIXTH DISTRICT
Roger L von Heimburg, MD, Green Bay
Joseph C DiRaimondo, MD, Manitowoc
John E Kraus, MD, Marinette

SEVENTH DISTRICT
Marwood E Wegner, MD, St Croix Falls
Philip J Happe, MD, Eau Claire

EIGHTH DISTRICT
Joseph M Jauquet, MD, Ashland

PRESIDENT: *Doctor Mullooly*
PRESIDENT-ELECT: *Doctor Viste*
PAST PRESIDENT: *John K Scott, MD,* Madison
SPEAKER: *Duane W Taebel, MD,* La Crosse
VICE SPEAKER: *Vernon M Griffin, MD,* Mauston

continued

- Consent and related forms for physicians
- "Denial of access" to healthcare records
- Determination of death
- Disability claims
- Donations of organs, body (uniform organ donor cards and decals; donation of eyes)
- Drivers' licenses for epileptics
- Drug Substitution Law
- Elderly abuse
- Employees allowed to inspect records under law
- Good Samaritan Law
- Implied Consent Law
- Jail health care in Wisconsin
- Joint practice: physicians and nurses
- Jury duty
- Licensure in Wisconsin
- Living wills—the Natural Death Act, Chapter 154
- Medic Alert Foundation International
- Minor's consent
- Newborn infant eye drops
- Opening a physician's practice
- Optometrist referral law
- Patients' records/retention and inspection
- Patients' right of access to their medical records
- Physical therapy relating to practice
- Physician-patient-hospital relationship
- Physician's Assistants (PA)
- Premarital examinations
- Standard casualty medical report form

101 Guidelines for evaluation of casuality and pulmonary impairment under Worker's Compensation in Wisconsin, by *Larry A Lindesmith, MD,* La Crosse, and *Edward P Horvath, MD, MPH,* Marshfield

107 Worker's Compensation and the physician

108 Accreditation Program for Continuing Medical Education

State Medical Society of Wisconsin

8 CES Foundation: Contributions during the month of January 1986

110 Charitable, Educational and Scientific Foundation

111 CES Foundation: Officers, Board of Trustees, Nonmedical Trustees, and Corporate Members

112 "The Beaumont 500" Club

114 Facts . . . about the CES Foundation Student Loan Program

115 Lady Doc Line

116 Charter Law of Medical Societies

117 Constitution and Bylaws of the State Medical Society of Wisconsin

123 Expense reimbursement policy and procedure for physicians on State Medical Society business

124 The Oath of Hippocrates; Declaration of Geneva

125 Medical Ethics

126 Board districts and directors: 1986–1987

126 American Medical Association—Principles of Medical Ethics

127 Officers and Directors: 1986–1987

128 Officers and Directors: 1986–1987 (pictures)

130 Board of Directors Committees: 1986–1987

130 SMS Auxiliary: 1986–1987

130 SMS Services, Inc: 1986

130 Past Presidents of the State Medical Society of Wisconsin

131 Commissions and Committees: 1986–1987

135 County Medical Societies: Presidents and Secretaries et al

138 Officers of Specialty Sections of the State Medical Society

140 Presidents and Secretaries, Wisconsin Specialty Societies

142 SMS Placement Service aids physicians and communities

142 Wisconsin Physicians Political Action Committee (WISPAC)

State Government Agencies

143 Department of Health and Social Services
- Division of Health
- Division of Community Services
- Division of Vocational Rehabilitation
- Division of Care and Treatment Facilities
- Controlled Substances Board
- Center for Health Statistics

continued

146 Department of Regulation and Licensing
- Bureau of Health Professions
  —Medical Examining Board
  —Dentistry Examining Board
  —Pharmacy Examining Board
- Bureau of Nursing
  —Board of Nursing

146 Department of Industry, Labor & Human Relations

147 Health Policy Council

147 Medigap Hotline

148 Wisconsin Health Systems Agencies: Physician members of Wisconsin HSA Boards

149 Wisconsin Peer Review Organization (WIPRO)

149 Wisconsin Adoption Agencies

ORGANIZATIONAL

Annual Meeting

153 Summary report, House of Delegates, State Medical Society of Wisconsin, April 17–18, 1986

161 20 Questions and answers about Physicians Insurance Company of Wisconsin (PIC-Wisconsin)

164 Awards—
- Presidential Citation: Russell F Lewis, MD, Marshfield; DeLore Williams, MD, Milwaukee
- Civic Leadership: Susan F Behrens, MD, Beloit
- Elvehjem Lecture: Marvin Moser, MD, White Plains, New York
- Beaumont Lecture: Edward Mason, MD, Iowa City, Iowa
- Landis Memorial: Mrs Charles W Landis, Milwaukee
- Houghton Medical Student: Mark Harlow, Medical College of Wisconsin, Milwaukee; Christopher Sartori, University of Wisconsin Medical School, Madison
- Meritorious Service: Carl S Eisenberg, MD, Milwaukee; John J Kief, MD, Rhinelander; Wolfgram G Locher, MD, Wausau; Frederick Wood Jr, MD, Kenosha
- Certificate of Appreciation: Eugene Lehrmann, Madison; Gladys Voegtli, De Pere

169 New Fifty-Year Club members

169 Arlene Meyer retires

170 Women physicians' network: Lady Doc Line

170 $30,000 given to SMS

170 National honor for *WMJ*

170 Scientific exhibit awards

171 Auxiliary: We are family

171 I shall be proud

172 New Directors (pictures and biographical sketches)

173 The new and the retiring

174 President Mullooly's inaugural address: The physician as healer
—Renewing our commitment to compassion

177 Outgoing President Scott's report to the House

Miscellaneous

186 Membership facts

195 Principles of Advertising: *Wisconsin Medical Journal*

195 Publication information

DEPARTMENTS

197 Medical Yellow Pages
—Physicians exchange
—Medical facilities
—Miscellaneous
—Medical meetings; continuing medical education
—Books received
—Advertisers
—Announcements ■

Wayne J Boulanger, MD, Editorial Director

Unsigned editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed editorials express personal views of the author for which the Society takes no responsibility.

Physicians Insurance Company of Wisconsin

WISCONSIN PHYSICIANS with good performance records ought to be pleased with the news of formation of a State Medical Society-sponsored liability insurance company. There have been suggestions made in this regard before, but wiser heads have always prevailed. Now, however, the timing and circumstances seem to be just right.

We have all suffered from the large awards given in cases managed by those few recurring incompetents we read about on the front pages so frequently. Our state-sponsored insurance program has had to keep them as clients without even a surcharge, and we have all had to pick up the tab.

With a Wisconsin State Medical Society-managed insurance company, only members of the Society will be eligible for coverage, and only good risks will be accepted. In short, it can function as the auto insurers do.

The interim board of directors is made up of our colleagues, all of them with sufficient mileage on them to assure wise decisions. They deserve our support. While it is true that the really huge awards are paid through the Patients Compensation Fund, which is a separate entity financed by assessments, the new legislation promises to raise the threshold for primary insurance to $400,000/$1,000,000 by July 1, 1988. A well-managed primary insurance carrier will have even greater importance at that time.

Things are looking up.

—*Wayne J Boulanger, MD,* Milwaukee ■

Medical Museum season at Prairie du Chien began May 1

When planning your summer vacation this year, don't forget to add the Fort Crawford Medical Museum in Prairie du Chien to your itinerary.

The museum, which opened for the 1986 season on May 1, is located at the reconstructed military hospital at Fort Crawford, a national historic landmark set in the Mississippi River Valley.

Visitors to the museum complex will see relics of nineteenth century medicine in Wisconsin, including displays depicting the Indian Medicine Man, the military fort physician, the family doctor from "horse and buggy" to present, great events in the development of surgery, replicas of physicians' offices of 1850 and 1900, and an old-time pharmacy.

Last year the museum celebrated the 200th anniversary of the birth of William Beaumont. Beaumont, a famous military surgeon, was stationed at Fort Crawford during the 1830s. The entire museum is a tribute to this surgeon, who, while at the Fort, performed the now famous operations on the "man with the hole in his stomach," Alexis St Martin. These experiments formed the basis of our present day knowledge of the digestive system.

During the month of July, the museum will feature a special exhibit on Civil War photographs and lithographs. The special month on the Civil War will culminate with the Annual Civil War Encampment on July 26 and 27. On these days, the days of the Civil War are recreated when Civil War encampment groups from throughout the Midwest gather and set up historically accurate Union and Confederate camps on the museum grounds.

A recent addition at the museum is the Pomainville Reading Room in the museum's administration building. This facility, which is open to the general public, is named in memory of Leland Pomainville, MD, who served as treasurer of the State Medical Society's Charitable, Educational and Scientific Foundation for nearly 18 years prior to his death on March 24, 1986.

Another portion of the museum is dedicated to helping visitors learn more about the workings of the human body and how to stay healthy. One of the more popular exhibits there is the transparent twins, life-size female models, one showing 25 organs of the body and the other the 200 bone skeleton and the nervous system. Their recorded messages describe the function of each organ and system which is illuminated individually as it is discussed.

The museum also has several "hands-on" exhibits, where visitors can learn how to control their future health. Physical fitness, the dangers of drunk driving, weight reduction, the birth of a baby, nutrition, alcohol and drugs, and immunization are all featured here.

For the art enthusiast, the museum's administration building has on display seven medical still-life paintings by internationally reknown artist Aaron Bohrod. Done in Bohrod's famous "trompe l'oeil" (fool the eye) style, the paintings depict various disciplines of medicine such as pediatrics, cardiology, infectious diseases, and neurology-psychology.

The Fort Crawford Medical Museum is open this year from May 1 through October 31 from 10 am to 5 pm daily. Admission is $2.00 for adults, and 50 cents for children under 12.

Tour guides are available for groups with advance reservations. To make a reservation, call or write: Medical Museum, 717 Beaumont Road, Prairie du Chien, WI 53821. Phone: (608) 326-6960.■

The Editors would like to encourage physicians to contribute to the LETTERS section where they can ventilate their frustrations as well as opinions. This feature is intended to be lively and spirited as well as informative and educational. As with other material which is submitted for publication, all letters will be subject to the usual editing. Address correspondence to: The Editor, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701

Rate setting—a separate issue in liability problem

TO THE EDITOR: Louis XVI and Marie Antoinette lost their heads for espousing the principle of taxing the poor to support the rich, and if what I have been reading lately is correct, some of you in leadership are in danger of doing the same.

Solving the malpractice problem as a part of solving the nation's generic liability problem is a major issue for all of us and involves physicians' relationships with attorneys, insurance companies, governmental bodies and courts. There is no reason why organized medicine's dealings with these groups to make the malpractice award situation less costly need involve the rate setting for the various physician specialties payments for malpractice insurance, which I believe should be kept a separate issue.

As to the matter of rate setting, equitability is the key, and there are two variables: risk and income, which appear to be related. The current situation, where those physicians taking the highest malpractice risks are rewarded with the highest incomes, and thus charged the most for their insurance, is fair. The proposal that those at lower risk and thus lower income should accept financial responsibility for the high-risk, high-income group smacks of plutocracy and is unacceptable.

There is clearly a mandate for the State Medical Society to work with interested groups to lower the overall cost of malpractice insurance. It seems highly likely that there is a mandate to charge higher rates to those physicians who have repeatedly had malpractice actions brought against them. If there is a mandate to share the cost of malpractice insurance among physicians by asking the low risk/low income/low rate-paying majority to subsidize the high risk/high income/high rate-paying group, it is only on the part of the latter minority, and should rightfully be put to the vote.

"Majority rule" and "market forces" should continue to be the driving forces in our democracy.

—*Nicholas L Owen, MD*
Suite 208
2015 East Newport Ave
Milwaukee, Wisconsin 53211

Thoughts of a retiring Director

TO THE EDITOR: Nine years of experience on the Board of Directors permits one to make some observations of our organization.

A reasonably democratic Board takes its direction from the powerful Executive Committee. The Finance Committee, which also meets separately from the Board, presents thorough financial data for review. The Staff presents detailed written information which is distributed prior to Board meetings, and presents up-to-the-minute updates with verbal reports at the meetings themselves. This system allows our organization to function both during times of intense activity and at other times when issues are more routine.

Over the past nine years there have been at least nine "big things" with which the Board of Directors has been involved. The State Medical Society was taken out of the health insurance business (WPS) and subsequently formed SMS Services, Inc, a for-profit subsidiary. Communications between Staff and members increased dramatically with the WATTS line and a variety of publications. The Physicians Alliance with its Field Staff was formed and became a functional and vital part of the Society working with membership and WISPAC. There was increased involvement of women physicians and medical students. A new executive (Thomas L Adams to succeed Earl R Thayer as Secretary-General Manager in March 1987) was recruited and hired. Perhaps the last two "big things" are the most important. It is my observation that the "Medical Society Spirit" still exists and that the process to foster the creation of new ideas within the Committee and Commission structure works.

There are problems for our Society to address. The absolute number of non-AMA members is rising; our increased political involvement is leading our elected officials to have greater political expectations of us; and some of the State Medical Society Staff are earning more than some practicing physicians in the State.

Solutions to these problems will require the careful consideration of many suggestions. I propose some here. The AMA needs to take positive action to make membership more attractive. Some of these actions must involve financial incentives. Mass purchasing of equipment, supplies, medications, and books may be possible by the AMA with distribution through the Federation.

The political involvement of physicians needs to be fostered especially now, because we have been so active in Madison over the past year. A series of educational meetings sponsored either by the State Society or by WISPAC with the assistance of political experts from the AMA could be held before the upcoming elections to teach all of us how to be more effective as we interact with the campaign process.

A vital organization needs strong leadership, both paid Staff and volunteer members. The Society has in place policies to remunerate certain activities of volunteer physicians (for

instance, travel expenses). The remuneration of our excellent Staff is expensive, but as the earnings of individual members stagnates the Financial Committee and ultimately the Board will need to be cautious in future years with respect to future salary increases.

—*Carl S Eisenberg, MD*
3003 West Good Hope Road
PO Box 17300
Milwaukee, Wisconsin 53217

SMS "willing to listen"

To Earl R Thayer (Secretary): I can think of no better way to tell the State Medical Society how very much I appreciate the honor extended to me at your Annual Meeting last week than to ask you to deliver the message for me. Seniors all over Wisconsin know that you have always been "willing to listen" and I'm taking advantage of that fact.

The honor does not belong to me alone. Seniors, no matter where they may live in any part of the State, look to their own personal physicians and health care providers confident that they will have good care as well as advice and friendship. When it comes to asking those seniors for support for any project which will continue that relationship and those benefits, I have found every one of them willing and ready to pitch in and help. So they all deserve that recognition and I was pleased to represent them.

I am humbled and awed to have been chosen as the recipient and I know I can speak for all of my peers when I say that we look forward to sharing your concerns in the future. I will personally do whatever I can to continue to deserve the honor you have given me.

My very best wishes to you as you make plans for your retirement. Just because you are not in that office doesn't mean we will have forgotten you.

Many, many thanks for your support and friendship.

—*Gladys R Voegtli*
Senior Health Care, Inc
St Mary's Hospital Annex
1726 Shawano Avenue
Green Bay, Wisconsin 54303

CES Foundation
of the State Medical Society of Wisconsin

The Charitable, Educational and Scientific Foundation of the State Medical Society of Wisconsin recognizes the generosity of the following individuals and organizations who have made contributions during the month of January 1986.

Special Gifts

Milwaukee County Medical Society Auxiliary
Dr and Mrs R W Shropshire

Building and Equipment

W F Henken, MD

Beaumont 500

Dr and Mrs Richard W Edwards
Dr and Mrs William Listwan

Museum Endowment Fund

Mary Angell
John F Kreul, MD
Delores Miller
Reese and Mavis Minor
Audrey Peterson
Joan Pyre
Dr and Mrs Daniel Shea

Aesculapian Society

Dr and Mrs William Janssen

Harrington-Wright Scholarship Fund

La Crosse County Medical Society Auxiliary
Milwaukee County Medical Society Auxiliary

General Student Loan Fund

Delores Miller
Racine County Medical Society Auxiliary

Brown County Loan Fund

Dr and Mrs Robert Schmidt

Cyrus Reznichek Student Loan Fund

Tom and Joan Fleming

Barbara Scott Maroney Memorial Fund for Research on Diabetes

Maxine Gilbert

Memorials

Mary Angell
Dane County Medical Society
Tom and Joan Fleming
Maxine Gilbert
Pauline M Jackson, MD
Dr and Mrs William Janssen
LeRoy Johnson
Dr and Mrs Robert Johnston
Mrs Gerald Kempthorne
Delores Miller
Reese and Mavis Minor
Audrey Peterson
Joan Pyre
Herbert Sandmire, MD
Dr and Mrs Robert Schmidt
Dr and Mrs Daniel Shea
Dr and Mrs Kenneth Smigielski
State Medical Society of Wisconsin
Earl and Alice Thayer

Memorialized

Mrs Richard A Cooper
Mrs Burney Egge
Orlando Fuchs
Martin Klein, MD
Esther Kurtz
Charles Landis, MD
Frederick Mansell, MD
Richard Mattingly, MD
George Mohelnitzky
Herman Priebe
Leona Priebe
Lyle Shepard
Ira Sisk
Lorraine Strong

Voluntary Contributions

Henry A Anderson, MD
Marc H Anderson, MD
Stephen D Austin, MD
Edward A Bachhuber, MD
Hugo M Bachhuber, MD
Arthur C Bachus, MD
Vincent P Banker, MD
James H Barbour, MD
John E Basich, MD
Barry V Bast, MD
William B A Bauer, MD
V A Baylon, MD
Harold A Bjork, MD
John T Bjork, MD

Medical malpractice crisis: legislator makes record clear

TO THE EDITOR: The medical malpractice crisis has been receiving extensive attention in the last month, culminating in the recent agreed-upon package for reform of the malpractice laws. I had called for a special session to be held before the Governor did so because I felt this urgent problem had to be addressed quickly.

I have long worked for malpractice reform. In 1975, I served on the conference committee on malpractice legislation at the request of the Medical Society and we produced the original bill to protect doctors from excessive malpractice claims and premiums. That bill, which was strongly supported by the Medical Society, restricted contingent fees, set up patients compensation panels to hear claims, established the risk-sharing Wisconsin Health Care Liability Insurance Plan, and created the Patients Compensation Fund to pay large settlements.

In the 1977 session, I co-authored two bills at the request of the Medical Society which would have further improved our malpractice award system by creating a voluntary binding arbitration process for malpractice claims, prohibiting settlements by an insurer without the agreement of the insured, and prohibiting duplicate payments of benefits in health care liability actions. These measures would have worked to reduce claim sizes if passed.

I stress my strong record of support for malpractice system reforms on behalf of the Medical Society because recently my political opponents have been circulating a letter from Attorney Curtis Kirkhuff to the Wisconsin Association of Trial Lawyers inviting members to a fundraiser for my gubernatorial campaign and implying that this letter indicates that my commitment to malpractice reform is lacking.

That invitation was prepared by Mr Kirkhuff without my approval. After I saw it, the scheduled reception was cancelled and I returned a check for $2,500 which my campaign committee had received from the trial lawyers to avoid any appearance that my com-

Walter P Blount, MD
Marshall O Boudry, MD
Thomas Breyer, MD
G H Brister, MD
Thomas H Browning, MD
Larry R Brunzlick, MD
Harvey L Burdick, MD
Ernest L Burnell, MD
Eugene E Burzynski, MD
Christopher J Buscaglia, MD
Donald W Calvy, MD
David J Carlson, MD
Alan H Cherkasky, MD
Simon Cherkasky, MD
Henry Chessin, MD
William E Clark, MD
Francis A Cline, MD
Frederick W Coleman, MD
John E Conway, MD
Howard L Correll, MD
Polly H Craft, MD
Michael L Cummens, MD
Dowe P Cupery, MD
John E Dettmann, MD
Jay S Devore, MD
Helen Aird Dickie, MD
Joseph C DiRaimondo, MD
Thomas J Dougherty, MD
Robert E Drom, MD
Ernest M Drury, MD
Peter A Duehr, MD
Noland A Eidsmoe, MD
Arnold N Elconin, MD
Gabriel P Ferrazzano, MD
James R Ferwerda, MD
Jacob M Fine, MD
William A Fischer, MD
George F Flynn,, MD
Fond du Lac County Medical Auxiliary
Rudy P Froeschle, MD
Raymond O Frankow, MD
Lawrence J Frazin, MD
W Bruce Fye, MD
Irwin E Gaynon, MD
John R Gladieux, MD
David N Goldstein, MD
Severino G Gomilla, MD
Terry S Graves, MD
Benjamin S Greenwood, MD
William B Grubb, MD
George H Handy, MD
Robert G Hansel, MD
Horace J Hansen, MD
Steven V Hansen, MD
Ervin Hansher, MD
Harold F Hardman, PhD, MD
Samuel B Harper, MD
Clarence R Hart, MD
John R Haselow, MD
Stephen L Haug, MD
Nels A Hill, MD
John Hirschboeck, MD
Stanley W Hollenbeck, MD
Amy L Hunter-Wilson, MD
Jacques Hussussian, MD
Frank C Iber, MD
Walter H Jaeschke, MD
J Howard Johnson, MD
John W Johnson, MD
James L Jolin, MD
August J Jurishica, MD
Eugene M Kay, MD
Ralph O Kennedy, MD
Jack A Killins, MD
Charles A Kincaid, MD
Robert E Klingbeil, MD
James L Knavel, MD
Randolph W Kreul, MD
Werner E Langheim, MD
Roy B Larsen, MD
Christopher L Larson, MD
Robert H Lehner, MD
Robert H Lehner II, MD
Thomas A Leonard, MD
Jules D Levin, MD
Russell F Lewis, MD
Robert F Madden, MD
Frederick W Madison, MD
Michael T G Marra, MD
Edwin G May, MD
Peter J McCanna, MD
Donald H McDonald, MD
John W McDonough, MD
Norbert A McGreane, MD
George E McGuire, MD
Noval W McKittrick, MD
Robert E McMahon, MD
Morris M Meister, MD
Kilian H Meyer, MD
Allen Misch, MD
Clarence E Moore, MD
Cecil A Morrow, MD
Kenneth E Morrow, MD
James L Murphy, MD
Robert A Nimz, MD
Hiro Nishioka, MD
Eugene O Nordby, MD
Clifford A Olson, MD
Richard C Oudenhoven, MD
Charles H Patton, MD
Carlyle R Pearson, MD
Gregory B Pehling, MD
Ralph B Pelkey, MD
Marvin G Peterson, MD
Joseph E Pilon, MD
Evan F Pizer, MD
George N Pratt, Jr, MD
Margaret J Prouty, MD
Karver L Puestow, MD
Steven R Quackenbush, MD
Raymond W Quandt, MD
Sverre Quisling, MD
Leon J Radant, MD
Everett W Reinardy, MD
Anne M Riendl, MD
Barry L Rogers, MD
Chester A Sattler, MD
Marvin E Sattler, MD
Sally M Schlise, MD
Robert C Schmitz, MD
Lynn J Seward, MD
Kenneth J Siegrist, MD
George E Skemp, MD
Robert H Slater, MD
Richard H Strassburger, MD
Elieser B Suson, MD
William B Sybesma, MD
Yoshiro Taira, MD
Gamber F Tegtmeyer, Sr, MD
Regalado A Tendero, MD
John E Thompson, MD
H Axel Trangsrud, MD
Lee M Tyne, MD
Victor G Vergara, MD
John A Walker, MD
John E Walz, MD
Timothy G Wex, MD
Earl B Williams, MD
Warren H Williamson, MD
James P Wood, MD
Raymond C Zastrow, MD
Clarence E Zenner, MD
F Frank Zboralske, MD■

mitment to malpractice reform was being influenced by contributions.

I want the record to be clear: I always have supported and always will support measures to assure that Wisconsin doctors operate under sensible malpractice standards and to ensure that quality medical care is available to all Wisconsin residents.

—*Tommy G Thompson*
State Representative
Republican Floor Leader
State Capitol, Room 205 West
PO Box 8952
Madison, Wisconsin 53708

It is not inspiring to read own obituary

To Wayne J Boulanger, MD (Editorial Director): The obituary of Solo Practitioner published above your signature (see editorials, *WMJ*, February 1986; 85:7) was sadly noted here.

In twenty-five years of mostly solo surgical practice, I have witnessed what I call the "no balm in Gilead" syndrome: almost overnight in any small Wisconsin town "there is no physician there," to paraphrase Jeremiah.

Times change, and we must change with them. Our office continues the good fight to obtain compensation for our services from all manner of third parties and even from patients and their families; much of our work is done without compensation, and this is appropriate to our role. If invited, we try to make intelligent and informed decisions with our colleagues regarding participation in group health planning.

But we are defenseless against legislation which mandates our participation in a system of malpractice insurance which we cannot afford.

When I confronted Earl Thayer (SMS Secretary), a long-time acquaintance and, I hope, a friend, he assured me that current legislation is not too little and too late, as I maintain.

My legislative representatives have been advised that a tiny portion of their constituencies is threatened by existing malpractice law in Wisconsin; a greater proportion of SMS membership is being disserved by the most recent legislation, prepared with SMS participation. A Band Aid was applied to an amputation in SB 328.

Now SMS Services, Inc, our subsidiary is offering malpractice insurance at premium rates well below those of privately managed insurers. Should SMS open a branch in Wausau to improve their image in liability insurance? No, I believe our SMS should redouble its efforts in Madison to lobby legislators, petition the Wisconsin State Bar, and do whatever is necessary to effect changes in malpractice law that benefit our patients at a cost we can meet.

It is not inspiring to read your own obituary. We hope we will be missed—at least until the next mandatory increase in malpractice premium rates.

—*William H Reed, MD*
123 Hospital Drive
Watertown, Wisconsin 53094 ■

FORT CRAWFORD MEDICAL MUSEUM
PRAIRIE DU CHIEN, WISCONSIN

Open daily May 1 through October 31
10 a.m. to 5 p.m.
Adults $2 Children $.50

Three building complex owned by the Charitable, Educational and Scientific Foundation of the State Medical Society of Wisconsin.

24 HOUR Radio dispatched truck fleet for

INDUSTRY, INSTITUTIONS, SCHOOLS, ETC.

AUTHORIZED PARTS AND SERVICE FOR CLEAVER—BROOKS
Throughout Wisconsin and Upper Michigan

SALES
Boiler room accessories
O_2 trims
Cleveland controls
and Car automatic bottom blowdown systems

SERVICE—CLEANING ON ALL MAKES
Complete Mobile Boiler Room Rentals

Stevens Point—715/344-7310
Green Bay—414/494-3675
Madison—608/249-6604

PBBS EQUIPMENT CORP.
5401 N Park Dr
PO Box 365
Butler, WI 53007
Phone: 414/781-9620

Before prescribing, see complete prescribing information in SK&F CO. literature or *PDR*. The following is a brief summary.

* **WARNING**
This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

Contraindications: Concomitant use with other potassium-sparing agents such as spironolactone or amiloride. Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: **Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired.** If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. **Associated widened QRS complex or arrhythmia requires prompt additional therapy.** Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available. Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma. Possible exacerbation or activation of systemic lupus erythematosus has been reported with thiazide diuretics.

Precautions: The bioavailability of the hydrochlorothiazide component of 'Dyazide' is about 50% of the bioavailability of the single entity. Theoretically, a patient transferred from the single entities of triamterene and hydrochlorothiazide may show an increase in blood pressure or fluid retention. Similarly, it is also possible that the lesser hydrochlorothiazide bioavailability could lead to increased serum potassium levels. However, extensive clinical experience with 'Dyazide' suggests that these conditions have not been commonly observed in clinical practice. Angiotensin-converting enzyme (ACE) inhibitors can elevate serum potassium; use with caution with 'Dyazide'. Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids, and during concurrent use with amphotericin B or corticosteroids or corticotropin [ACTH]). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Cumulative effects of the drug may develop in patients with impaired renal function. Thiazides should be used with caution in patients with impaired hepatic function. They can precipitate coma in patients with severe liver disease. Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic and hemolytic anemia have been reported with thiazides. Thiazides may cause manifestation of latent diabetes mellitus. The effects of oral anticoagulants may be decreased when used concurrently with hydrochlorothiazide; dosage adjustments may be necessary. Clinically insignificant reductions in arterial responsiveness to norepinephrine have been reported. Thiazides have also been shown to increase the paralyzing effect of nondepolarizing muscle relaxants such as tubocurarine. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. Triamterene has been found in renal stones in association with the other usual calculus components. Therefore, 'Dyazide' should be used with caution in patients with histories of stone formation. A few occurrences of acute renal failure have been reported in patients on 'Dyazide' when treated with indomethacin. Therefore, caution is advised in administering nonsteroidal anti-inflammatory agents with 'Dyazide'. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine. Hypokalemia is uncommon with 'Dyazide', but should it develop, corrective measures should be taken such as potassium supplementation or increased dietary intake of potassium-rich foods. Corrective measures should be instituted cautiously and serum potassium levels determined. Discontinue corrective measures and 'Dyazide' should laboratory values reveal elevated serum potassium. Chloride deficit may occur as well as dilutional hyponatremia. Concurrent use with chlorpropamide may increase the risk of severe hyponatremia. Serum PBI levels may decrease without signs of thyroid disturbance. Calcium excretion is decreased by thiazides. 'Dyazide' should be withdrawn before conducting tests for parathyroid function. Thiazides may add to or potentiate the action of other antihypertensive drugs. Diuretics reduce renal clearance of lithium and increase the risk of lithium toxicity.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances; postural hypotension (may be aggravated by alcohol, barbiturates, or narcotics). Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and respiratory distress including pneumonitis and pulmonary edema, transient blurred vision, sialadenitis, and vertigo have occurred with thiazides alone. Triamterene has been found in renal stones in association with other usual calculus components. Rare incidents of acute interstitial nephritis have been reported. Impotence has been reported in a few patients on 'Dyazide', although a causal relationship has not been established.

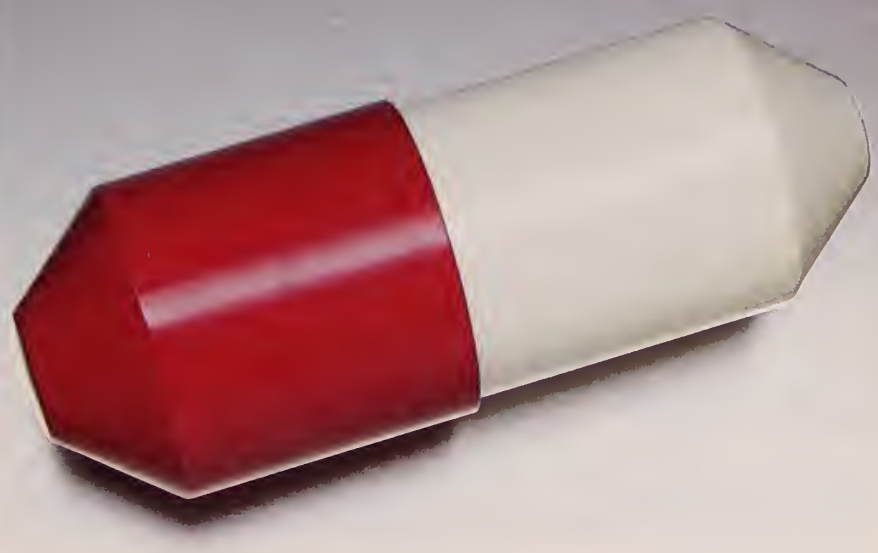
Supplied: **'Dyazide' is supplied as a red and white capsule, in bottles of 1000 capsules; Single Unit Packages (unit-dose) of 100 (intended for institutional use only); in Patient-Pak™ unit-of-use bottles of 100.**

BRS-DZ L42

In Hypertension*... When You Need to Conserve K^+

Remember the Unique Red and White Capsule: Your Assurance of SK&F Quality

Serum K^+ and BUN should be checked periodically (see Warnings and Precautions)



Potassium-Sparing

DYAZIDE®

25 mg Hydrochlorothiazide/**50 mg** Triamterene/SKF

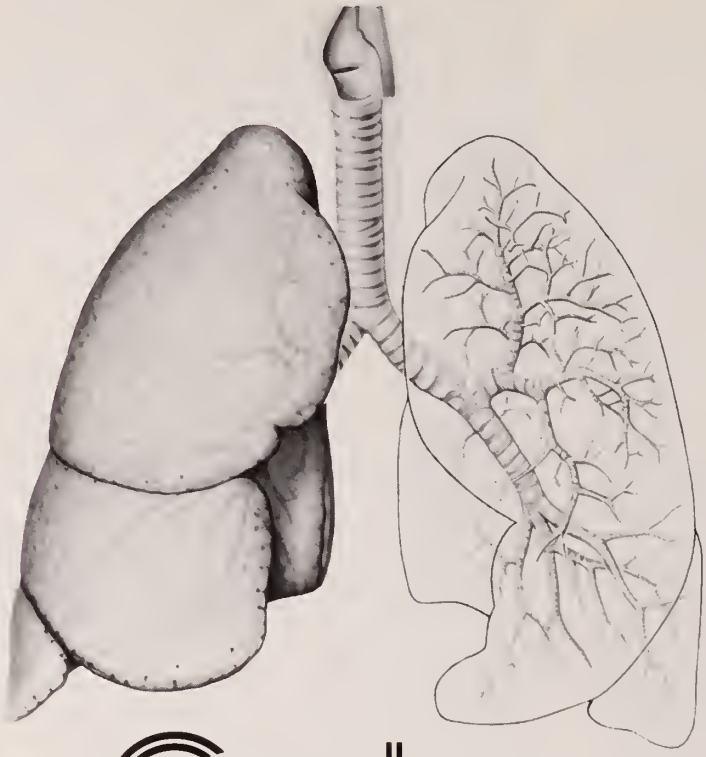
Over 19 Years of Confidence

The unique red and white Dyazide® capsule: Your assurance of SK&F quality.

a product of
SK&F CO.
Carolina, P.R. 00630

© SK&F Co. 1983

Consider the causative organisms...



Ceclor®
cefaclor

250-mg Pulvules® t.i.d. offers effectiveness against the major causes of bacterial bronchitis

Haemophilus influenzae, H influenzae, Streptococcus pneumoniae, Streptococcus pyogenes
(ampicillin-susceptible) (ampicillin-resistant)

Note: Ceclor® is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

Ceclor® (cefaclor)

Summary. Consult the package literature for prescribing information.

Indications: Lower respiratory infections, including pneumonia, caused by susceptible strains of *Streptococcus pneumoniae, Haemophilus influenzae,* and *S. pyogenes* (group A beta-hemolytic streptococci).

Contraindications: Known allergy to cephalosporins.

Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:
- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of nonsusceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- In renal impairment, safe dosage of Ceclor may be lower than that usually recommended. Ceclor should be administered with caution in such patients.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:
- Gastrointestinal (mostly diarrhea): 2.5%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, erythema multiforme, serum-sickness-like reactions): 1.5%; usually subside within a few days after cessation of therapy. These reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%.

Abnormalities in laboratory results of uncertain etiology
- Slight elevations in hepatic enzymes.
- Transient fluctuations in leukocyte count (especially in infants and children)
- Abnormal urinalysis; elevations in BUN or serum creatinine
- Positive direct Coombs' test
- False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly)

© 1986, ELI LILLY AND COMPANY [060485LR]

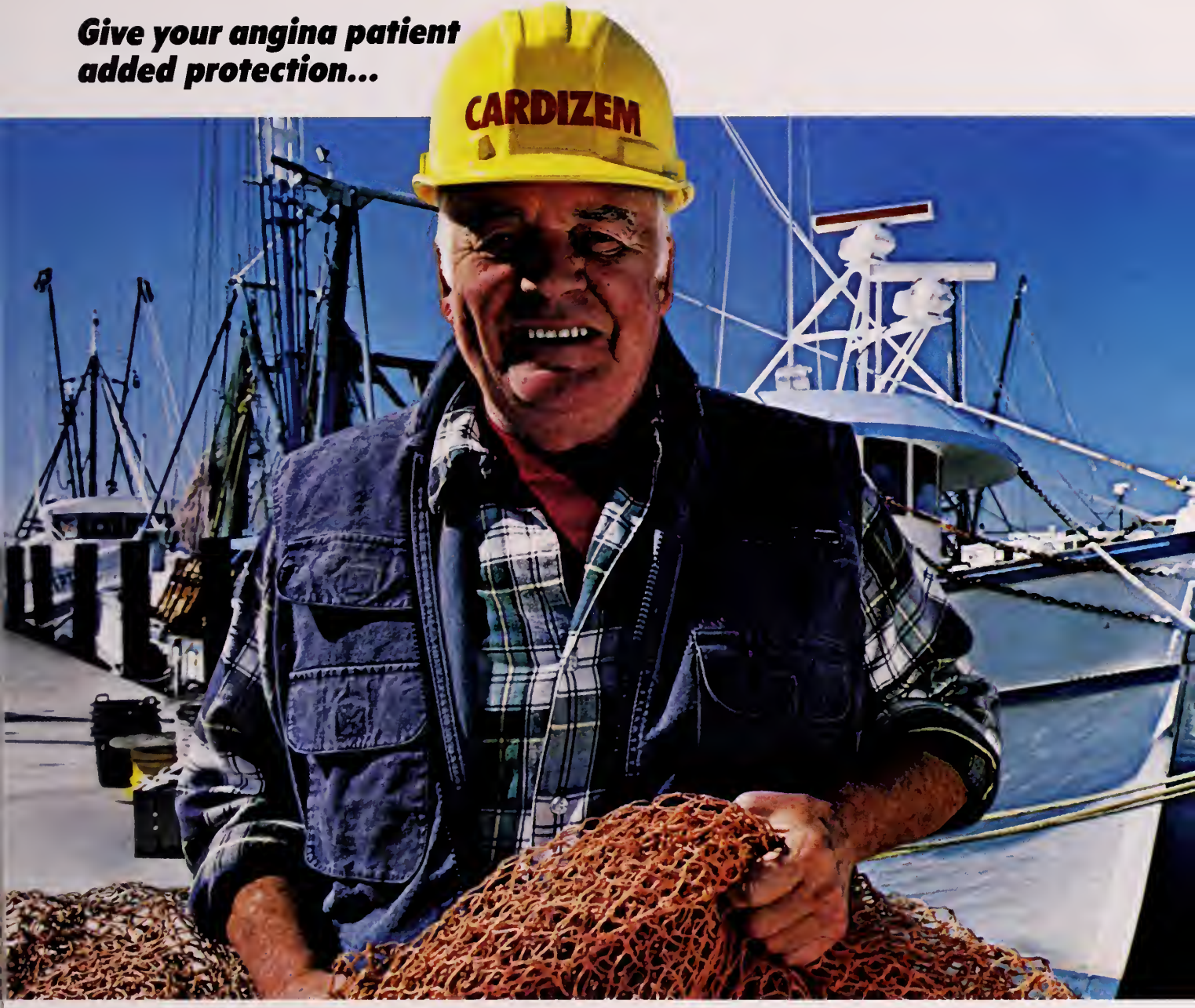
Lilly

Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285

Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630

600332

Give your angina patient added protection...



CARDIZEM®: FEWER SIDE EFFECTS

diltiazem HCl/Marion

- ***The lowest incidence of side effects among the calcium channel blockers***[1]
- ***An exceptionally safe choice for angina patients with coexisting hypertension, diabetes, asthma, or COPD***[1-3]
- ***Proven efficacy when used alone in angina***[1,4-6]
- ***Compatible with both beta-blockers and nitrates***[7]

Please see brief summary of prescribing information on the next page.

CARDIZEM® 60 mg tid or qid

diltiazem HCl/Marion

FEWER SIDE EFFECTS IN ANTIANGINAL THERAPY

BRIEF SUMMARY

CARDIZEM® (diltiazem hydrochloride) is a calcium ion influx inhibitor (slow channel blocker or calcium antagonist).

INDICATIONS AND USAGE

1. **Angina Pectoris Due to Coronary Artery Spasm.** CARDIZEM is indicated in the treatment of angina pectoris due to coronary artery spasm. CARDIZEM has been shown effective in the treatment of spontaneous coronary artery spasm presenting as Prinzmetal's variant angina (resting angina with ST-segment elevation occurring during attacks).
2. **Chronic Stable Angina (Classic Effort-Associated Angina).** CARDIZEM is indicated in the management of chronic stable angina. CARDIZEM has been effective in controlled trials in reducing angina frequency and increasing exercise tolerance.

There are no controlled studies of the effectiveness of the concomitant use of diltiazem and beta-blockers or of the safety of this combination in patients with impaired ventricular function or conduction abnormalities.

CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic).

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt). Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients.
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury.** In rare instances, patients receiving CARDIZEM have exhibited reversible acute hepatic injury as evidenced by moderate to extreme elevations of liver enzymes. (See PRECAUTIONS and ADVERSE REACTIONS.)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes, however, these changes were reversible with continued dosing.

Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)

Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%.

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats.

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration at doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women; therefore, use CARDIZEM (diltiazem hydrochloride) in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers. It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, exercise caution when CARDIZEM is administered to a nursing woman if the drug's benefits are thought to outweigh its potential risks in this situation.

Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded.

In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy.

The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences, as well as their frequency of presentation, are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%), AV block (1.1%). In addition, the following events were reported infrequently (less than 1%) with the order of presentation corresponding to the relative frequency of occurrence:

Cardiovascular:	Flushing, arrhythmia, hypotension, bradycardia, palpitations, congestive heart failure, syncope.
Nervous System:	Paresthesia, nervousness, somnolence, tremor, insomnia, hallucinations, and amnesia
Gastrointestinal:	Constipation, dyspepsia, diarrhea, vomiting, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH.
Dermatologic:	Pruritus, petechiae, urticaria, photosensitivity
Other:	Polyuria, nocturia.

The following additional experiences have been noted:

A patient with Prinzmetal's angina experiencing episodes of vasospastic angina developed periods of transient asymptomatic asystole approximately five hours after receiving a single 60-mg dose of CARDIZEM.

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: erythema multiforme; leukopenia; and extreme elevations of alkaline phosphatase, SGOT, SGPT, LDH, and CPK. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established.

OVERDOSAGE OR EXAGGERATED RESPONSE

Overdosage experience with oral diltiazem has been limited. Single oral doses of 300 mg of CARDIZEM have been well tolerated by healthy volunteers. In the event of overdosage or exaggerated response, appropriate supportive measures should be employed in addition to gastric lavage. The following measures may be considered:

Bradycardia	Administer atropine (0.60 to 1.0 mg). If there is no response to vagal blockade, administer isoproterenol cautiously.
High-Degree AV Block	Treat as for bradycardia above. Fixed high-degree AV block should be treated with cardiac pacing.
Cardiac Failure	Administer inotropic agents (isoproterenol, dopamine, or dobutamine) and diuretics.
Hypotension	Vasopressors (eg, dopamine or levarterenol bitartrate).

Actual treatment and dosage should depend on the severity of the clinical situation and the judgment and experience of the treating physician.

The oral LD_{50}'s in mice and rats range from 415 to 740 mg/kg and from 560 to 810 mg/kg, respectively. The intravenous LD_{50}'s in these species were 60 and 38 mg/kg, respectively. The oral LD_{50} in dogs is considered to be in excess of 50 mg/kg, while lethality was seen in monkeys at 360 mg/kg. The toxic dose in man is not known, but blood levels in excess of 800 ng/ml have not been associated with toxicity.

DOSAGE AND ADMINISTRATION

Exertional Angina Pectoris Due to Atherosclerotic Coronary Artery Disease or Angina Pectoris at Rest Due to Coronary Artery Spasm. Dosage must be adjusted to each patient's needs. Starting with 30 mg four times daily, before meals and at bedtime, dosage should be increased gradually (given in divided doses three or four times daily) at one- to two-day intervals until optimum response is obtained. Although individual patients may respond to any dosage level, the average optimum dosage range appears to be 180 to 240 mg/day. There are no available data concerning dosage requirements in patients with impaired renal or hepatic function. If the drug must be used in such patients, titration should be carried out with particular caution.

Concomitant Use With Other Antianginal Agents:

1. **Sublingual NTG** may be taken as required to abort acute anginal attacks during CARDIZEM therapy.
2. **Prophylactic Nitrate Therapy** — CARDIZEM may be safely coadministered with short- and long-acting nitrates, but there have been no controlled studies to evaluate the antianginal effectiveness of this combination.
3. **Beta-blockers.** (See WARNINGS and PRECAUTIONS.)

HOW SUPPLIED

CARDIZEM 30-mg tablets are supplied in bottles of 100 (NDC 0088-1771-47) and in Unit Dose Identification Paks of 100 (NDC 0088-1771-49). Each green tablet is engraved with MARION on one side and 1771 engraved on the other. CARDIZEM 60-mg scored tablets are supplied in bottles of 100 (NDC 0088-1772-47) and in Unit Dose Identification Paks of 100 (NDC 0088-1772-49). Each yellow tablet is engraved with MARION on one side and 1772 on the other. Issued 4/1/84

See complete Professional Use Information before prescribing.

0642T5

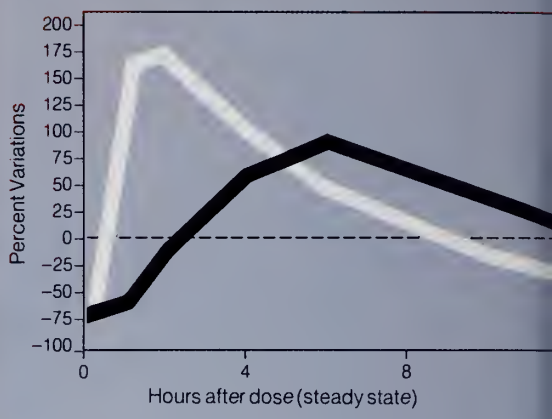
References: 1. *Physicians' Desk Reference®*, ed 39. Oradell, NJ, Medical Economics Company Inc, 1985. 2. Cohn PF, Braunwald E. Chronic ischemic heart disease, in Braunwald E (ed). *Heart Disease: A Textbook of Cardiovascular Medicine*, ed 2. Philadelphia, WB Saunders Co, 1984, chap 39. 3. Schroeder JS. Calcium and beta blockers in ischemic heart disease. When to use which. *Mod Med* 1982; 50(Sept):94-116. 4. Subramanian VB. Comparative evaluation of four calcium antagonists and propranolol with placebo in patients with chronic stable angina. *Cardiovasc Rev Rep* 1984; 5:91-104. 5. Schroeder JS, Feldman RL, Giles TD, et al. Multiclinic controlled trial of diltiazem for Prinzmetal's angina. *Am J Med* 1982; 72:227-231. 6. Weiner DA, McCabe CH, Cutler SS, et al. The efficacy and safety of high-dose verapamil and diltiazem in the long-term treatment of stable exertional angina. *Clin Cardiol* 1985; 7:648-653. 7. Shapiro W. Calcium channel blockers: Actions on the heart and uses in ischemic heart disease. *Consultant* 1984; 24(Dec):150-159.

Another patient benefit product from

PHARMACEUTICAL DIVISION
MARION LABORATORIES, INC.
KANSAS CITY, MO 64137

Easy to live with

INDERAL LA and



- INDERAL LA avoids the sharp peaks seen with atenolol

Blood pressure controlled,

Smooth blood pressure control and well tolerated

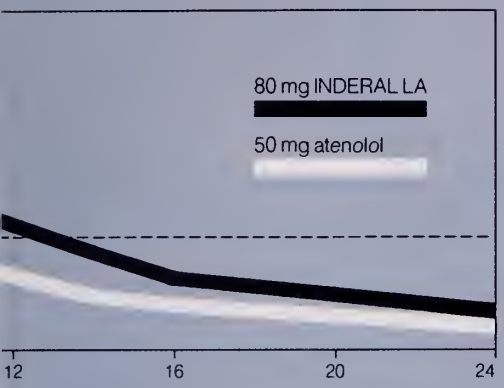
Once-daily INDERAL LA (propranolol HCl) keeps life simple for the patient. A single dose provides 24-hour blood pressure control. Convenient and well tolerated, INDERAL LA rarely interferes with everyday living. In fact, a recent study of 138 patients found a low incidence of side effects with INDERAL LA, which was not significantly different from that reported with metoprolol and atenolol.[2]

INDERAL LA should not be used in the presence of congestive heart failure, sinus bradycardia, cardiogenic shock, heart block greater than first degree, and bronchial asthma.

Once-daily INDERAL® LA (PROPRANOLOL HCl) Long Acting Capsules

Please turn page for brief summary of prescribing information.

atenolol over 24 hours*[1]



*Plasma concentrations in relation to the mean.

- Smooth, consistent plasma drug levels over 24 hours
- Full, 24-hour blood pressure control with INDERAL LA

and feeling good.

Added blood pressure control with the preferred diuretic

When more than one antihypertensive agent is needed, once-daily INDERIDE LA enhances patient compliance to improve long-term control. Patients receive all the benefits of controlled-release INDERAL LA *and* standard-release hydrochlorothiazide (HCTZ), for comfortable morning diuresis. Not only does this regimen permit patients to follow normal daily routines, but HCTZ also produces less potassium wastage on a mg-for-mg basis than chlorthalidone.[3,4]

Once-daily

INDERIDE® LA

(PROPRANOLOL HCl [INDERAL® LA] /HYDROCHLOROTHIAZIDE)

As with all fixed-combination antihypertensives, INDERIDE LA is not indicated for the initial treatment of hypertension.

Please turn page for brief summary of prescribing information.

Once-daily INDERAL® LA (PROPRANOLOL HCl) LONG ACTING CAPSULES

The appearance of these capsules is a registered trademark of Ayerst Laboratories.

BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE CIRCULARS)*

INDERAL® LA Brand of PROPRANOLOL HYDROCHLORIDE **(Long Acting Capsules)**
INDERIDE® LA Brand of PROPRANOLOL HYDROCHLORIDE (INDERAL® LA) and HYDROCHLOROTHIAZIDE **(Long Acting Capsules)**

INDERAL LA AND INDERIDE LA Capsules should not be considered simple mg-for-mg substitutes for INDERAL and INDERIDE Tablets. Please see package circulars.

CONTRAINDICATIONS

Propranolol hydrochloride (INDERAL® LA): Propranolol is contraindicated in: 1) cardiogenic shock, 2) sinus bradycardia and greater than first degree block, 3) bronchial asthma; 4) congestive heart failure (see WARNINGS) unless the failure is secondary to a tachyarrhythmia treatable with propranolol.

Hydrochlorothiazide: Hydrochlorothiazide is contraindicated in patients with anuria or hypersensitivity to this or other sulfonamide-derived drugs.

WARNINGS

Propranolol hydrochloride (INDERAL® LA): CARDIAC FAILURE. Sympathetic stimulation may be a vital component supporting circulatory function in patients with congestive heart failure, and its inhibition by beta blockade may precipitate more severe failure. Although beta blockers should be avoided in overt congestive heart failure, if necessary, they can be used with close follow-up in patients with a history of failure who are well compensated, and are receiving digitalis and diuretics. Beta-adrenergic blocking agents do not abolish the inotropic action of digitalis on heart muscle.

IN PATIENTS WITHOUT A HISTORY OF HEART FAILURE, continued use of beta blockers can, in some cases, lead to cardiac failure. Therefore, at the first sign or symptom of heart failure, the patient should be digitalized and/or treated with diuretics, and the response observed closely; or propranolol should be discontinued (gradually, if possible).

IN PATIENTS WITH ANGINA PECTORIS, there have been reports of exacerbation of angina and, in some cases, myocardial infarction following *abrupt* discontinuance of propranolol therapy. Therefore, when discontinuance of propranolol is planned the dosage should be gradually reduced and the patient carefully monitored. In addition, when propranolol is prescribed for angina pectoris, the patient should be cautioned against interruption or cessation of therapy without the physician's advice. If propranolol therapy is interrupted and exacerbation of angina occurs, it usually is advisable to reinstitute propranolol therapy and take other measures appropriate for the management of unstable angina pectoris. Since coronary artery disease may be unrecognized, it may be prudent to follow the above advice in patients considered at risk of having occult atherosclerotic heart disease who are given propranolol for other indications.

THYROTOXICOSIS: Beta blockade may mask certain clinical signs of hyperthyroidism. Therefore, abrupt withdrawal of propranolol may be followed by an exacerbation of symptoms of hyperthyroidism, including thyroid storm. Propranolol does not distort thyroid function tests.

IN PATIENTS WITH WOLFF-PARKINSON-WHITE SYNDROME, several cases have been reported in which, after propranolol, the tachycardia was replaced by a severe bradycardia requiring a demand pacemaker. In one case this resulted after an initial dose of 5 mg propranolol.

MAJOR SURGERY: The necessity or desirability of withdrawal of beta-blocking therapy prior to major surgery is controversial. It should be noted, however, that the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures.

Nonallergic Bronchospasm (eg, chronic bronchitis, emphysema)—PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD, IN GENERAL, NOT RECEIVE BETA BLOCKERS. INDERAL should be administered with caution, since it may block bronchodilation produced by endogenous and exogenous catecholamine stimulation of beta receptors.

DIABETES AND HYPOGLYCEMIA: Beta-adrenergic blockade may prevent the appearance of certain premonitory signs and symptoms (pulse rate and pressure changes) of acute hypoglycemia in labile insulin-dependent diabetes. In these patients, it may be more difficult to adjust the dosage of insulin. Hypoglycemic attacks may be accompanied by a precipitous elevation of blood pressure.

Hydrochlorothiazide: Thiazides should be used with caution in severe renal disease. In patients with renal disease, thiazides may precipitate azotemia. In patients with impaired renal function, cumulative effects of the drug may develop.

Thiazides should also be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Thiazides may add to or potentiate the action of other antihypertensive drugs. Potentiation occurs with ganglionic or peripheral adrenergic-blocking drugs.

Sensitivity reactions may occur in patients with a history of allergy or bronchial asthma.

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

PRECAUTIONS

Propranolol hydrochloride (INDERAL® LA): GENERAL: Propranolol should be used with caution in patients with impaired hepatic or renal function. Propranolol is not indicated for the treatment of hypertensive emergencies.

Beta-adrenoreceptor blockade can cause reduction of intraocular pressure. Patients should be told that propranolol may interfere with the glaucoma screening test. Withdrawal may lead to a return of increased intraocular pressure.

CLINICAL LABORATORY TESTS: Elevated blood urea levels in patients with severe heart disease, elevated serum transaminase, alkaline phosphatase, lactate dehydrogenase.

DRUG INTERACTIONS: Patients receiving catecholamine-depleting drugs, such as reserpine should be closely observed if propranolol is administered. The added catecholamine-blocking action may produce an excessive reduction of resting sympathetic nervous activity, which may result in hypotension, marked bradycardia, vertigo, syncopal attacks, or orthostatic hypotension.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY: Long-term studies in animals have been conducted to evaluate toxic effects and carcinogenic potential. In 18-month studies, in both rats and mice, employing doses up to 150 mg/kg/day, there was no evidence of significant drug-induced toxicity. There were no drug-related tumorigenic effects at any of the dosage levels. Reproductive studies in animals did not show any impairment of fertility that was attributable to the drug.

PREGNANCY: Pregnancy Category C: Propranolol has been shown to be embryotoxic in animal studies at doses about 10 times greater than the maximal recommended human dose. There are no adequate and well-controlled studies in pregnant women. Propranolol should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Once-daily INDERIDE® LA

Each capsule contains propranolol HCl (INDERAL® LA), 80 mg, 120 mg, or 160 mg, and hydrochlorothiazide, 50 mg

The appearance of these capsules is a registered trademark of Ayerst Laboratories.

NURSING MOTHERS: Propranolol is excreted in human milk. Caution should be exercised when propranolol is administered to a nursing mother.

PEDIATRIC USE: Safety and effectiveness in children have not been established.

Hydrochlorothiazide: GENERAL: Periodic determination of serum electrolytes to detect possible electrolyte imbalance should be performed at appropriate intervals.

All patients receiving thiazide therapy should be observed for clinical signs of fluid or electrolyte imbalance, namely: Hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Medication such as digitalis may also influence serum electrolytes. Warning signs irrespective of cause are: Dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting.

Hypokalemia may develop, especially with brisk diuresis, when severe cirrhosis is present, or during concomitant use of corticosteroids or ACTH.

Interference with adequate oral electrolyte intake will also contribute to hypokalemia. Hypokalemia can sensitize or exaggerate the response of the heart to the toxic effect of digitalis (eg, increased ventricular irritability). Hypokalemia may be avoided or treated by use of potassium supplements, such as foods with a high potassium content.

Any chloride deficit is generally mild and usually does not require specific treatment, except under extraordinary circumstances (as in liver or renal disease). Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction, rather than administration of salt, except in rare instances when the hyponatremia is life-threatening. In actual salt depletion, appropriate replacement is the therapy of choice.

Hyperuricemia may occur or frank gout may be precipitated in certain patients receiving thiazide therapy.

Insulin requirements in diabetic patients may be increased, decreased, or unchanged. Diabetes mellitus which has been latent may become manifest during thiazide administration.

If progressive renal impairment becomes evident, consider withholding or discontinuing diuretic therapy.

Thiazides may decrease serum PBI levels without signs of thyroid disturbance.

Calcium excretion is decreased by thiazides. Pathologic changes in the parathyroid gland with hypercalcemia and hypophosphatemia have been observed in a few patients on prolonged thiazide therapy. The common complications of hyperparathyroidism, such as renal lithiasis, bone resorption, and peptic ulceration, have not been seen. Thiazides should be discontinued before carrying out tests for parathyroid function.

DRUG INTERACTIONS: Thiazide drugs may increase the responsiveness to tubocurarine.

The antihypertensive effects of thiazides may be enhanced in the postsympathectomy patient. Thiazides may decrease arterial responsiveness to norepinephrine. This diminution is not sufficient to preclude effectiveness of the pressor agent for therapeutic use.

PREGNANCY: Pregnancy Category C: Thiazides cross the placental barrier and appear in cord blood. The use of thiazides in pregnancy requires that the anticipated benefit be weighed against possible hazards to the fetus. These hazards include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

NURSING MOTHERS: Thiazides appear in human milk. If use of the drug is deemed essential, the patient should stop nursing.

PEDIATRIC USE: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Propranolol hydrochloride (INDERAL® LA): Most adverse effects have been mild and transient and have rarely required the withdrawal of therapy.

Cardiovascular: Bradycardia; congestive heart failure; intensification of AV block; hypotension; paresthesia of hands; thrombocytopenic purpura; arterial insufficiency, usually of the Raynaud type.

Central Nervous System: Lightheadedness; mental depression manifested by insomnia, lassitude, weakness, fatigue; reversible mental depression progressing to catatonia; visual disturbances; hallucinations; an acute reversible syndrome characterized by disorientation for time and place; short-term memory loss; emotional lability; slightly clouded sensorium; and decreased performance on neuropsychometrics.

Gastrointestinal: Nausea, vomiting, epigastric distress, abdominal cramping, diarrhea, constipation; mesenteric arterial thrombosis, ischemic colitis.

Allergic: Pharyngitis and agranulocytosis; erythematous rash; fever combined with aching and sore throat; laryngospasm and respiratory distress.

Respiratory: Bronchospasm.

Hematologic: Agranulocytosis, nonthrombocytopenic purpura, thrombocytopenic purpura.

Auto-Immune: In extremely rare instances, systemic lupus erythematosus has been reported.

Miscellaneous: Alopecia, LE-like reactions, psoriasiform rashes; dry eyes; male impotence; and Peyronie's disease have been reported rarely. Oculomucocutaneous reactions involving the skin, serous membranes, and conjunctivae reported for a beta blocker (practolol) have not been associated with propranolol.

Hydrochlorothiazide:

Gastrointestinal: Anorexia, gastric irritation, nausea, vomiting, cramping, diarrhea, constipation; jaundice (intrahepatic cholestatic jaundice), pancreatitis; sialadenitis.

Central Nervous System: Dizziness, vertigo; paresthesias; headache; xanthopsia.

Hematologic: Leukopenia, agranulocytosis, thrombocytopenia, aplastic anemia.

Cardiovascular: Orthostatic hypotension (may be aggravated by alcohol, barbiturates, or narcotics).

Hypersensitivity: Purpura, photosensitivity, rash; urticaria, necrotizing angiitis (vasculitis, cutaneous vasculitis), fever, respiratory distress, including pneumonitis; anaphylactic reactions.

Other: Hyperglycemia, glycosuria, hyperuricemia; muscle spasm; weakness, restlessness; transient blurred vision.

Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn.

*The appearance of these capsules is a registered trademark of Ayerst Laboratories.

REFERENCES

1. Data on file, Ayerst Laboratories. **2.** Ravid M, Lang R, Jutrin I. The relative antihypertensive potency of propranolol, oxprenolol, atenolol, and metoprolol given once daily. *Arch Intern Med* 1985;145:1321-1323. **3.** Sumiye L, Vivian AS, Frisof KB, et al. Potassium loss associated with hydrochlorothiazide versus chlorthalidone. *Clin Ther* 1981;4:308-320. **4.** Ram CVS, Garrett BN, Kaplan NM. Moderate sodium restriction and various diuretics in the treatment of hypertension. *Arch Intern Med* 1981;141:1015-1019.

5593/486

Ayerst. AYERST LABORATORIES
New York, NY 10017

© 1986 Ayerst Laboratories

Blue Book

Wisconsin Medical Journal 1986

Annual edition, since 1924, devoted to medicolegal, socioeconomic, legislative matters of direct concern to physicians in their relationships to patients, hospitals, government agencies, the Legislature, and others in the medical community . . . A useful reference source throughout the year.

The *Wisconsin Medical Journal* gratefully acknowledges publication support of this "Blue Book" issue through a contribution from the **Crownhart Memorial Account** of the State Medical Society's Charitable, Educational and Scientific Foundation.

Reprints: $15.00, plus 5% sales tax in Wisconsin, unless tax-exempt status declared

COPYRIGHT, 1986, State Medical Society of Wisconsin, Madison, Wisconsin

THE STATE MEDICAL SOCIETY OF WISCONSIN

300 East Lakeside Street (PO Box 1109), Madison, Wisconsin 53701

Telephone: (608) 257-6781

Created by the Territorial Legislature in 1841 . . . representing over 6,600 member physicians in Wisconsin, comprising 55 county medical societies and 26 medical specialty sections. The purpose of the Society is to "bring together the physicians of the State of Wisconsin to advance the science and art of medicine and the better health of the people of Wisconsin, and to secure the enactment and enforcement of just medical laws." The major activities of the Society include continuing medical education, peer review, legislation, community health education, scientific affairs, socioeconomics, health planning, service for physicians, operation of a Charitable, Educational and Scientific Foundation, and publication of the ***Wisconsin Medical Journal.***

OFFICERS OF THE SOCIETY

PRESIDENT: *John P Mullooly, MD,* Milwaukee
PRESIDENT-ELECT: *Kenneth M Viste Jr, MD,* Oshkosh
SECRETARY-GENERAL MANAGER: *Earl R Thayer,* Madison
TREASURER: *John J Foley MD,* Menomonee Falls

BOARD OF DIRECTORS

CHAIRMAN: *Darold A Treffert, MD,* Fond du Lac
VICE CHAIRMAN: *Roger L von Heimburg, MD,* Green Bay

FIRST DISTRICT: Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington, Waukesha counties
Glenn H Franke, MD, Milwaukee
Jerome W Fons Jr, MD, Cudahy
Huron L Ericson, MD, Racine
H Myron Kauffman, MD, Elm Grove
Roger E Laubenheimer, MD, Milwaukee
Thomas A Reminga, MD, Milwaukee
Thomas A Hofbauer, MD, Menomonee Falls
Wayne H Konetzki, MD, Waukesha
William L Treacy, MD, Milwaukee
Lucille B Glicklich, MD, Milwaukee
Richard D Fritz, MD, Milwaukee
William J Listwan, MD, West Bend

SECOND DISTRICT: Adams, Columbia, Dane, Dodge, Grant, Green, Iowa, Jefferson, Lafayette, Marquette, Richland, Rock, Sauk counties
J D Kabler, MD, Madison
Cyril M Hetsko, MD, Madison
James J Tydrich, MD, Richland Center
Alwin E Schultz, MD, Madison
Kenneth I Gold, MD, Beloit
John D Wegenke, MD, Madison

THIRD DISTRICT: Buffalo, Crawford, Jackson, Juneau, La Crosse, Monroe, Trempealeau, Vernon counties
Pauline M Jackson, MD, La Crosse

FOURTH DISTRICT: Clark, Florence, Forest, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Taylor, Vilas, Wood counties
William E Raduege, MD, Woodruff
Jung K Park, MD, Wisconsin Rapids
Richard H Ulmer, MD, Marshfield

FIFTH DISTRICT: Calumet, Fond du Lac, Green Lake, Outagamie, Waupaca, Waushara, Winnebago counties
Darold A Treffert, MD, Fond du Lac
James L Basiliere, MD, Oshkosh
C William Freeby, MD, Appleton

SIXTH DISTRICT: Brown, Door, Kewaunee, Manitowoc, Marinette, Menominee, Oconto, Shawano, Sheboygan counties
Menominee, Oconto, Shawano, Sheboygan counties
Roger L von Heimburg, MD, Green Bay
Joseph C DiRaimondo, MD, Manitowoc
John E Kraus, MD, Marinette

SEVENTH DISTRICT: Barron, Chippewa, Dunn, Eau Claire, Pepin, Pierce, Polk, Rusk, St Croix, Burnett, Washburn counties
Marwood E Wegner, MD, St Croix Falls
Philip J Happe, MD, Eau Claire

EIGHTH DISTRICT: Ashland, Bayfield, Douglas, Iron, Sawyer counties
Joseph M Jauquet, MD, Ashland

PRESIDENT *Mullooly;* PRESIDENT-ELECT *Viste;* PAST PRESIDENT *John K Scott, MD,* Madison SPEAKER *Duane W Taebel, MD,* La Crosse; and VICE SPEAKER *Vernon M Griffin, MD,* Mauston

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Henry F Twelmeyer, MD, Wauwatosa
John K Scott, MD, Madison
Patricia J Stuff, MD, Bonduel
DeLore Williams, MD, West Allis
Richard W Edwards, MD, Richland Center
Cornelius A Natoli, MD, La Crosse

ALTERNATES TO THE AMA

Cyril M Hetsko, MD, Madison
John D Riesch, MD, Menomonee Falls
J D Kabler, MD, Madison
Kenneth M Viste Jr, MD, Oshkosh
John P Mullooly, MD, Milwaukee
Richard H Ulmer, MD, Marshfield

Significant new legislation

- Medical malpractice
- Abortion
- Living wills
- Required request
- Death certificates
- Bone marrow donors

MEDICAL MALPRACTICE

In 1986 the Wisconsin Legislature took a major step toward reform of the state's medical malpractice laws, after nearly two years of legislative study and debate. A bill developed by the Legislative Council's Special Committee on Medical Malpractice was passed, after substantial modifications, by the State Senate, but died in the Assembly upon conclusion of the regular legislative session. Subsequently, a compromise proposal was developed and taken up in a special session of the Legislature called in May; the bill, Special Session Assembly Bill 4 (now Act 340) was passed overwhelmingly.

Act 340 limits awards for noneconomic damages; limits attorneys' contingent fees; and makes a number of major changes in the process for bringing malpractice claims, including replacing the Patients Compensation Panel system with a mandatory mediation system; and places limits on Patients Compensation Fund fee assessments. Many of these changes were recommendations of the State Medical Society and its Task Force on Medical Liability, or were derived from their recommendations. The State Medical Society supported passage of this legislation as an important first step toward resolving the liability crisis.

One immediate impact of the new law was a reduction in total Patients Compensation Fund fee assessments of 4% below 1985-86 assessments (although the percentage change varied by physician specialty); prior to enactment of the legislation, Fund assessments were slated to increase overall by 34%.

Major changes in the new law are discussed below.

Malpractice awards—For all claims filed after the effective date of the Act (June 14, 1986; see picture elsewhere in this issue of the Governor's signing into law), recovery for all noneconomic damages is limited to $1 million per occurrence. Since claims pending before Patients Compensation Panels as of the Act's effective date will be technically transferred to circuit court, this limit applies to those cases as well. "Noneconomic damages" includes virtually all elements of an award other than medical expenses and related costs, lost earnings, and lost earning capacity: pain and suffering, loss of consortium, loss of society and companionship, disability, disfigurement, and so on. Unlike limits adopted in several other states, the $1 million limit applies to the total for *all* claims arising from an occurrence of malpractice (for example, separate claims brought by a husband and wife); applies to *all* noneconomic damages (some states' caps specifically exclude major award items such as pain and suffering, or waive the limit in certain types of cases such as those involving total disability, foreign object left in the body, or loss of a limb); and applies to all defendants (some states have limits on recovery per defendant; three defendants triples the plaintiff's limit).

Juries will also be required to itemize awards, stating separately each element of damages and the amount awarded for each element, and separating past and future losses. All future economic losses must be reduced to present value (*ie*, the amount of money needed today to generate the amount awarded over the period of future losses, taking into account investment earnings and inflation).

Attorneys will be allowed to take contingent fees as a percentage of the total award (previously, medical expense awards were excluded for purposes of calculating a contingent fee), but fees will be limited to a maximum of 33⅓% of the first $1 million of an award or settlement (25% of the first $1 million if liability is stipulated within six months), and 20% of any amounts in excess of $1 million.

Process for hearing malpractice cases—The Act eliminates the Patients Compensation Panels established in 1975 and creates in their place a mandatory mediation system. While SMS originally was a proponent of the panel system, recent studies undertaken by the SMS Task Force on Liability found that the panel system was not meeting its goals of speedy, efficient, and inexpensive resolution of malpractice cases. Instead, nearly 70% of the cases filed were settled (with or without payment) before ever reaching the panel; of the remainder, one-third went on to be refiled in circuit court, and in one-fourth of the cases where the panel found in favor of the physician, the insurance company went on to make a payment to the claimant anyway. Other statistics showed that compared to other states' much less formal panels, or to cases handled directly in circuit court, the panels were not significantly better (and in some areas were significantly worse) in terms of time to dispose of cases, frequency of payments to claimants, size of awards,

and findings for respondent versus findings for plaintiff. Finally, a major concern was the adversarial nature of the panel system.

Under the new mediation system, both parties (plaintiff and respondent) will be required to attend or be represented at a mediation session, handled by a mediation panel consisting of a physician, an attorney, and a citizen appointee. The mediation panel's goal will be to help the parties review the case and agree on a resolution. The panel may call on experts, but neither side may bring in its own experts. Further, in an effort to try to resolve cases in a nonadversarial manner before they develop into litigation, no discovery may be undertaken and no trial, pretrial conference, or scheduling conference may begin until the end of the mediation period.

Beginning September 1, 1986 malpractice cases must go through mediation. From the effective date of the act until September 1, 1986 new cases filed will go to mediation at the parties' option. Cases pending before a panel on the effective date of the Act will be transferred to circuit court but will be given the option of mediation prior to court action.

Service on the mediation panel will no longer be mandatory for physicians, as was service on a Patients Compensation Panel. Instead, physician members of mediation panels will be named from lists, submitted by the State Medical Society, of physicians who are willing to serve as mediators.

All deliberations of the mediation panel will be informal, and will not be admissible in any future court action, since formal rules of evidence and procedure will not be used. However, decisions rendered by a Patients Compensation Panel before the Act's effective date will continue to be admissible in court after the Act's effective date.

Patients Compensation Fund—A number of changes are made to the operation of the Fund and the setting of Fund fees, or assessments, which must be paid by all physicians other than government employees. First, in an effort to restore the "catastrophic coverage" nature of the Fund, the primary insurance requirement will be raised from the current level of $200,000 per occurrence/$600,000 per year to $300,000/$900,000 effective July 1, 1987 and to $400,000/$1,000,000 effective July 1, 1988. The Fund will pay for that portion of an award or settlement in excess of these limits. Second, a surcharge system (also called experience rating) will be established for the Fund, with a Peer Review Council reviewing all paid claims and making recommendations to the Fund Board of Directors regarding those instances where surcharges should be levied, and the amount of the surcharge. The State Medical Society has proposed the adoption of this system for some years.

Third, the act places specific limits on the total the Fund can assess in any given year. The Fund may assess no more than the greatest of the following three: 200% of the total claims dollars paid out in the preceding fiscal year; projected claims to be paid in the upcoming fiscal year; or the prior year's assessments increased or decreased by the percentage change in the medical care component of the Consumer Price Index. Through this and related provisions, the Act seeks to clarify that the Fund is *not* a traditional insurance plan subject to traditional actuarial standards of accounting, but should be operated on a modified "pay-as-you-go" basis with some set-aside for unreported losses. Coupled with the limits on assessments and the move to a higher threshold for Fund coverage, the Fund Board was directed to develop a system of no more than four physician classes, rather than the nine-class system in use for the past several years, for purposes of setting Fund assessments. The new system will continue to reflect differences in risk between the classes in the assignment of assessments to each class.

Finally, the Act clarifies that interest will not be paid on Fund awards except in certain circumstances; clarifies that the Fund is not liable for intentional criminal acts; directs the Fund to allow installment payment of Fund assessments; authorizes the Fund to seek reinsurance or purchase other methods of loss funding management; and requires additional reporting from all medical liability insurers on claims, payments, premiums collected, experience rating practices, reserves, investment gain or loss, and expenses.

Peer review and discipline—The Act expands the powers and duties of the Medical Examining Board (MEB) in several important areas. In addition to the requirement that all paid claims, including settlements, be referred to the MEB (adopted in 1985 as part of the state budget act), the MEB must be notified of any suspension or revocation of hospital privileges related to quality of practice or ability to practice, even if the suspension is for less than 30 days (all suspensions for 30 days or more are already required to be reported to the MEB). Decertification or suspension of a Medicaid provider, if related to fraud or quality of care, must be reported to the MEB, as must any criminal charges related to Medicaid filed against a Medicaid provider. The Medical Examining Board is specifically authorized to utilize physical, mental, or professional competency examinations as part of a Board investigation or as a condition of retaining or regaining a license, and is authorized to place limits on a physician's practice or conduct, or to require additional training, education, or supervision. Last but not least, the Act expands the immunity protections for persons participating in peer review activities, by providing Fund coverage for such activities and stating that persons participating in peer review are immune from prosecution so long as they are acting in good faith; the presumption that they are acting in good faith can only be overcome by a showing of clear and convincing evidence to the contrary.

The years 1987 and 1988 will see further efforts for reform, both in the area of medical malpractice and in terms of liability insurance generally. Issues such as duplication of benefits, where collateral sources

such as disability insurance have paid or will pay some of the costs covered in malpractice awards, were not addressed in this legislation and remain a high priority for legislative action. Act 340, the first attempt at comprehensive malpractice reform in a decade, sets the stage for continued efforts to control the malpractice crisis through legislative reform, through improved peer review and discipline, and through innovative approaches to risk management.

———

Provisions of 1985 Wisconsin Act 340

—Medical Malpractice Reform
(amended version of Engrossed SB 328)

Malpractice awards

- Limits noneconomic damages to $1 million per occurrence. "Noneconomic damages" is defined to include pain and suffering, loss of consortium, society, or companionship, disability and disfigurement, etc. Limit would be adjusted annually according to the Consumer Price Index (CPI) and would sunset on January 1, 1991. No limit would be placed on total awards or on Patients Compensation Fund liability.
- Mandates a reduction of all awards for future economic losses (including medical expenses) to be reduced to "present value" in the absence of a structured settlement. (If an award is made for $1 million in lost wages and expected medical costs over the next 40 years, the *actual* amount received is not $1 million, but the amount necessary today to generate $1 million over 40 years.) This provision would replace mandatory periodic payments of medical expenses and of large awards.

Attorneys' fees

- Limits contingent fees to a maximum of 33⅓% on the first $1 million of an award *or* settlement (25% if defendants stipulate liability within six months of the time the case is filed), and 20% of any amounts recovered in excess of $1 million.

Patients Compensation Fund

- Raises threshold for primary insurance to $300.000/$900,000 as of July 1, 1987 and to $400,000/$1,000,000 as of July 1, 1988.
- Modifies Fund accounting procedures by specifying that beginning in fiscal year 1986–87, total fees assessed plus the Fund's cash surplus (not reserves) may not exceed 200% of total claims paid in the prior fiscal year, or the prior year's assessments increased by the percentage increase in the medical care component of the CIP, or an amount equal to the estimated total claims to be paid in the upcoming fiscal year. (This is substantially similar to the provisions of Engrossed SB 328.)
- Directs the Fund Board of Governors to develop and report back on a system for four physician classes instead of the current nine-class system.
- Requires the establishment of a surcharge system for health care providers; a Peer Review Council would review all paid claims (including claims that do not penetrate the Fund) and make a recommendation to the Fund Board on any surcharge to be levied, within one year of the payment of the claim. The Peer Review Council would consist of three physicians and two others appointed by the Fund Board; the Council chairman is made a non-voting, ex officio member of the Medical Examining Board. The Board of Governors is required to promulgate rules providing for automatic surcharges when an individual provider's experience exceeds a certain number of claims paid or a certain dollar volume, if the Peer Review Council has failed to act within the required one-year period.
- Directs the Fund to allow payment of Fund assessments in installments.
- Excludes Fund coverage for intentional criminal acts.
- Clarifies that no interest shall be paid on Fund awards (including amounts reserved for payment of future medical expenses), except that a judge may order interest in the following cases:
  - —interest for the period between a plaintiff's settlement offer and a judgment, if the defendant rejected the settlement offer, the plaintiff prevailed, and the judgment is greater than or equal to the amount of settlement offer;
  - —interest awarded for the period between verdict and entry of judgment; and
  - —interest awarded for the period from date of entry of judgment to date of payment on an execution of the judgment.
- Authorizes Board of Governors to cede losses to a reinsurer or purchase other methods of loss funding management.
- Requires all medical liability insurers to provide the Commissioner of Insurance with information on all claims, premiums collected, reserves, investment gain or loss, and expenses.
- Requires all medical liability insurers to file reports including information on the insurer's experience rating practices.
- Changes the composition of the Fund Board of Governors by deleting two of the five insurance industry representatives, and adding two additional public members appointed by the Governor, an additional SMS appointee, and an appointee of the Wisconsin Academy of Trial Lawyers. (Any or all of these appointees could be from the insurance industry, but this would not be required.)

Patients Compensation Panel proceedings

- Abolishes Patients Compensation Panels.
- Creates an informal, but mandatory non-binding mediation process, including a prohibition against

the use of expert witnesses by either side (expert testimony could be sought by mediators), a short time frame for mediation, and inadmissibility of any mediation discussions in a subsequent court case. SMS believes this system will be less adversarial, quick, and inexpensive.

Health care provider discipline and peer review

- Requires Medical Examining Board to meet at least 12 times per year.
- Modifies budget act language on MEB investigations of negligence by specifying that only a *unanimous* panel finding of negligence, or a court finding, constitutes conclusive evidence for MEB purposes; a majority panel finding of negligence constitutes presumptive evidence.
- Authorizes MEB to utilize physical, mental, or professional competence examinations as part of a Board investigation or as a condition of retaining or regaining a license.
- Requires that the MEB be notified of suspension or decertification of Medicaid providers, if related to fraud or quality of care.
- Requires that the MEB be notified of criminal charges filed against Medicaid providers (charges related to the Medicaid program).
- Requires that any suspension or revocation of hospital staff privileges, even if for less than 30 days, be reported to the MEB if the suspension or revocation is related to quality of practice or ability to practice.
- Requires reporting to MEB of disciplinary actions taken against a physician by an HMO or PPO.
- Provides immunity for persons participating in peer review activities (creates a statutory presumption that they are acting in good faith which must be overcome by clear and convincing evidence to the contrary).
- Clarifies that MEB may place limits on a physician's practice or conduct, or may require additional training, education, or supervision.
- Clarifies that MEB may grant limited licenses to *new* applicants, and that hospitals may limit staff privileges of *new* staff.
- Authorizes Department of Regulation and Licensing to seek judicial review of a disciplinary decision of the Medical Examining Board.

Coverage by Panels/Fund/Plan

- As of July 1, 1986, removes podiatrists from panel system and Patients Compensation Fund; requires them to carry $1 million/$1 million liability insurance.
- Clarifies coverage for corporations operated for the purpose of providing physicians' or nurse anesthetists' medical services and for partnerships of physicians or nurse anesthetists; expands coverage to include facilities operated in connection with hospitals in providing patient care, diagnosis, or treatment; clarifies that coverage is provided for employees when acting within scope of their employment.
- Directs Board of Governors to study inclusion of HMOs and PPOs in Fund, and report back to the Legislature by January 1987.
- Directs Department of Administration, in consultation with Departments of Justice, Health and Social Services, and Veterans Affairs, and the University of Wisconsin System, to study current provisions governing payment of medical malpractice claims against state employees and report to Joint Finance Committee by March 1, 1987. Study shall include consideration of including state hospitals and employees in panel and Fund; changing state claims limits; requiring state-employed health care providers to individually maintain Fund coverage; and creating a separate appropriation for payment of medical malpractice claims against the state.

Government health care providers

- Lengthens the notice requirements for filing a claim against a government health care provider to 180 days from discovery of an injury (now, 120 days from occurrence).■

ABORTION

Two bills were enacted during the 1985 legislative session addressing the issue of abortion. In 1985, Wisconsin Act 315, which is otherwise legislation revising the laws on vital statistics, there is a reporting requirement to the Department of Health and Social Services for those facilities that perform abortion. The law is as follows:

69.186 Induced abortion reporting. (1) On or before January 15 annually, each hospital, clinic or other facility in which an induced abortion is performed shall file with the department a report for each induced abortion performed in the hospital, clinic or other facility in the previous calendar year. Each report shall contain all of the following information with respect to each patient obtaining an induced abortion in the hospital, clinic or other facility:

(a) The state and, if this state, the county, of residence.

(b) Patient number.

(c) Race.

(d) Age.

(e) Marital status.

(f) Month and year in which the induced abortion was performed.

(g) Education.

(h) The number of weeks since the patient's last menstrual period.

(i) Complications, if any, resulting from performance of the induced abortion.

(2) The department shall collect the information under sub. (1) in a manner which the department shall

specify and which ensures the anonymity of a patient who receives an induced abortion, a health care provider who provides an induced abortion and a hospital, clinic or other facility in which an induced abortion is performed. The department shall publish annual demographic summaries of the information obtained under this section, except that the department may not disclose any information obtained under this section that reveals the identity of any patient, health care provider or hospital, clinic or other facility and shall ensure anonymity in all of the following ways:

(a) The department may use information concerning the patient number under sub. (1) (b) or concerning the identity of a specific reporting hospital, clinic or other facility for purposes of information collection only and may not reproduce or extrapolate this information for any purpose.

(b) The department shall immediately destroy all reports submitted under sub. (1) after information is extrapolated from the reports for use in publishing the annual demographic summary under this subsection.

In 1985, Wisconsin Act 56, which is otherwise intended to reduce both the incidence of unintended teenage pregnancies and the incidence of abortions, there is a consent and notification procedure for providers who perform abortions (s.146.78) and penalty provisions for performing abortions beyond viability of the fetus (s.940.15). These laws are as follows:

146.78 Informed consent for abortions. (1) MEDICAL AND OTHER INFORMATION. Prior to the performance of an abortion otherwise permitted by law, the attending physician or a person who is assisting the attending physician:

(a) Shall verbally provide the pregnant woman with accurate information on each of the following:

1. Whether or not, according to the best judgment of the attending physician or the person who is assisting the attending physician, the woman is pregnant.

2. The number of weeks that have elapsed from the probable time of conception of the woman's fetus or unborn child, based upon the information provided by her as to the time of her last menstrual period, which information shall be provided after a medical history, physical examination and any appropriate laboratory tests have been completed for the woman.

3. The availability of public and private agencies and services to provide the woman with birth control information, including natural family planning information.

4. The availability of public and private agencies and services to assist the woman during pregnancy and after the birth of her child, if she chooses not to have an abortion, regardless of whether she keeps the child or places the child for adoption.

5. If the woman is a minor, the availability of services under s.46.24 to assist a minor contemplating an abortion who wishes to notify a parent or guardian of the contemplated abortion.

6. Any particular risks associated with the woman's pregnancy and the abortion technique to be employed, including at least a general description of the medical instructions it is recommended that she follow subsequent to the abortion to ensure her safe recovery and other information which in the judgment of the attending physician or the person who is assisting the attending physician is relevant to her decision whether to have an abortion or to carry her pregnancy to term.

(b) Shall, if the pregnant woman is a minor, provide her with a copy of the written policy under sub. (5) (a).

(c) May verbally provide the pregnant woman with accurate information on the probable physical characteristics of the fetus or unborn child at the gestational point of development of the fetus or unborn child at the time the abortion is to be performed.

(2) WRITTEN INFORMATION UPON REQUEST. The attending physician or a person who is assisting the attending physician under sub. (1) shall, upon request of the woman receiving information under that subsection provide her with the following written information provided by the county agency under s.46.245:

(a) A list of the public and private agencies and services that are available to provide the woman with birth control information, including natural family planning information.

(b) A list of the public and private agencies and services that are available to assist the woman during pregnancy and after the birth of her child, including adoption agencies and services.

(3) CONSENT STATEMENT. Following the provision of the information required under subs. (1) and (2), the pregnant woman shall, prior to the performance of any abortion, sign a statement acknowledging that she has been provided with that information and stating that she consents, freely and without coercion, to the abortion.

(4) EMERGENCY PROCEDURE. Subsections (1) to (3) do not apply if there is an emergency requiring abortion performance because the continuation of the pregnancy constitutes an immediate threat and a grave risk to the life and health of the woman and if the attending physician so certifies in writing. The written certification shall set forth the nature of the threat or risk and the consequences which would accompany the continuation of the pregnancy. The certification shall be kept with the woman's other medical records which are maintained by the physician in the hospital, clinic or other facility in which the abortion is performed.

(5) PARENTAL NOTIFICATION FOR ABORTION FOR A MINOR. (a) Each hospital, clinic or other facility in which a physician performs an abortion shall have a written policy regarding notification of parents or guardians of minor patients who are seeking an abortion.

(b) A copy of the policy under par. (a) shall be given to each minor patient seeking an abortion.

(c) The policy shall require that the hospital, clinic or other facility personnel strongly encourage the minor patient to consult her parents or guardian regarding

the abortion unless the minor has a valid reason for not doing so or, if the personnel determine that there is a valid reason for the minor patient not to notify the parents or guardian, that the personnel encourage the patient to notify another family member, close family friend, school counselor, social worker or other appropriate person. The policy shall also include the following information:

1. The availability of services under s.46.24 to assist a minor contemplating an abortion who wishes to notify a parent or guardian of the contemplated abortion.

2. That the hospital, clinic or other facility and persons affiliated with the facility may not notify the minor's parent or guardian concerning an abortion performed or to be performed, without the written consent of the minor, as specified in par. (d).

(d) No hospital, clinic or other facility in which abortions are performed and no person affiliated with the hospital, clinic or facility may notify the parent or guardian of a minor concerning an abortion performed or to be performed on a minor without the written consent of the minor.

(e) Each hospital, clinic or other facility in which a physician performs an abortion shall file a copy of the policy under par. (a) annually with the department of health and social services.

(6) INAPPLICABILITY. Section 939.61 (1) does not apply to violations of this section.

940.15 Abortion. (1) In this section, "viability" means that stage of fetal development when, in the medical judgment of the attending physician based on the particular facts of the case before him or her, there is a reasonable likelihood of sustained survival of the fetus outside the womb, with or without artificial support.

(2) Whoever intentionally performs an abortion after the fetus or unborn child reaches viability, as determined by reasonable medical judgment of the woman's attending physician, is guilty of a Class E felony.

(3) Subsection (2) does not apply if the abortion is necessary to preserve the life or health of the woman, as determined by reasonable medical judgment of the woman's attending physician.

(4) Any abortion performed under sub. (3) after viability of the fetus or unborn child, as determined by reasonable medical judgment of the woman's attending physician, shall be performed in a hospital on an inpatient basis.

(5) Whoever intentionally performs an abortion and who is not a physician is guilty of a Class E felony.

(6) Any physician who intentionally performs an abortion under sub. (3) shall use that method of abortion which, of those he or she knows to be available, is in his or her medical judgment most likely to preserve the life and health of the fetus or unborn child. Nothing in this subsection requires a physician performing an abortion to employ a method of abortion which, in his or her medical judgment based on the particular facts of the case before him or her, would increase the risk to the woman. Any physician violating this subsection is guilty of a Class E felony.

(7) Subsections (2) to (6) and s.939.05, 939.30 or 939.31 do not apply to a woman who obtains an abortion that is in violation of this section or otherwise violates this section with respect to her unborn child or fetus.■

LIVING WILLS—Natural Death Act

Modifications to the "living will" were made through the enactment of the 1985 Wisconsin Act 199. Among the changes was the repeal of the controversial provision which required physician determination that death would occur within 30 days before a living will could be effective. This provision was replaced with a standard of physician determination that death is imminent. For more details on the natural death law, a copy of a living will is printed elsewhere in this issue. ■

REQUIRED REQUEST

Effective July 1, 1986, 1985 Wisconsin Act 286 will require hospitals to have established policies for requesting consent of family members for organ donations. The request policy is required when a patient who is a suitable donor (based on accepted medical standards) dies in the hospital. The law's primary intent is to increase the supply of organs available for transplantation. The law is as follows:

155.06 (2m) HOSPITAL POLICY. (a) Each hospital shall have a policy based on accepted medical standards that requires, except as provided in par. (b), when a patient who is a suitable candidate for the gift of all or part of his or her body dies in the hospital, that the persons specified in sub. (2) (b) in the order and according to the procedure stated in sub. (2) (b) be requested to consider consenting to the gift of all or any part of the decedent's body, which has not already been given under sub. (2), for the purposes specified in sub. (3).

(b) The policy required under par. (a) does not have to require a request to consider consenting to a gift if the hospital has actual notice of contrary indications by the decedent or actual notice that a gift by a member of a class is opposed by a member of the same or a prior class under sub. (2) (b).

(c) If a gift is requested under par. (a), the hospital shall include in the decedent's medical records a statement that a request to consider consent to an anatomical gift has been made and the name of the person of whom the request is made, the person's relationship to the decedent and whether the person consented to or refused the request.

SECTION 2. **Effective date.** This act takes effect on July 1, 1986.■

DEATH CERTIFICATES

Effective November 1, 1986, the medical certifications which must accompany death certificates will have an extended time period before they must be completed. Under 1985 Wisconsin Act 315, physicians must complete and sign the medical certification and mail it to the funeral director or other person in charge of disposition within five days after death, or within six days if delivered. Physicians who fail to complete and return the medical certifications within 21 days, or who fail at least six times in six months to complete and return the medical certification within the required six days after death, are reportable to the Medical Examining Board. Such reports are allegations of unprofessional conduct.

Current law requires the medical certification to be completed and returned within 24 hours. The short time period is necessitated by the current requirement that a completed death certificate precede receipt of a burial permit. Under the new law, a completed death certificate is not required in order to dispose of the body. However, if the death is subject to coroner or medical examiner determination, written permission is required before a funeral director may embalm or dispose of the body.■

BONE MARROW DONORS

In passage of 1985 Wisconsin Act 50, a new consent procedure is required whenever a minor donates bone marrow to a brother or sister. For minors under 12 years of age, information or determination must be disclosed to parents or guardians by the physician who will remove the bone marrow, by the physician of the brother or sister, by a physician who has examined the minor, and by a psychiatrist or psychologist. Minors 12 years of age or older may give their written consent after evaluation by a psychiatrist or psychologist and after being provided information by the physician who will remove the bone marrow. For more information, contact the State Medical Society office.■

Child abuse and neglect: The law—explanation and implication

WISCONSIN WAS ONE of the first states in the nation to enact a statute that required the reporting of suspected child abuse.

The reporting of either a suspected or blatant case of child abuse becomes a necessity in order to protect the child. The physician does not become the accuser, but merely a facilitator for the protection of the child. When reporting the case, if the physician feels comfortable in aiding the treatment and follow-up, he may wish to offer his services. In a majority of the cases, the Child Protection Services will then work with the physician to ensure ongoing treatment and rehabilitation.

But reporting is only a part of the solution to the problem of child abuse. Greater role specificity of the many professionals involved is needed. Professionals also must come to grips with society's conflicts between intervening to protect the child on the one hand and upholding the sanctity of the family and its privacy on the other.

Under the new law relating to reporting of child abuse and neglect (1983 Wisconsin Act 172; see *WMJ*, February 1985, for copy of entire Act), the definition of child abuse was expanded to include:

1. Violating s. 940.203, Stats., relating to *sexual exploitation* of children;
2. Permitting or requiring a child to violate s. 944.30, Stats., relating to *prostitution;* and
3. Covering "emotional damage," which is defined to mean harm to a child's psychological or intellectual functioning:
   (a) which is exhibited by severe anxiety, depression, withdrawal or a combination of those behaviors;
   (b) which is caused by the child's parent, guardian, legal custodian or other person exercising temporary or permanent control over the child; and
   (c) for which the child's parent, guardian or legal custodian has failed to obtain the treatment necessary to remedy the harm.

The Act specifies that "emotional damage" may be demonstrated by a substantial and observable change in behavior, emotional response or cognition that is not within the normal range for the child's age and state of development.

Under prior law, those persons required by statute to report child abuse had to report only if they had "reasonable cause to suspect" that a child, seen in the course of professional duties, had been abused. The Act provides that persons required to report must also report situations in which they have *reason* to believe that a child seen, in the course of professional duties, has been threatened with injury and that abuse of the child will occur. The inclusion of

threatened abuse expands the number of situations in which a report is required.

The issue of responsibility to report cases of known, nonincestual sexual intercourse is, at best, a gray area. According to L Edward Stengel, President of the Wisconsin District Attorneys Association, physicians should use their best judgment when assessing these cases. There is no clear-cut, definitive answer to this highly controversial issue, and concerned and interested physicians should work toward the possibility of statutory clarification and change.

The penalty for a person who wilfully fails to file a required report ranges from a fine of not more than $100 or imprisonment for not more than six months, or both, to a fine of not more than $1000 or imprisonment for not more than six months, or both.

Under prior law, any person or institution participating in good faith in the making of a report, ordering or taking of photographs, or ordering or performing medical examinations of a child under the child abuse and neglect statute is immune from any liability, civil or criminal, that results by reason of the action. The Act expands this immunity provision to include any person or institution conducting an investigation under the child abuse and neglect statute.

Any person who makes a report in good faith is protected in the statute. But there is also the protection of confidentiality. (s.48.981)(7)(a) The source of a report remains confidential, except in the very rare cases when prevention and intervention prove unsuccessful and a court hearing requires the mandated reporter to testify. The report is also subject to criminal defense discovery, if so indicated.

While mandated reporters may remain anonymous, it is recommended that they identify themselves, not only to authorities when making the report but also to the victim (to assure that the physician is there to help).

If a physician fails to report a suspected or blatant case of child abuse, he not only places the child in danger of more serious harm but also the foundation on which a legal case against the offender rests becomes tenuous. Physical evidence is generally unavailable and the case more often than not rests solely on the child's testimony. The physician may believe that he is helping the situation by agreeing to not report and by attempting to treat the victim and offender, but he may in fact diminish the ability to adequately ensure that the offender will continue therapy and/or the offense will not happen again.

An Ad Hoc Committee on Child Abuse was recently initiated by the State Medical Society of Wisconsin's Committee on Mental Health and various specialties are presented. Major goals of the Committee are to:

- aid the physician, through educational materials and lecture sessions, in diagnosis, reporting, and followup of cases of child abuse;
- develop a generic protocol for physicians to follow in suspected or blatant cases of abuse occurring in children;
- develop a liaison between social service departments, law enforcement, and healthcare providers, to better understand, identify, and work with both victim and offender, and aid in rehabilitation; and
- conduct an educational meeting on child abuse. The session could be done as a panel discussion with a question and answer period. Materials and information arising from this meeting would be distributed to interested individuals.■

"LIVING WILL" FORM

DOH 0060 (Rev. 5/86)
s. 154.03 (1), (2)

Effective Date
April 22, 1986

PLEASE BE SURE YOU READ AND UNDERSTAND THE INFORMATION ON THE BACK BEFORE COMPLETING DECLARATION

DECLARATION TO PHYSICIANS

Declaration made this _____ day of _____ (month), _____ (year).

1. I, _____, being of sound mind, wilfully and voluntarily state my desire that my dying may not be artificially prolonged if I have an incurable injury or illness certified to be a terminal condition by 2 physicians who have personally examined me, one of whom is my attending physician, and if the physicians have determined that my death is imminent, so that the application of life-sustaining procedures would serve only to prolong artificially the dying process. Under these circumstances, I direct that life-sustaining procedures be withheld or withdrawn and that I be permitted to die naturally, with only: a. The continuation of nutritional support and fluid maintenance; and b. The alleviation of pain by administering medication or other medical procedure.

2. If I am unable to give directions regarding the use of life-sustaining procedures, I intend that my family and physician honor this declaration as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences from this refusal.

3. If I have been diagnosed as pregnant and my physician knows of this diagnosis, this declaration has no effect during the course of my pregnancy.

4. This declaration takes effect immediately.

I understand this declaration and I am emotionally and mentally competent to make this declaration.

Signed _____

Address _____

I know the declarant personally and I believe him or her to be of sound mind. I am not related to the declarant by blood or marriage, and am not entitled to any portion of the declarant's estate under any will of the declarant. I am neither the declarant's attending physician, the attending nurse, the attending medical staff nor an employe of the attending physician or of the inpatient health care facility in which the declarant may be a patient and I have no claim against the declarant's estate at this time, except that, if I am not a health care provider who is involved in the medical care of the declarant, I may be an employe of the inpatient health care facility regardless of whether or not the facility may have a claim against the estate of the declarant.

Witness _____

Witness _____

This declaration is executed as provided in chapter 154, Wisconsin Statutes.

Note: This blank form may be duplicated.

A. Definitions.

(1) "Attending physician" means a physician licensed under ch. 448 who has primary responsibility for the treatment and care of the patient.

(2) "Declaration" means a written, witnessed document voluntarily executed by the declarant under chapter 154, Wisconsin Statutes, but is not limited in form or substance to that provided in ch. 154. *Only the original declaration is a valid instrument.*

(3) "Health care professional" means a person licensed, certified or registered under ch. 441, 448 or 455.

(4) "Inpatient health care facility" has the meaning provided under s. 140.86 (1) and includes community-based residential facilities, as defined in s. 50.01 (1).

(5) "Life-sustaining procedure" means any medical procedure or intervention that, in the judgment of the attending physician, would serve only to prolong the dying process but not avert death when applied to a qualified patient. "Life-sustaining procedure" includes assistance in respiration, artificial maintenance of blood pressure and heart rate, blood transfusion, kidney dialysis and other similar procedures, but does *not* include:

(a) The alleviation of pain by administering medication or by performing any medical procedure.

(b) The provision of fluid maintenance and nutritional support.

(6) "Qualified patient" means a declarant who has been diagnosed and certified in writing to be afflicted with a terminal condition by 2 physicians, one of whom is the attending physician, who have personally examined the declarant.

(7) "Terminal condition" means an incurable condition caused by injury or illness that reasonable medical judgment finds would cause death imminently, so that the application of life-sustaining procedures serves only to postpone the moment of death.

B. Who May Sign A Declaration

Any person 18 years of age or older and of sound mind may voluntarily execute a declaration authorizing the withholding or withdrawal of life-sustaining procedures when the person is in a terminal condition.

C. Effective Date

This declaration takes effect immediately.

D. Procedures For Signing Declarations

A declaration must be signed by the declarant in the presence of 2 witnesses.

If the declarant is physically unable to sign the declaration, the declaration must be signed in the declarant's name by one of the witnesses or some other person at the declarant's express direction and in his or her presence. Such a proxy signing shall either take place or be acknowledged by the declarant in the presence of 2 witnesses.

The declarant is responsible for notifying his or her attending physician of the existence of the declaration. An attending physician who is so notified shall make the original declaration a part of the declarant's medical records.

E. Restrictions on Witnesses

Witnesses to the signing of a declaration may *not*:

1) Be related to the declarant by blood or marriage.
2) Be entitled to any portion of the estate of the declarant upon his or her decease under any will of the declarant.
3) Be the attending physician, the attending nurse or the attending medical staff, an employe of the attending physician or an employe of the inpatient health care facility in which the declarant is a patient who is a health care provider under s. 146.81 (1) and is involved in the medical care of that patient, or have a claim against any portion of the estate of the declarant upon his or her death at the time of the execution of the declaration.

F. Revocation of Declaration

A declaration may be revoked at any time by the declarant by any of the following methods:

1) By being canceled, defaced, obliterated, burned, torn or otherwise destroyed by the declarant or by some person who is directed by the declarant and who acts in the presence of the declarant.
2) By a written revocation of the declarant expressing the intent to revoke, signed and dated by the declarant.
3) By a verbal expression by the declarant of his or her intent to revoke the declaration, but only if the declarant or a person acting on behalf of the declarant notifies the attending physician of the revocation.

The attending physician shall record in the declarant's medical records the time, date and place of the revocation and time, date and place, if different, that he or she was notified of the revocation.

G. Effect of Declaration

The desires of a qualified patient who is competent supersede the effect of the declaration at all times. If a qualified patient is incompetent at the time of the decision to withhold or withdraw life-sustaining procedures, a declaration, properly executed, is presumed to be valid.

The declaration of a qualified patient who is diagnosed as pregnant by the attending physician has no effect during the course of the pregnancy.

In the absence of actual notice to the contrary, a physician or inpatient health care facility may presume that a person who executed a declaration was of sound mind at the time.

H. Liabilities

No physician, inpatient health care facility or health care professional acting under the direction of a physician may be held criminally or civilly liable, or charged with unprofessional conduct, for any of the following:

1) Participating in the withholding or withdrawal of life-sustaining procedures under ch. 154.
2) Failing to act upon a revocation unless the person or facility has actual knowledge of the revocation.
3) Failing to comply with a declaration, except that failure by a physician to comply with a declaration of a qualified patient constitutes unprofessional conduct if the physician refuses or fails to make a good faith attempt to transfer the patient to another physician who will comply with the declaration.

I. General Provisions

SUICIDE. The withholding or withdrawal of life-sustaining procedures in accordance with Ch. 154 does not, for any purpose, constitute suicide. Execution of a declaration does not, for any purpose, constitute attempted suicide.

LIFE INSURANCE. Execution of a declaration under Ch. 154 may not be used to impair in any manner the procurement of any policy of life insurance. No policy of life insurance may be impaired in any manner by the withholding or withdrawal of life-sustaining procedures from an insured qualified patient.

HEALTH INSURANCE. No person may be required to execute a declaration as a condition prior to being insured for, or receiving, health care services.

Division of Health, P.O. Box 309, Madison, WI 53701

State Medical Society Legislative Box Score

Bill	SMS Position	Assembly	Senate	Governor
SB 7 (Seat Belts): Requires use of seat belts in motor vehicles required by law to be so equipped.	Support	Died in Cmte	Passed (24-8)	
SB 58, SB 257, & AB 74 (State Employee Medical Malpractice): Removes the 120-day statute of limitation for filing a claim of medical malpractice against a state officer, employee or agent. Existing statute of limitations concerning private sector medical malpractice would apply instead. (This change was also incorporated in the medical malpractice reform legislation—SB 328.)	Support	AB 74 Died in Cmte	SB 58 & SB 257 Died in Cmte	
SB 87 (Drug Paraphernalia): Restricts sale, use, possession, and advertising of drug paraphernalia.	Support		Died in Cmte	
SB 134 (FAS Pamphlets): Requires county clerks to distribute pamphlets describing the causes and effects of fetal alcohol syndrome to persons issued marriage licenses.	Support	Passed (89-10)	Passed (Voice Vote)	Signed Act 19
SB 158 (Uniform Alcohol Sales): Prohibits establishments from selling beer and liquor for off premise consumption between the hours of 9:00 p.m. and 8:00 a.m.	Support		Died in Cmte	
SB 195 & AB 835 (Drinking Age): Increases minimum age for procurement, possession, and consumption of alcoholic beverages from 19 to 21.	Support	AB 835 Died in Cmte	SB 195 Died in Cmte	
SB 198 (Abuse Program Funding): Provides additional funding to existing abuse prevention programs (child, domestic, and teenage alcohol) through an increase in the beer tax.	Support		Died in Cmte	
SB 214 & AB 527 (School Bus Seat Belts): Requires school buses manufactured after January 1, 1987, to be equipped with seat belts (SMS position includes required use.)	Support	AB 527 Died in Cmte	SB 214 Died in Cmte	
SB 219 (Pituitary Gland Removal): Authorizes a coroner's physician or medical examiner to remove the pituitary gland at a lawfully performed autopsy and transmit to the National Hormone and Pituitary Program.	Support	Passed (Voice Vote)	Passed (Voice Vote)	Signed Act 93
SB 253 & SB 291 (Joint and Several Liability): Provides that each defendant found liable in a tort action is only responsible to pay that portion of an award which corresponds with the defendant's percentage of negligence. Currently, each defendant is jointly and severally responsible for assuring the entire award is paid to the plaintiff.	Support		Died in Cmte	
SB 281 (Reporting Birth Defects or Disabilities): Creates a Birth and Developmental Monitoring Program within DHSS. Physicians are required to report to the Department birth defects or developmental disability within 30 days of a suspected, confirmed, or updated diagnosis in children up to age six.	Oppose		Died in Cmte	
SB 283 (Sickle Cell Disease): Adds sickle cell disease and other hemoglobinopathys to the required newborn testing law. Creates a Council on Biochemical Screening. *(Difference in Assembly and Senate version not resolved.)	Oppose	Passed as Amended (Voice Vote)	Passed (27-6) *(Bill Died)	

Bill	SMS Position	Assembly	Senate	Governor
SB 285 (Pharmacy Practice): Repeals and recreates the statutes governing the practice of pharmacy. Included a provision authorizing pharmacists to monitor, initiate, administer, or modify drug therapy in accordance with written protocols between a pharmacist and physician.	Opposed expansion of practice provision	Passed	Expansion of practice provision deleted by Amdmnt Bill passed	Signed Act 146
SB 287 (Administrative Revocation): Establishes an administrative revocation procedure within the Department of Transportation for certain violations related to drinking and driving.	Support		Died in Cmte	
SB 320 (Smoking-Induced Diseases): Authorizes a family member of a person who dies as a result of cigarette-induced lung cancer or emphysema to bring a wrongful death action against a cigarette producer.	Oppose		Died in Cmte	
SB 328 (Medical Liability Reform): Makes various changes in the laws governing medical malpractice proceedings including placing a cap on awards.	Support	Died in Cmte	Passed (26-7)	
SB 345 (Regulation and Licensing): Makes various changes within the Department of Regulation and Licensing including requiring 50% public membership on all examining boards, authorizing the Department to commence or close disciplinary proceedings without examining board approval, and authorizing the Department to appeal examining board decisions. (Few of the changes remained after action in each House—*Difference in Assembly and Senate version not resolved.)	Oppose in part	Passed as Amended (62-34)	Passed (Voice Vote) *Bill Died	
SB 350, AB 311, & AB 661 (Mental Health Commitment): Creates an additional standard for involuntary mental health commitment based on a patient's need for treatment and probability that the patient will suffer further deterioration unless treatment is provided.	Support	AB 311 & AB 661 Died in Cmte	SB 350 Died in Cmte	
SB 352 (Child Abuse/Medical Records): Authorizes health care providers, in cases of suspected or alleged child abuse, to disclose health care records to county welfare or law enforcement agencies upon initiating contact and without receiving a request for release of the information from the agency.	Support	Passed (Voice Vote)	Passed (Voice Vote)	Signed Act 241
SB 369 & AB 721 (Midwives): Directs the Department of Regulation and Licensing to license as a midwife any person who is at least 18 years old, is a high school graduate or equivalent, meets certain practice requirements and educational prerequisites, and passes an examination.	Oppose	AB 721 Died in Cmte	SB 369 Died in Cmte	
SB 372 (CME): Eliminates the biennial continuing medical education requirements for physicians.	Oppose		Died in Cmte	
SB 388 (Required Request for Organ Donation): Requires hospitals to establish a system of requesting consent of family members for organ donation when a deceased patient is a suitable donor.	Support	Passed (Voice Vote)	Passed (Voice Vote)	Signed Act 286

Bill	SMS Position	Assembly	Senate	Governor
SB 416 (Pharmacists HMO Participation): Extends permanently an existing law requiring HMOs to provide open participation to pharmacists and, in addition, requires the HMO to pay pharmacists based on the area's prevailing rates.	Oppose		Died in Cmte	
SB 433 & AB 91 (Health Insurance Mandates): Requires a legislator, who introduces a bill which mandates coverage of provider groups or services in health care contracts or plans, to submit a social and financial impact report to the legislative committee of referral.	Support	AB 91 Died in Cmte	SB 433 Died in Cmte	
SB 447 (Brain Injury Services): Expands the statutory definition of developmentally disabled to include a separate definition of brain injury and promotes care of such persons through community-based services (County s.51.437 Boards).	Monitor	Passed (Voice Vote)	Passed (27-6)	Signed Act 307
SB 502 (Pharmacists HMO Participation): Rolls back the sunset on the current HMO open panel provisions for pharmacists from July 1, 1988, to July 1, 1986.	Support		Died in Cmte	
SB 516 & AB 806 (Dental Hygienists): Authorizes dental hygienists to practice under the general supervision of a dentist, rather than under direct supervision.	Oppose	AB 806 Died in Cmte	SB 516 Died in Cmte	
SB 562 (Gastric Bypass): Prohibits Medicaid reimbursement of gastric bypass or gastric stapling surgery unless it is performed because of medical emergency.	Oppose	Passed (Voice Vote)	Passed (Voice Vote)	Signed Act 253
SB 563 (HTLV-III Test Disclosure): Expands the list of persons authorized to receive results of tests performed for determining the presence of the antibody to the AIDS virus to include EMTs, paramedics, law enforcement officers, jailers, and correction officers.	Oppose		Died in Cmte	
SB 581 (Congenital Disorders): Replaces the disease descriptive "metabolic" with "congenital" in those statutes relating to requiring newborns to be tested for certain diseases.	Support	Passed (Voice Vote)	Passed (32-1)	Signed Act 255
SB 587 (Child Abuse Reporting): Makes an exception to the child abuse reporting requirements to assure that minors may receive confidential health care services in the areas of family planning, pregnancy testing, reproductive and obstetrical health care, and sexually transmitted diseases. Current law specifies that health care professionals who have knowledge or suspicion of sexual intercourse or sexual contact involving a minor under 16 must report the act as an allegation of child abuse.	Support	Died in Cmte	Passed (Voice Vote)	
SB 597 (Sexual Assault Treatment): Prohibits HMOs and PPOs from requiring referrals in order for an enrollee to obtain covered health care services from a DHSS designated sexual assault treatment center.	Monitor		Died in Cmte	
SB 598 (School Bus Operator Medical Standards): Prohibits the Department of Transportation from enforcing an administrative rule establishing medical standards for school bus drivers if the license applicant is determined to be medically acceptable as a result of physical examinations from three different physicians.	Oppose		Died in Cmte	

Bill	SMS Position	Assembly	Senate	Governor
SB 606 (Contingency Fees): Establishes the following sliding scale on attorneys who accept cases on a contingency fee basis: Awards up to $250,000—33⅓%, the next $750,000—20%, any additional amounts—10%.	Support		Died in Cmte	
SB 619 (Pain and Suffering): Limits amount of recovery in civil actions to no more than $250,000 for damages relating to pain and suffering. (For medical malpractice actions, this provision was incorporated into SB 328 prior to passage by the Senate.)	Support		Died in Cmte	
SB 629 (Panel Members): Requires employers to grant a leave of absence, without loss of seniority, for service on Patients Compensation Panels. Prohibits employers from basing employee discharge or discipline due to absence for panel service. (This provision was incorporated in SB 328 prior to passage by the Senate.)	Support		Died in Cmte	
AB 71 (Wrongful Death): Authorizes any child of the deceased to be awarded loss of society and companionship damages in wrongful death actions. Current law restricts those awards to dependent children.	Oppose	Passed (91-7)	Passed (Voice Vote)	Signed Act 130
AB 76 (Involuntary Commitment): Makes a number of procedural modifications to laws governing mental health involuntary commitment.	Support	Passed (Voice Vote)	Passed (Voice Vote)	Signed Act 139
AB 85 (Hospital Rate-Setting Commission—HRSC): Retains the HRSC, but exempts from rate-setting those hospitals with annual revenues less than $10 million if the rate increase is less than the hospital market basket and consumer price indexes. Sunsets HRSC July 1, 1987. Requires a Legislative Council study on rate-setting with recommendations due January 1, 1987.	Support repeal OF HRSC	Passed	Passed	Signed Act 29
AB 85 (Capital Expenditure Review—CER): Increases the threshold amount for reviewable projects from $600,000 to $1,000,000 ($1,500,000 for hospital conversions and renovation). Reviews for expansion of services are limited to transplant programs, burn centers, neonatal intensive care programs, air transport services, and the addition of psychiatric or chemical dependency beds. Places a 3-year moratorium on new hospital beds. Sunsets CER program July 1, 1989.	Support repeal of CER	Passed	Passed	Signed Act 29
AB 85 (Mandated Mental Health Benefit): Increases required insurance coverage for outpatient mental health and AODA treatment from $500 to $1,000 and requires inpatient coverage to include the lesser of 30 days or $7,000. Provides that psychiatrists and psychologists are eligible for the insurance reimbursement, thus exempting them from current "certified clinic" standards. Places a moratorium on new outpatient clinics. Requires a study on the mandated coverage.	Mixed	Passed	Passed	Signed Act 29
AB 85 (Health Care for Uninsured): Requires DHSS to develop pilot projects in three geographic areas to provide health coverage to low-income, uninsured persons and subjects the plans to Joint Committee on Finance for approval. Provides funding for Primary Care Program (modeled on the ShareCare Program) to continue health care services in areas of high unemployment.	Support	Passed	Passed	Signed Act 29

Bill	SMS Position	Assembly	Senate	Governor
AB 85 (Graduate Medical Education—GME): Provides for a study to develop proposals on funding GME in Wisconsin.	Monitor	Passed	Passed	Signed Act 29
AB 85 (Medical Liability Reporting): Effective February 15, 1986, and thereafter, requires medical malpractice insurers and the Patients Compensation Fund to report monthly to the Medical Examining Board on claims paid the previous month for damages arising out of the rendering of health care services by a provider.	Support	Passed	Passed	Signed Act 29
AB 85 (Chiropractic Coverage): Mandates a minimum coverage of 28 chiropractic visits per year in health insurance contracts, HMOs, and PPOs.	Oppose	Passed	Passed	Vetoed
AB 112 (Overdue Insurance Claims): Waives insurance company interest payments on overdue claims if the amount of interest due is less than $2.	Oppose	Died in Cmte		
AB 175 (Regulation of Fireworks): Authorizes immediate access to firework devices and authorizes additional types of fireworks legal for sale.	Oppose	Died in Cmte		
AB 194 (Medical Malpractice Venue): Reinstates the authorization for medical malpractice circuit court actions to occur in the county where the claimant resides. Under current law, place of trial is the county where the Patients Compensation Panel held its hearing.	Monitor	Passed (99-0)	Passed (Voice Vote)	Signed Act 99
AB 196 (Cigarette Sale to Minors): Prohibits the sale of tobacco products to minors.	Support	Died in Cmte		
AB 246 (Overdue Insurance Claims): Waives insurance company interest payments on overdue claims if the amount of interest due is less than $5. Also, extends time limit before a claim is overdue from 30 days to 30 business days.	Oppose	Died in Cmte		
AB 252 (Living Wills): Repeals the standard that death must occur within 30 days before a living will is effective and replaces it with a standard that death must be imminent. Modifies the prohibition against withholding nutritional support and fluid maintenance to prohibit it only when necessary to maintain the comfort of the dying patient. (The latter provision was defeated by the Assembly, so the bill reverts to the strict prohibition in current law. SMS opposed that action.)	Support both provisions	Passed (Voice Vote)	Passed (Voice Vote)	Signed Act 199
AB 256 (PT Practice): Authorizes physical therapists to evaluate and treat patients without the referral from a physician, dentist, or podiatrist. (The bill was substantially revised by Assembly action. As approved, the bill exempts referral in the performance of in-school multidisciplinary team evaluation of children with special education needs, and under care provided within home health agencies and nursing homes pursuant to approved plans of care. SMS did not object to the bill as revised.)	Oppose	Passed (83-15)	Passed (Voice Vote)	Signed Act 290

Bill	SMS Position	Assembly	Senate	Governor
AB 264 (Physician License): Prohibits the Medical Examining Board from imposing place of practice limitations on a certain physician. (This provision was passed in the biennial budget bill—AB 85.)	Oppose	Died in Cmte		
AB 344 (Chiropractor Coverage): Requires coverage of chiropractic services under health insurance, HMOs, and PPOs.	Oppose	Died in Cmte		
AB 353 (Heimlich Maneuver): Requires school boards to ensure that certain school personnel are trained in the application of the Heimlich Maneuver.	Support	Died in Cmte		
AB 361 (Local Aid for Public Health): Provides funding of up to $3 per resident to local governments to assist public health services.	Support	Died in Cmte		
AB 427 (Vital Statistics): Modifies the laws on vital statistics including the responsibilities for filing birth certificates and the medical certification accompanying the death certificate. Also creates a reporting requirement for abortions.	Support	Passed (Voice Vote)	Passed (Voice Vote)	Signed Act 315
AB 470 (Respiratory Therapists): Provides for the certification and regulation of respiratory care practitioners and creates a definition of respiratory care.	Support	Died in Cmte		
AB 471 (Capital Expenditure Review—CER): Changes the effective date of the increased threshold amounts for reviewable projects enacted by the budget bill (AB 85) from July 1, 1986, to January 1, 1986. Makes minor modifications to laws relating to forfeitures for project cost overruns, financing for projects, and hospital acquisitions by another hospital.	Support	Passed (Voice Vote)	Passed (Voice Vote)	Signed Act 72
AB 481 (Minor Bone Marrow Donation): Establishes a consent procedure under which a minor may donate bone marrow to a brother or sister.	Support	Passed (Voice Vote)	Passed (Voice Vote)	Signed Act 50
AB 487 (AIDS): Modifies language enacted by the budget bill (AB 85) to authorize disclosure of HTLV-III antibody test results to the person's health care provider, their employers or agents involved in patient care or in handling or processing specimens of bodily fluids or tissues. Positive test results are reportable to the state epidemiologist.	Support	Passed (96-1)	Passed (32-0)	Signed Act 73
AB 493 (Mental Health Act): Changes the title of the Mental Health Act (Chapter 51, Wis. Stats.) to the State Alcohol, Drug Abuse, Developmental Disabilities, and Mental Health Act.	Support	Passed (Voice Vote)	Passed (Voice Vote)	Signed Act 264
AB 494 (Alcoholism): Revises the statutory definition of alcoholism to be consistent with the definition recommended by the AMA and World Health Organization.	Support	Passed (Voice Vote)	Passed (Voice Vote)	Signed Act 265
AB 510 (Pregnancy Options): Establishes a multifaceted program to address the issues of adolescent pregnancy prevention and adolescent pregnancy services. The bill includes consent and notification requirements for physicians who perform abortions and for the facilities where abortions are performed.	Monitor	Passed (98-0)	Passed (33-0)	Signed Act 56

Bill	SMS Position	Assembly	Senate	Governor
AB 584 (Metabolic Disorders): Requires newborns to be tested for certain metabolic disorders within one week of birth. Current law requires the test prior to discharge from the hospital.	Oppose	Died in Cmte		
AB 625 (Cardiac Surgery): Removes cardiac catheterization and surgery from the list of reviewable services under the Capital Expenditure Review program.	Support	Passed (55-42)	Passed (Voice Vote)	Vetoed
AB 640 (Lab Reports): Authorizes hospital lab reports to be admissable as evidence in a preliminary hearing for a criminal action. Currently, only State Crime Lab, Lab of Hygiene and local health department lab reports are admissable.	Support	Passed (Voice Vote)	Passed (Voice Vote)	Signed Act 267
AB 645 (Contraceptives): Authorizes non-prescription contraceptives to be dispensed by persons other than pharmacists, physicians, and nurses. (This provision was incorporated in the pharmacy bill, SB 285, prior to passage.)	Support	Died in Cmte		
AB 673 (MA Penalties): Redefines penalties for charging Medicaid (MA) patients in excess of existing rates or charging patients for covered benefits instead of obtaining MA payments. Current law prohibits "knowingly" and "willfully" charging the patient. This bill provides the penalty if such charges are "knowingly" imposed. In addition, the bill establishes forfeitures for persons who knowingly make false statements for receipt of MA benefits or payment.	Support	Passed (Voice Vote)	Passed (Voice Vote)	Signed Act 269
AB 762 (Anatomical Donors): Authorizes persons, when applying for or renewing a driver's license, to include their name on a list of potential anatomical donors maintained by the Department of Transportation.	Monitor	Passed (Voice Vote)	Passed (Voice Vote)	Signed Act 227
AB 770 (Immunization): Makes a series of revisions to the immunization laws for school-age children, including: allows parents rather than the school to remove unimmunized children from school during a substantial outbreak, requires DPI or other agency to publicize the immunization program as a voluntary program, and requires DHSS to do a report on the adverse reactions of immunization and report annually to the Legislature.	Oppose	Died in Cmte		
AB 776 (Therapist/Patient Sexual Exploitation): Expands an existing law prohibiting sexual contact between therapists and psychotherapy patients by adding new types of providers, increasing the penalties, extending the statute of limitations, and applying the crime whether or not the sexual contact occurred during treatment or examination.	Mixed	Passed (92-3)	Passed (Voice Vote)	Signed Act 275
AB 784 (Fetal Monitoring): Requires health care records to include a record of fetal monitoring tracings, if any, obtained during the birth of the patient.	Pending	Died in Cmte		
AB 788 (Boxing): Lowers the age a person may begin amateur boxing from age 16 to age 10.	Oppose	Died in Cmte		
AB 791 (Emergency Detention): Extends to physicians and psychologists the same emergency detention powers as law enforcement and juvenile court workers for persons in need of mental health treatment.	Monitor	Died in Cmte		

Bill	SMS Position	Assembly	Senate	Governor
AB 584 (Sale of Organs): Prohibits engaging in knowing acquisition, receipt, or other transfer for valuable consideration of a human organ for use in human transplantation.	Support	Passed (Voice Vote)	Died on Calendar	
AB 883 (Medical Liability Reform): Makes various changes in the laws governing medical malpractice proceedings including placing a cap on awards. (Companion bill to SB 328.)	Support	Died in Cmte		
AB 958 (Mental Health and AODA Services): Requires psychiatric treatment of mental disease, alcoholism, and other drug abuse to be subject to the same coverage provisions as other types of illness under health insurance, HMOs, and PPOs.	Monitor	Died in Cmte		

Governor Earl signs medical malpractice law June 12

Present at the signing of the medical malpractice reform law June 12 in Milwaukee were, left to right (above), front row: Kenneth M Viste Jr, MD, Oshkosh, president-elect of SMS; Timothy J Aiken, Milwaukee, attorney and president of the Wisconsin Academy of Trial Lawyers; Governor Anthony Earl, Madison; John P Mullooly, MD, Milwaukee, president of the State Medical Society of Wisconsin; Ted M Warshafsky, Milwaukee, attorney; and left to right, back row: Representative Peggy A Rosenzweig (R), Wauwatosa; Representative Thomas Hauke (D), West Allis; Senator Jerome Van Sistine (D), Green Bay; Representative Joseph Wimmer (R), Waukesha.

FRONT COVER PHOTO: Left to right, front row: Doctor Viste, Attorney Aiken, Governor Earl, and Doctor Mullooly; left to right, back row: Rep Rosenzweig, Rep Hauke, Sen Van Sistine, and Rep Wimmer.

Others attending the signing (at left): Chairman of the Board of Directors of SMS Darold A Treffert, MD, Fond du Lac; SMS Director Cyril M Hetsko, MD, Madison; Theresa M Hottenroth, Governmental Affairs Coordinator of SMS; Governor Earl; John Keggi, Medical Student Representative to the SMS Board of Directors, UW-Madison; Earl R Thayer, secretary of the SMS (standing); and SMS President-elect Kenneth M Viste Jr, MD, Oshkosh (seated). ■

Physician Support Group

The physicians of the State Medical Society, in April 1986, formed a Physician Support Group to provide:

- emotional support,
- helpful information,
- an opportunity for physicians and spouses experiencing the anxiety of a malpractice suit to share their feelings with sympathetic listeners.

This panel will be composed of concerned physicians and spouses who have been through the experience and are willing to be available on an individual basis to provide confidential assistance to anyone who may request it.

The Physician Support Group is actively seeking physicians interested in providing support to their peers through this Group. The program is not intended to deal with the merits or detractions of any specific "malpractice" case. The purpose is to provide necessary emotional support and helpful information to physicians and their spouses to get through this stressful period in their lives. Confidentiality will be maintained at all times. To insure this, individuals requesting this service will be given a list of panelists to choose from and can then make their own determination for contact.

The premise of the program is individual, one-on-one contact based on open and frank discussions, and there will be no group interaction. Emotions, feelings, and fears that are elicited will vary widely among physicians and their spouses as each in his/her own way works through the process. Therefore, the program is designed to be flexible in order to adapt to the needs of each individual.

Because a claim against a physician for medical malpractice is not just a "cost of doing business," the support physician must have been sued at some time. Having the emotional experience and understanding the process will aid the support physician.

Individuals interested in participating in the Physician Support Group should contact: Deborah J Powers, Physicians Alliance Division, telephone: 1-800-362-9080 or 608/257-6781. ■

Cancer reporting by physicians and laboratories

BEGINNING JANUARY 1, 1987 state physicians who diagnose or treat cancer patients who are not hospitalized for cancer will be asked to report those cases to the State Division of Health.

Cancer has been reportable by statute by Wisconsin physicians since 1933. In 1978 the collection system for cancer reports was reorganized around state hospitals. Hospitals report patient, diagnostic, and treatment information for every cancer case following the first admission. Basal and squamous cell carcinomas arising in the skin are not reportable. Since 1978 there has been no attempt to collect reports about unhospitalized cases.

The hospital-focused incidence system identifies about 93 percent of all cancer cases among Wisconsin residents. The remaining cases include cases treated on an outpatient basis, cases diagnosed and treated in hospitals in neighboring states, and cases treated in a handful of currently nonreporting hospitals.

In order to improve the information it can provide, the Cancer Reporting System is expanding its data collection to reach the remaining cases. The system will remain primarily hospital-based, and currently nonreporting hospitals will be required to report their cases. Wisconsin residents treated in Iowa hospitals are reported by the State Health Registry of Iowa. The Cancer Reporting System will exchange data with Minnesota, Michigan, and Illinois when their respective statewide cancer data systems become operational.

Beginning in 1987, all Wisconsin physicians who diagnose or treat cancer outpatients, including physicians responsible for clinical or radiological diagnostic and screening laboratories, will be required to report all tumors in patients who are not admitted to a Wisconsin hospital. The report form will be similar to the one-page Neoplasm Record/Report form used by hospitals. Physicians will be asked to report cancer cases to the Cancer Reporting System within three months after their initial contact with the patient or three months after receiving a specimen for microscopic analysis.

The Cancer Reporting System is the only population-based source of information about trends in Wisconsin cancer incidence available to epidemiologists, health planners, hospital administrators and cancer committees, individual physicians, community organizations, researchers, and the general public. Confidentiality of patients and reporting agents is strictly maintained.

For further information, please write or call Jerri Linn Phillips, Wisconsin Cancer Reporting System, PO Box 309, Madison WI 53701-0309 (phone 608/266-8927).■

Recently enacted communicable disease laws

MAJOR CHANGES in the Wisconsin communicable disease rule went into effect May 1, 1984. The new rule, referred to as Chapter HSS 145, Control of Communicable Diseases, represents the first significant revision of this rule in over 20 years. The rule (HSS 145) is particularly important to medical and public health professionals because it contains disease reporting responsibilities and a new list of reportable diseases, adopts standards for disease prevention and control, and updates other disease control activities.

HSS 145 replaces Chapters H 45 Communicable Diseases, H 46 Tuberculosis, H 47 Venereal Diseases, and H 49 General Regulations on Communicable Diseases. It is organized into three subchapters: Subchapter I, General Provisions; Subchapter II, Tuberculosis; and Subchapter III, Sexually Transmitted Diseases. HSS 145 requires specific disease prevention and control measures, as contained in *Control of Communicable Diseases in Man,* 13th edition (1981), published by the American Public Health Association. This manual is a familiar resource to most public health professionals and infectious disease specialists in the State and is updated every five years in light of new knowledge of disease mechanisms and the effectiveness of specific control measures. Physicians should use the control measures contained in this manual in the instruction of their patients. The State Epidemiologist may also specify other disease control recommendations necessary for the control of a specific disease or condition.

The reporting of communicable diseases is required of physicians, nurses, laboratories, health care facilities, teachers in schools and day care centers, and any other persons knowing of the presence of a communicable disease. The list of communicable diseases which are to be reported has been updated to reflect changing disease trends and the emergence of new diseases such as Acquired Immune Deficiency Syndrome, Legionnaires' disease, and toxic-shock syndrome (see complete list on opposite page).

When a diagnosis of any of the diseases listed is suspected or confirmed, this fact must be reported (either verbally or by completing the Acute and Communicable Diseases Case Report form, DOH 4151) to the local health officer in the public health agency serving the patient's place of residence. The local health officer is required to forward all reports of communicable diseases to the State Epidemiologist at the Wisconsin Division of Health and is also responsible for coordinating the local epidemiologic followup of reported diseases.

(A *Directory of City and County Public Health Agencies in Wisconsin* for reporting communicable diseases is available from the Acute and Communicable Disease Epidemiology Section, Bureau of Community Health and Prevention, Division of Health, Department of Health and Social Services, PO Box 309, Madison, Wisconsin 53701; or phone: 608/267-9003.)

The tuberculosis control measures have been revised to reflect current knowledge about treatment and transmission of the disease. The list of sexually transmitted diseases covered by HSS 145 has been expanded to include genital herpes infection (first clinical episode only), nongonococcal urethritis, chlamydia trachomatis, nongonococcal cervicitis, and sexually transmitted pelvic inflammatory disease, in addition to syphilis, gonorrhea, chancroid, granuloma inguinale, and lymphogranuloma venereum. Unnecessary restrictions of persons with sexually transmitted diseases have been removed. In addition, the "Sexually Transmitted Disease Treatment Guidelines 1982," published by the US Department of Health and Human Services, is adopted by reference in this rule.

Additionally, HSS 145 has eliminated previous archaic and unenforceable language, including: references to placarding, requirements for disinfection of library books by burning, restrictions on occupations of persons with venereal diseases, and regulations of dairies selling nonpasteurized milk (state statute now prohibits the sale of nonpasteurized milk).

Copies of Chapter HSS 145 are available from the Bureau of Community Health and Prevention, Wisconsin Division of Health, PO Box 309, Madison, Wisconsin 53701; or phone: 608/267-9003. Questions regarding specific provisions of this rule may also be addressed to the above agency. ■

This article was prepared by Susan J Stolz, MA and Jeffrey P Davis, MD of Madison and originally published in the June 1984 BLUE BOOK issue of the *Wisconsin Medical Journal*. It is being reprinted this year. Ms Stolz is from the Section of Acute and Communicable Disease Epidemiology (Communicable Disease Laws); and Doctor Davis is State Epidemiologist and Chief, Section of Acute and Communicable Disease Epidemiology.

Communicable diseases—Category I

The following diseases are of urgent public health importance and shall be reported by telephone to the local health officer immediately upon identification of a case or suspected case.

- Anthrax
- Botulism
- Botulism, infant
- Cholera
- Diphtheria
- Food- or water-borne outbreaks
- Hepatitis, viral Type A
- Measles
- Pertussis (whooping cough)
- Plague
- Poliomyelitis
- Rabies (human)
- Rubella
- Rubella (congenital syndrome)
- Tuberculosis
- Yellow fever

continued next page

continued from preceding page

Communicable diseases—Category II

The following diseases are of less urgent public health importance and shall be reported to the local health officer by individual case report form or by telephone within 72 hours of the identification of a case or suspected case.

- Acquired Immune Deficiency Syndrome (AIDS)
- Amebiasis
- Blastomycosis
- Brucellosis
- Campylobacter enteritis
- Encephalitis, viral (specify etiology)
- Giardiasis
- Hepatitis, viral Types B, non-A non-B, or unspecified
- Histoplasmosis
- Kawasaki disease
- Legionnaires' disease
- Leprosy
- Leptospirosis
- Lyme disease
- Malaria
- Meningitis, aseptic (specify etiology)
- Meningitis, bacterial (specify etiology)
- Meningococcal disease
- Mumps
- Nontuberculous mycobacterial disease (specify etiology)
- Psittacosis
- Q fever
- Reye's syndrome
- Rheumatic fever (newly diagnosed)
- Rocky mountain spotted fever
- Salmonellosis
- Sexually transmitted diseases
  - Chancroid
  - Chlamydia trachomatis
  - Genital herpes infection (first clinical episode only)
  - Gonorrhea
  - Granuloma inguinale
  - Lymphogranuloma venereum
  - Nongonococcal cervicitis
  - Nongonococcal urethritis
  - Sexually transmitted pelvic inflammatory disease
  - Syphilis
- Shigellosis
- Tetanus
- Toxic-shock syndrome
- Toxic substance related disease
  - Infant methemoglobinemia
  - Lead intoxication (specify Pb levels)
  - Other metal poisonings
  - Other organic chemical poisonings
  - Pesticide poisoning
- Toxoplasmosis
- Trichinosis
- Tularemia
- Typhoid fever
- Typhus fever
- Yersiniosis

Suspected outbreaks of other acute or occupationally-related diseases

Communicable diseases—Category III

The total number of cases or suspected cases of the following communicable disease shall be reported on a weekly basis to the local health officer.

Chickenpox

Unlike the previous rules which detailed control methods for each disease, the new rules adopt by reference the applicable methods of control contained in *Control of Communicable Diseases in Man*, 13th edition (1981), edited by Abram S Benenson, published by the American Public Health Association.

This rule became effective May 1, 1984. ■

WISCONSIN POISON CONTROL PROGRAM NETWORK

It is a health service that provides standardized poison management information and treatment to both medical professionals and the general public through a network of regional and satellite centers.

Each center is staffed by specially trained poison information professionals available to answer telephone inquiries 24 hours a day, seven days a week. Telecopying equipment enables the staff to make immediate contact with national headquarters in Pittsburgh when additional information or research is needed on difficult cases of ingestion.

The centers:

- recommend treatment procedures to physicians and to the public in poison emergencies.
- maintain a record of calls received, treatment advised or given and disposition of the case.
- report certain poison incidents to the Division of Health.
- conduct education and prevention activities in the community.

The two regional centers are:

Milwaukee Poison Center
Milwaukee Children's Hospital
1700 W Wisconsin Avenue
Milwaukee, WI 53233
Tel 414/931-4114

Poison Center—Madison Area
University Hospitals
600 Highland Avenue
Madison, WI 53792
Tel 608/262-3702

The three satellite centers are:

Eau Claire Poison Center
Luther Hospital
310 Chestnut Street
Eau Claire, WI 54701
Tel 715/835-1515

Green Bay Poison Center
St Vincent Hospital
835 So Van Buren St
Green Bay, WI 54305
Tel 414/433-8100

LaCrosse Poison Center
St Francis Hospital
709 South 10th Street
LaCrosse, WI 54601
Tel 608/784-3971

In addition, other small poison control centers in many other hospitals may have direct contact with a regional or satellite center to receive assistance as a "member center" of the network.

This information provided by the

WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF HEALTH

PO Box 309 **Madison, Wis 53701**

New laws on AIDS and HTLV-III antibody testing

A state law adopted as part of Wisconsin's 1985-87 biennial budget created a requirement that written consent be obtained from any person undergoing a test for presence of HTLV-III antibody. The new law also placed very strict prohibitions on the disclosure of HTLV-III antibody test results. Because of problems with that law, new legislation was drafted and enacted by the Legislature which essentially replaces the original law. The new provisions of the law became effective *November 23, 1985*, and are summarized below.

1. Written consent for testing

In most cases, you must have a signed consent form before you can perform an HTLV-III antibody test. The consent form must include in it the test subject's name; a statement that test results may be disclosed as specified in the statute, along with a listing of the persons to whom disclosure may be made according to the statute, or a statement that the listing is available upon request; and a space for the person's signature and date signed. The consent form may also include permission to disclose test results to persons other than those specified in the statute. If so, the form must state the name of the person(s) to whom disclosure may be made and the time period during which the consent to disclosure is effective.

2. Who gives consent?

The law specifies only that the subject of the test must give his or her written consent for testing. In the case of minors, persons adjudged incompetent, or similar situations, it is the opinion of SMS counsel that general provisions regarding who may consent to medical care on an individual's behalf would apply; *ie*, a parent or guardian would consent on behalf of a minor or a person found to be incompetent by a court.

3. Exceptions to consent requirement

The subject's written consent for testing is *not* required in the following situations:

- a health care provider testing to determine the medical acceptability of an organ donation or donation of any other body part;
- a blood bank, blood center, or plasma center testing donated blood to determine its medical acceptability;
- health care providers, blood banks and blood/plasma centers, certified laboratories, and the Department of Health and Social Services when the testing is done for research purposes and when the subject's identity is not known and may not be retrieved by the researcher. (Other provisions apply to research activities when a subject has given consent to testing; see below); and
- it is the opinion of SMS counsel that in emergency situations, where the patient is unable to give informed consent, the issue of informed consent for HTLV-III testing should be handled in the same way as informed consent is generally applied in emergency situations.

4. Disclosure of test results without patient's consent

Once an HTLV-III test is performed, the law specifies who may receive information regarding the test

(SAMPLE)

CONSENT TO HTLV-III ANTIBODY TESTING

I, _____, authorize _____
(patient's name) (physician, clinic, etc)
to perform or arrange for the performance of a test or series of tests for the presence of HTLV-III antibody. I understand that test results may not be disclosed without my written consent, except as specifically provided by state statute.*

_____ _____
PATIENT'S SIGNATURE DATE

THIS FORM IS NOT VALID UNLESS SIGNED AND DATED.

**Optional:* CONSENT TO DISCLOSURE OF HTLV-III ANTIBODY TEST RESULTS

I authorize _____ to disclose HTLV-III
(physician, clinic, etc)
antibody test results to the following persons or entities, for the time periods shown:

_____ Beginning: _____ Ending: _____
(Name of person to whom disclosure may be made.) (Date) (Date)

_____ Beginning: _____ Ending: _____
(Name of person to whom disclosure may be made.) (Date) Date)

_____ _____
PATIENT'S SIGNATURE DATE

---

*Wisconsin Statutes (s.146.025) provide that HTLV-III antibody test results may not be disclosed without written consent, except that test results may be disclosed to certain persons such as your health care providers, approved researchers and health care reviewers, and the state epidemiologist. A listing of the persons to whom disclosure may be made appears on the reverse of this form.

**Wisconsin statutes provide that the person who is the subject of an HTLV-III antibody test may authorize disclosure of the test results to any person or entity by completing a form with the information included in this section. Such a form may be completed with the initial consent to testing, or as a separate form at any time subsequent to the testing.

results without the patient's further consent. (The law relates to disclosure of test *results,* not disclosure of the fact that a test was done. Thus, a health insurer may be billed for the cost of doing the test, which *de facto* discloses that a test was done, without stating whether the test findings were positive or negative. However, some laboratories may require patient consent before billing an insurer, or give the patient the option of paying for the test directly.)

146.025 Restrictions on use of a test for an antibody to HTLV-III.

(5) CONFIDENTIALITY OF TEST. (a) The results of a test for the presence of an antibody to HTLV-III may be disclosed only to the following persons or under the following circumstances, except that the person who receives a test may under sub. (2) (b) or (3) authorize disclosure to anyone:

1. To the subject of the test.
2. To the test subject's health care provider, including those instances in which a health care provider provides emergency care to the subject.
3. To an agent or employee of the test subject's health care provider under subd. 2 who provides patient care or handles or processes specimens of body fluids or tissues.
4. To a blood bank, blood center or plasma center that subjects a person to a test under sub. (2) (a), for any of the following purposes:
   a. Determining the medical acceptability of blood or plasma secured from the test subject.
   b. Notifying the test subject of the test results.
   c. Investigating HTLV-III infections in blood or plasma.
5. To a health care provider who procures, processes, distributes or uses a human body part donated for a purpose specified under s. 155.06 (3), for the purpose of assuring medical acceptability of the gift for the purpose intended.
6. To the state epidemiologist or his or her designee, for the purpose of providing epidemiologic surveillance or investigation or control of communicable disease.
7. To a funeral director, as defined under s. 445.01 (5) or to other persons who prepare the body of a decedent for burial or other disposition.
8. To health care facility staff committees or accreditation or health care services review organizations for the purposes of conducting program monitoring and evaluation and health care services reviews.
9. Under a lawful order of a court of record.
10. To a person who conducts research, for the purpose of research, if the researcher:
    a. Is affiliated with the test subject's health care provider under subd. 3.
    b. Has obtained permission to perform the research from an institutional review board.
    c. Provides written assurance to the person disclosing the test results that use of the information requested is only for the purpose under which it is provided to the researcher, the information will not be released to a person not connected with the study, and the final research product will not reveal information that may identify the test subject unless the researcher has first received informed consent for disclosure from the test subject.

Test results may be disclosed to the following persons *without* patient consent specifically for disclosure:

- to the subject of the test himself/herself;
- to the test subject's health care provider (including physicians, dentists, nurses, optometrists, and others defined in Wis. Stats. 146.81(1), and including those instances where a health care provider provides emergency care to a patient);
- to employees or agents (of the subject's health care provider) who provide patient care or handle or process specimens of bodily fluids or tissues;
- to a blood bank or blood/plasma center performing the HTLV-III test, for the purposes of determining the medical acceptability of the blood or plasma; notifying the test subject of the test results; or investigating HTLV-III infections in blood or plasma;
- to a health care provider involved in organ donation, for the purpose of assuring medical acceptability of the gift;
- to the state epidemiologist or his or her designee; and
- to a funeral director or other person preparing a body for burial or other disposition.

Test results may also be disclosed under the following circumstances which parallel the general statutes authorizing disclosure of medical records:

A. Under a lawful order of a court of record.
B. To a researcher, for research purposes, if the researcher:
   (1) is affiliated with the subject's health care provider;
   (2) has obtained permission to perform the research from an institutional review board; and
   (3) provides written assurance to the person disclosing the test results (not necessarily the test subject) that use of the information is only for the research purpose, the information will not be released to a person not connected with the study, and the final research project will not reveal patient-identifying information unless the researcher receives written consent from the patient.

   A private pay patient may deny access to test results under this research provision by annually submitting a signed, written request to the person maintaining test results.
C. To health care facility staff committees or accreditation or health care services review organizations, for the purposes of conducting program monitoring and evaluation and health care services reviews.

5. Disclosure of test results with patient's consent

Test results may be disclosed to anyone specified by the test subject or patient, with the subject's written consent. Such written consent to disclose test results may be given at the time, and on the same form as,

the subject gives written consent to have the test performed. It may also be given on a separate form at any time subsequent to the test. The form must include the name of the person(s) to whom disclosure may be made, the time period during which the consent to disclosure (beginning and end) is effective, and the date on which the consent to disclosure is signed.

6. Inclusion in medical records

Test results may be included in the medical record. However, they must remain confidential, with disclosure allowed only as provided above. Note that several of the provisions for disclosure without patient consent, described under item 4, are identical to statutory provisions on disclosure without consent of a medical record or parts thereof. However, there are several statutory provisions allowing disclosure of medical records in general which are *not* repeated in the statutes regarding HTLV-III test disclosure. These include:

A. Disclosure in response to a written request from a federal or state governmental agency. (Keep in mind that there is a specific exception for reporting positive test results to the state epidemiologist.)

B. Disclosure to a county agency investigating elder abuse.

C. Disclosure to the extent that records are needed for billing, collection or payment of claims. (Keep in mind that "disclosure" refers to disclosure of test *results,* not disclosure of the fact that a test was done.)

D. For medical records generally, the statutory wording on access to medical records by other health care providers and persons under their supervision is slightly different than the wording which specifically discusses provider access to test information, described under item 4.

(Some have argued that medical records personnel are not covered by the statute referencing persons providing "patient care," and thus may not have access to test results without patient consent. However, Assembly Health Committee records and correspondence from Health Committee chair Rep John Robinson clearly state that it is the legislative intent to include medical records personnel among those having access to test results for purposes of performing their job functions.)

7. Reporting to State Epidemiologist

All validated positive HTLV-III antibody test results are to be reported to the state epidemiologist. The State Epidemiologist defines what constitutes a "validated positive" test. The report is to include:

- the name and address of the health care provider reporting;
- *if known,* the name and address of the test subject's health care provider;
- *if known,* the test subject's name, address, phone number, age or date of birth, sex, race and ethnicity, and county of residence;
- the date on which the test(s) were performed and the results; and
- other information which the state epidemiologist may require.

For reports of positive HTLV-III tests which are *not* reported with respect to persons for whom diagnosis of AIDS has been made, the report *may not include* information on the test subject's sexual orientation or the identity of persons with whom he/she may have had sexual contact. However, a report of a confirmed AIDS diagnosis, including antibody test results, is made pursuant to general communicable disease statutes rather than these statutes, and thus this provision does not apply.

8. Penalties for unlawful testing or disclosure

Disclosure of test results in violation of state statutes may bring civil or criminal penalties. Persons to whom information is legally disclosed are bound by the same restrictions as the persons originally having access to test results.

The penalty for performing a test without written consent (except as provided above), unlawfully disclosing test results, or (with positive tests) reporting sexual orientation or sexual contacts to the state in the absence of an AIDS diagnosis, is a fine of up to $1,000 for a negligent violation and up to $5,000 for an intentional violation, plus the subject's actual damages and costs.

If test results are "intentionally disclosed" by someone in violation of the statutes who "thereby causes bodily harm or psychological harm to the subject of the test," a criminal penalty may be levied of up to a $10,000 fine or nine months imprisonment or both.■

AIDS and other infectious disease video program available from SMS

A joint effort by the State Medical Society and the Dane County Medical Society to provide an instructional program on AIDS and other infectious diseases is available on videotape with supplementary printed materials.

It is entitled "AIDS and Other Infections: What's True and What Do You Do?"

Copies of the tape of a presentation made November 20, 1985 are available free of charge along with single copies of all supporting printed materials obtained from the US Centers for Disease Control and other sources. The background materials are included in the package for reproduction and distribution by the county medical society or other group sponsoring the educational symposium.

The program is designed for a wide range of interested groups, including health care and dental professionals, licensed Emergency Medical Technicians, and funeral home personnel.

More information is available by calling the SMS Communications Coordinator, 1-800-362-9080 or 1-608-257-6781, ext 121.■

Acquired Immunodeficiency Syndrome (AIDS) and Human T-cell Lymphotropic Virus Type III (HTLV-III) Infections

Physicians and others in the medical community who provide care to persons at increased risk for acquiring HTLV-III infections and related conditions (homosexual/bisexual men, intravenous drug users, persons with hemophilia, and the heterosexual partners of any of these individuals) should be aware of the organizations and agencies that provide information, counseling and referral services for these individuals. The individuals who could receive benefit from these services include persons with AIDS, persons infected with the virus but asymptomatic, persons in a high risk group who are uninfected but extremely worried, and persons concerned about a family member or friend in one of these groups.

The following is a list of organizations that provide information, support, counseling, and referral services to persons at increased risk for acquiring an HTLV-III related infection and related conditions.

Wisconsin Division of Health	608/267-5287
Wisconsin AIDS Hotline Monday–Friday 9 am–9 pm	1-800/334-AIDS
Milwaukee AIDS Project	414/273-AIDS
Blue Bus Clinic (Madison) 24-hour tape	608/272-7440 272-7330
Madison AIDS Support Network	608/255-1711
Center Project, Inc (Green Bay)	414/435-4605
Among Friends (Rural Gays)	608/244-3281
The United (Madison)	608/255-8582
The Gay and Lesbian Resource Center (Madison)	608/257-7575
Parents and Friends of Gays (Madison) 24-hour line (Milwaukee)	608/267-7575 251-1126 414/931-7727

The following are examples of residential and outpatient drug/alcohol treatment facilities which offer information, counseling, treatment, and referral to persons who are at risk for HTLV-III infections as a result of needle-sharing practices.

PICADA (Madison)	608/255-0819 or 251-4558
Tellurian Community, Inc (Madison)	608/222-7311
Eau Claire County Guidance Clinic	715/832-3471
New Beginning Clinic (Milwaukee)	414/643-8530
Fourth Street Program (Milwaukee)	414/271-2512
St Anthony's Hospital (Milwaukee)	414/271-1965

For additional information on drug abuse counseling call your local public health agency or the substance abuse treatment center in your community.

Information, counseling, and referral for persons with hemophilia are available at the Comprehensive Hemophilia Centers.

Sacred Heart Hospital (Eau Claire)	715/839-4404 839-4418
St Vincent's Hospital (Green Bay)	414/433-8213
Webster Clinic (Green Bay)	414/437-0431
University of Wisconsin Clinical Science Center (Madison)	608/263-1836
American Red Cross (Madison)	608/233-9300
Great Lakes Hemophilia Foundation (Milwaukee)	414/344-0772

Physicians and other health care professionals should be aware of the support services available within their community. The local public health agency can be a valuable source of information and assistance in identifying available social and supportive services such as hospice, home nursing care, and mobile feeding programs.

The Division of Health coordinates a network of 30 HTLV-III antibody testing and counseling sites (alternate testing sites) throughout the state. Most of the al-

continued next page

Alternate testing sites for HTLV-III antibody

Southeastern Wisconsin			Anonymous/Free
Brady East STD Clinic 1240 East Brady Street	414/272-2144 414/273-2437	Milwaukee	Yes/Yes
Herpes Health Center Saint Anthony's Hospital 1004 North 10th Street	414/271-1965 Ext. 754	Milwaukee	Yes/Yes
Marquette University Student Health Services Schroeder Complex	414/224-7184	Milwaukee	No/Yes
Milwaukee Health Department 841 North Broadway	414/278-3621	Milwaukee	Yes/Yes

continued next page

ternative sites provide anonymous and free information, counseling, testing and referral for persons in high risk groups. When persons who desire counseling and testing call a site to make an appointment they should inquire about the site's policy on anonymity. A list of alternate testing sites accompanies this article.

———

The Division of Health maintains a variety of materials available to health care professionals which are available from the Division of Health in limited quantities upon request. These include:

Information on HTLV-III antibody testing for health care providers

Announcement: Primary and Second Level Testing for HTLV-III Antibody. State Laboratory of Hygiene (March 1985)

Clinicians' Guide to Evaluation of HTLV-III Antibody Positive Individuals. Division of Health (March 1985)

Providing Pretesting Information About HTLV-III Antibody Testing. Division of Health (May 1986)

Counseling People with Seronegative HTLV-III Antibody Test Results. Division of Health (May 1986)

Counseling People with Seropositive HTLV-III Antibody Test Results. Division of Health (May 1986)

Information for Patients

AIDS: Do You Know The Facts? Brochure, Division of Health. Available in quantities of 25. (Rev. 12/85)

AIDS Brochure in Spanish. Available in quantities of 10.

The National Hemophilia Foundation AIDS and Hemophilia: Your Questions Answered. (March 1985)

Hemophilia and AIDS: Intimacy and Sexual Behavior (September 1985)

Questions and Answers About the HTLV-III Antibody Test. Division of Health (July 1985)

Information for Individuals About the Test for Antibodies to the HTLV-III Virus. Division of Health (March 1985)

Advice for AIDS Patients. Daily living recommendations for persons with AIDS. Division of Health (February 1985)

continued next page

ALTERNATE TESTING SITES continued from preceding page

Sixteenth Street Community Clinic 1036 South 16th Street	414/672-1353	Milwaukee	Yes/Sliding Fee
U.W.-Milwaukee Student Health Services University of Wisconsin-Milwaukee Norris Health Center, Box 413	414/963-4716	Milwaukee	Yes/Yes
West Allis Health Department STD Clinic, 7120 West National	414/476-3770 Ext. 423	West Allis	Yes/Yes
Waukesha County Health Department 515 West Moreland Boulevard	414/548-7646	Waukesha	Yes/Yes
City of Kenosha Health Department 625 52nd Street	414/656-8170	Kenosha	Yes/Yes
Racine Health Department 730 Washington Avenue	414/636-9498	Racine	Yes/Yes
Sheboygan City Health Department City Hall Annex 709 North 7th Street	414/459-3485	Sheboygan	Yes/Yes
South Central and Southwestern Wisconsin			
Beloit Stateline Clinic 539 Blackhawk Boulevard	815/389-3583	South Beloit	Yes/Yes
Beloit Student Health Services Beloit College	608/365-3991 Ext. 331	Beloit	Yes/Beloit Students Only
Blue Bus Clinic 1552 University Avenue	608/262-7330	Madison	Yes/Yes
Madison Department of Public Health 1954 East Washington Avenue	608/246-4516 608/246-HTLV	Madison	Yes/Yes
Northeast Family Medical Center 3209 Dryden Drive	608/241-9020	Madison	Yes/Yes
Wingra Family Practice Clinic 777 South Mills Street	608/263-3111	Madison	Yes/Yes
Verona Family Practice Clinic 524 West Verona Avenue	608/845-9531	Verona	Yes/Yes

continued next page

Organizations Providing Service to Persons at Risk for AIDS. Division of Health (August 1985)

Applying for Social Security Benefits: The Basic Facts for Persons with Acquired Immunodeficiency Syndrome. Division of Health (October 1985)

Order Forms for "Living with AIDS: A Self Care Manual" for persons with AIDS. 95-page publication of AIDS Project Los Angeles (October 1985)

Epidemiology

Peterman T, Drotman D, Curran J. Epidemiology of the Acquired Immunodeficiency Syndrome (AIDS). Epidemiologic Reviews 7:1–21, 1985

Curran J, Morgan W, Hardy A, et al. The Epidemiology of AIDS: Current Status and Future Prospects. Science 229:1352–7, 1985

AIDS/HTLV-III Surveillance

The Case Definition of AIDS Used by the CDC for National Reporting. Centers for Disease Control (August 1985)

Reporting Confirmed and Suspect AIDS Cases. Division of Health (January 1986)

Reporting of HTLV-III Antibody Positive Test Results. Division of Health (January 1986)

Report Form for Confirmed Acquired Immunodeficiency Syndrome (DOH 4264). Division of Health

Report Form for HTLV-III Antibody Positive Test Results (DOH 4338). Division of Health

Wisconsin AIDS Surveillance Data (Quarterly). Division of Health

Wisconsin Alternate HTLV-III Testing Site Data. Division of Health

Infection Control Recommendations and Guidelines

Martin L, McDougal J, Loskoski S. Disinfection and Inactivation of the Human T-Cell Lymphotropic Virus Type III/Lymphadenopathy-Associated Virus. Journal of Infectious Diseases 152:400–3, 1985 (letter)

AIDS Inpatient Infection Recommendations and Precautions. Division of Health (June 1985)

Infection Precautions for People with AIDS and for Persons Providing Direct Care to Persons with AIDS Living in the Community. Division of Health (October 1985)

Facts About AIDS For Dental Professionals. Council on Dental Professionals. American Dental Association (October 1985)

continued next page

ALTERNATE TESTING SITES continued from preceding page

Grant County Public Health Nursing Service Courthouse	608/723-6416	Lancaster	Yes/Yes
U.W.-Platteville Student Health Services 725 West Main Street	608/342-1891	Platteville	Yes/Yes
Northeastern Wisconsin			
Fond du Lac County Public Health Nursing Service 160 South Macy Street	414/929-3085	Fond du Lac	Yes/Yes
U.W.-Oshkosh Student Health Services 777 Algoma Boulevard	414/424-2424	Oshkosh	Yes/Yes
Winnebago County Public Health Department 725 Butler Avenue	414/235-5100 414/725-2653	Winnebago	Yes/Yes
Center Project, Inc. 513 South Broadway	414/437-7400	Green Bay	Yes/Yes
North Central Wisconsin			
Oneida County Nursing Services Courthouse	715/369-6111	Rhinelander	Yes/Yes
Portage County Community Human Services Department 817 Whiting Avenue	715/345-5350	Stevens Point	Yes/Sliding Fee
U.W.-Stevens Point Student Health Services Delzell Hall	715/346-4646	Stevens Point	Yes/Yes
Northwestern Wisconsin			
U.W.-La Crosse Student Health Services 1725 State Street	608/785-8559	La Crosse	Yes/Yes
La Crosse Health Department STD Clinic, Grandview Building 1707 Main Street	608/785-9723	La Crosse	Yes/Yes
U.W.-River Falls Student Health Services 409 Spruce Street	715/425-3292	River Falls	Yes/Yes

AIDS/HTLV-III Related Legislation

1985 Wisconsin Act 73

- ss. 103.15—Restrictions on use of a test for antibody to HTLV-III
- ss. 146.025—Confidentiality of the test results and informed consent
- ss. 146.025 (7)—Reporting positive validated test results

Summary of Act 73. Division of Health

Special Issues on AIDS. Wisconsin Medical Society MEDIGRAM (December 1985)

Sample Consent Forms for HTLV-III Antibody Testing

Morbidity and Mortality Weekly Reports
(Centers for Disease Control)

- Centers for Disease Control Safety of Therapeutic Immune Globulin Preparations with Respect to Transmission of HTLV-III/LAV. MMWR 1986; 35:231-3.
- Centers for Disease Control. Recommendations for Preventing Transmission of Infection with HTLV-III/LAV During Invasive Procedures. MMWR 1986; 35:221-3.
- Centers for Disease Control. Additional Recommendations to Reduce Sexual and Drug Abuse Transmission of HTLV-III/LAV. MMWR 1986; 35:152-5.
- Centers for Disease Control. Apparent Transmission of HTLV-III/LAV From A Child To A Mother Providing Health Care. MMWR 1986; 35:76-9.
- Centers for Disease Control. Tuberculosis—U.S. 1985 and The Possible Impact of HTLV-III/LAV. MMWR 1986; 35:74-6.
- Centers for Disease Control. Recommendations for Assisting in the Prevention of Perinatal Transmission of HTLV-III/LAV and AIDS. MMWR 1985; 34:721-32.
- Centers for Disease Control. Summary: Recommendations for Preventing Transmission of Infection with HTLV-III/LAV in the Workplace. MMWR 1985; 34:681-90.
- Centers for Disease Control. Update: Evaluation of HTLV-III/LAV in Health Care Personnel—U.S. MMWR 1985; 34:575-8.
- Centers for Disease Control. Heterosexual Transmission of HTLV-III/LAV. MMWR 1985; 34: 561-2.
- Centers for Disease Control. Acquired Immunodeficiency Syndrome (AIDS): Precautions for Clinical and Laboratory Staff. MMWR 1982; 31:577-80.

Copies of Advisories from the Wisconsin Public Health Task Force on AIDS

The Task Force has taken action for prevention of transmission of HTLV-III infection in a variety of settings including:

- Schools
- Prisons
- Jails
- Nursing Homes
- Hospitals
- Workplace

In addition, they have made recommendations to the Department for serologic screening, prevention, and education strategies. The DOH will have limited copies of the documents available as they are published.

Request for materials should be directed to:

AIDS/HTLV-III Program
Wisconsin Division of Health
1 West Wilson, PO Box 309
Madison, WI 53701-0309
Telephone: 608/267-5287■

LET THESE GUIDES AND REPRINTS HELP YOU

THE FOLLOWING GUIDES, manuals, and reprints have been prepared or obtained at the direction of the Board of Directors and/or commissions and committees of the State Medical Society of Wisconsin to be of direct personal assistance to the physician or his county medical society. Each is available (some without cost, others at nominal cost) upon request to the Communications Coordinator, State Medical Society of Wisconsin, Box 1109, Madison, Wis. 53701.

- **Interprofessional Code (1977 Revision)**—An instrument for better understanding between attorneys and physicians with reference to medical testimony and interprofessional conduct and practices.

- **Communications Guide for Wisconsin Hospitals and Physicians**—Establishes a communications guide for Wisconsin hospitals and physicians to promote cooperation between the allied medical professions and those who report medical news.

- **Wisconsin's fee splitting statute**—Prohibiting physicians from receiving referral fees and commissions from other healthcare providers; also contains definition of physician employment and consultation contracts with hospital and medical education and research organizations.

- **Occupational Health Guide**—For medical and nursing personnel. A practical manual in a three ring binder covering subjects ranging from "Abdominal Injuries" to "Wounds." Spaces are provided for specific written instructions by the occupational physician. It contains over 250 pages of instructional material, suggested procedures, and references to other occupational health literature. Includes a full set of anatomical charts. First published by the State Medical Society of Wisconsin in the mid-1960s, respected throughout the United States by nurses and physicians in the commercial and industrial setting. 1-5 copies $45.00 each, or $40.00 each for over 5 copies, including postage. Wisconsin residents must include 5% sales tax. Checks to be made payable to: CES Foundation, PO Box 1109, Madison, WI 53701. PAYMENT MUST ACCOMPANY ORDER.

continued next page

- **Getting the Most Out of Your Health Care Dollar**—Offers tips on how patients can spend their health care dollar wisely and be a cost conscious patient. The brochure also shows where the Nation's Health Care Dollar is spent and explains what doctors are doing to control costs.

- **UPDATE—Health Maintenance Organizations: The Wisconsin Law**—Explains health maintenance organizations (HMOs) and how they are organized under Wisconsin law. A summary of SMS concerns with the law is included as well as the Society's proposed alternative legislation.

- **I Want To Know What You Think**—a questionnaire physicians can use with patients to elicit their attitudes and opinions regarding his/her medical practice.

- **UPDATE—Medical Liability in Wisconsin: Problems and Recommendations for Change**—Provides an overview of the problem of medical liability in Wisconsin and offers State Medical Society recommendations for resolving it.

- **Medical Liability—A Physician's Rights and Responsibilities**—Provides information about medical liability insurance and outlines the rights and responsibilities of physicians and medical liability insurance carriers in the resolution of medical liability disputes.

- **UPDATE—Prospective Hospital Reimbursement: DRGs**—Looks at the new prospective payment system utilizing Diagnosis Related Groups (DRGs) and examines how it will affect physicians, patients, and hospitals.

- **UPDATE—REACH: Resource for Education and Awareness of Community Health**—A Program to Improve Physician-Public Communications—Examines the changing nature of the public's image of physicians. Explains SMS policies and programs dealing with the media on current medical issues.

- **Rubella—Red Measles Brochure**—This conveniently sized 2½"x4" sized brochure alerts women to the necessity of being immunized for Rubella before they become pregnant. The brochure also reminds parents to have their children immunized for the red measles. Perfect for patient billing statements or waiting rooms.

- **To All My Patients, Partners in Good Health**—Explains the rights and responsibilities physicians and patients have in medical care. Available in standard brochure or smaller "statement stuffer" form.

- **Retention and inspection of patients' records**—Explains the right of access to physician and hospital records concerning patient care, and includes the revised form, through statute amendment, of an *Interpretation* of Chapter 301, Laws of 1959.

- **If You Have a Complaint About Medical Care**—Medical care is a personal matter between patient and physician. Yet, sometimes misunderstandings arise about what the physician hopes to accomplish and what the patient expects. This brochure, aimed at patients, explains the State Medical Society's grievance and peer review system.

- **School Health Examination**—A guide for physicians and school authorities in establishing a program of school health examinations. (Single copy $2.00 plus 5% sales tax with order.)

- **Make Yours a Smokeless Pregnancy**—Points out the dangers of smoking during pregnancy and its effects on the fetus.

- **Legal Responsibilities of the Physician-Patient Relationship**

- **Putting the UCR Fee Puzzle Together**—Explains what "usual, customary and reasonable" means, how misunderstandings concerning it can be avoided and how problems can be resolved when they occur. The small size of the brochure makes it suitable for enclosure in office statements or for placement in patient reception areas.

- **Physician Guidelines: Blood-Alcohol Testing**—Includes a request/consent form for drawing blood. (Revised 1978—Single copy 25¢ with order.)

- **Report of the Chiropractic Study Committee to the Governor's Health Planning and Policy Task Force**—Recommendations in this report were adopted by the Governor's Health Planning and Policy Task Force, October 23, 1972.

- **A Scientific Test of the Chiropractic Theory**—The first experimental study of the basis of the theory demonstrates that it is erroneous. Written by Edmund S Crelin and reprinted by permission of *American Scientist*.

- **So You've Been Sued . . . Now What?**—a brochure prepared by the SMS Physicians Alliance Commission which answers 12 questions physicians commonly ask about medical malpractice lawsuits.

- **Guide to the Service Corporation Law**

- **Some Straight 'Dope' on Marijuana**—Increasing evidence appearing regularly that marijuana is hazardous to health has led the State Medical Society of Wisconsin to declare it to be a dangerous drug. This brochure explains what marijuana is, who uses it, and points out some of the psychological and physiological hazards associated with its use.

- **Alcohol and Your Unborn Baby . . .**—Warns women of the harmful effects alcohol can have on an unborn child. Available in both English and Spanish versions. ■

Medical liability— A physician's rights and responsibilities

THIS ARTICLE is intended to provide information about medical liability insurance and outline the rights and responsibilities of physicians and medical liability insurance carriers in the resolution of medical liability disputes.

COVERAGE AND POLICIES

Coverage

Medical liability insurance covers injuries arising out of the rendering or failure to render professional services. In addition to treatment rendered by the insured physician, liability insurance policies may include coverage of such things as: the acts of employees (performed within the scope of such employment) and service by the insured as a member of a formal accreditation, standards review, peer review, or similar professional board or committee of a hospital or professional society.

SMS RECOMMENDS: Check your policy for a complete description of coverage including what type of coverage you have if you assume liability by signing any type of medical care delivery contract which has a "hold harmless clause." Contact your insurance agent, carrier or SMS with any questions.

Types of policies

Two basic types of policies are available in Wisconsin—occurrence and claims-made.

Occurrence policies cover all claims resulting from professional services rendered during the term of the policy regardless of when the suit is initiated.

Claims-made policies cover claims only if: 1) the policy was in effect at the time the services were rendered, and 2) the policy was in effect at the time the suit was initiated.

SMS RECOMMENDS: Occurrence coverage.

Limits and amounts of coverage

Wisconsin law requires all physicians, except government employees, to carry liability insurance coverage, or post a surety bond, of $200,000 per occurrence and $600,000 per year. These levels will rise to $300,000 per occurrence and $900,000 per year as of July 1, 1987, and to $400,000 per occurrence and $1 million per year on July 1, 1988. The Patients Compensation Fund pays any portion of an award in excess of these limits.

SMS RECOMMENDS: That all physicians comply with the law's requirements for primary insurance coverage, and that all physicians review their policies to verify that the increased coverage is provided in 1987 and 1988 by the insurer.

RIGHTS AND RESPONSIBILITIES

Provided the insured physician complies with the terms of the policy, the insurer is obligated to defend and pay damages on behalf of the insured in the event of a claim.

One of the most important responsibilities of the physician is to notify the insurance carrier on a timely basis of any claim made against the insured (or of any incident likely to result in a claim). Some policies set a given number of days within which the physician must notify the carrier, while others use such terms as: "as soon as practicable," "as soon as possible," "within a reasonable time," etc.

In the event of a claim or incident, the following information should be provided: name of insured, date and place of incident, circumstances of injury, name and address of injured party and any witnesses. The carrier will then notify you of any additional information which may be needed.

Physicians have both a right and responsibility to assist in the defense of a claim. The degree of participation granted to or required of the physician will vary from case to case and from one insurer to another. Likewise the desire to participate will vary among physicians.

1986 revisions to the state's medical malpractice laws replaced the Patients Compensation Panel system with a mandatory mediation system. Anyone filing a malpractice claim after September 1, 1986 must first participate in a mediation process; the physician against whom the claim is filed must also attend a mediation session (or be represented by counsel) at which the claim will be discussed. The new law prohibits any discovery from taking place until after

---

Reprints are available upon request to the SMS Physicians Alliance Commission, PO Box 1109, Madison, WI 53701; or phone 1-800-362-9080 or 608-257-6781.

mediation and bars either party from bringing expert witnesses or expert testimony into the mediation process. The mediators, however, may consult with experts.

SMS RECOMMENDS: That physicians become intimately involved in the development of the defense.

WHAT A PHYSICIAN CAN EXPECT

Outlined below is what SMS believes a physician can reasonably expect in his/her relationship with the carrier.

Competent defense counsel

The Wisconsin Health Care Liability Insurance Plan (WHCLIP) will, in most instances, honor physician requests that a particular defense attorney be appointed. While commercial carriers do not afford this opportunity, the physician can and should request a replacement if dissatisfied with the defense being provided.

Inasmuch as effective communication between the physician and attorney is essential to a successful defense, we see merit in providing the physician input into the selection of defense counsel. We also, however, recognize the expertise of carriers in this respect.

Regardless of how the defense attorney is selected it is critical that the physician and attorney work together to formulate a strong defense.

Although retained by the insurance carrier, the defense attorney owes his/her first allegiance to the insured physician. The physician is the client.

Participation in formulating the defense

The physician is entitled to:

- An initial conference to discuss the allegations and adjudication process;
- Participate in the mediation process, with or without counsel;
- An explanation of the discovery process (through which the opposing party's case is explored) and a tentative timetable for completion of discovery and development of the defense;
- Review all depositions, learned treatises, etc. obtained by counsel;
- Participate in the selection of expert witnesses and exhibits;
- Copies of all correspondence between defense counsel and other interested parties (carrier, claimant, witnesses, etc); and
- Full disclosure of the progress of all settlement negotiations.

We believe that most carriers and defense attorneys will welcome this type of participation. If, however, you feel you are not being allowed adequate input, discuss this with your assigned defense attorney. If your concerns are not allayed, contact your carrier. If still dissatisfied, contact SMS and we will attempt to resolve the problem.

OTHER CONSIDERATIONS

Physicians DO NOT have the right to "veto" settlements agreed upon by the carrier and claimant. Therefore, it is extremely important that you keep abreast of the development of your defense. A strong defense will lessen the carriers' inclination to settle, while a lax defense may indeed prompt a settlement (regardless of your guilt or innocence).

Even though you have no legal right to veto actions of the carrier, there is an ethical obligation upon the carrier and its attorney to provide you with an explanation of the carrier's decisions regarding settlements and appeals. You should request that your defense attorney advise you on these matters prior to their being finalized. Generally, the carrier will base such decisions on advice from defense counsel.

You are also entitled to prompt information about new developments in your case, final settlements or awards, appeals, and other aspects of the defense of your case. This again illustrates the importance of your continuing communication with the defense attorney and his or her regular communications with you. You can best affect defense and/or settlement decisions through your defense attorney.

SMS advises that you become familiar with the terms of your medical liability insurance policy, notify your carrier promptly in the event of a suit and assert your right to participate fully in your defense.

For more information contact the Physicians Alliance Commission at the State Medical Society of Wisconsin, 330 East Lakeside Street, Madison, WI 53715. 1-800-362-9080, or (608) 257-6781. ■

Watch your mail for the July issue containing the

1986 Membership Directory

including members' name, address, telephone number, practice specialties, and Board-certified specialties.

EXECUTIVE SUMMARY: REPORT OF THE

SMS Task Force on Physician Review and Discipline

THE TASK FORCE on Physician Review and Discipline was charged by the Board of Directors under the directive of the House of Delegates to evaluate physician review systems in Wisconsin and their ability to discipline the profession. To facilitate this study, the Task Force was encouraged to coordinate its efforts with those of the state Legislature and Medical Examining Board (MEB). This study also is intended to answer the charge by the media, Legislature and public that physicians are not addressing the problem of the incompetent physician.

Doubtlessly, there is reason for concern on everyone's part about the performance of review and discipline in restricting incompetent medical practices. A current estimate given by the AMA for the extent of the competency problem on a national basis is 5% of all practicing physicians. Although national averages do not translate directly to states, the statement that some number of physicians now practicing in this state are not fully competent and their practices should be limited or restricted is valid. Since the Medical Examining Board revoked no licenses last year through formal actions, and most suspensions made over the years have concerned criminal or ethical problems rather than competency, there is reason for concern, especially on the part of physicians committed to assuring that medical care quality in this state is of the highest level.

Prepared by SMS staff attorney, Sally L Wencel, with guidance and assistance of Task Force members—Doctors Peter L Eichman (chairman), Rudolf W Link (vice chairman), and Charles S Geiger—under direction of the entire Task Force on Physician Review and Discipline whose names are listed on page 134 of this issue.

Moreover, the Department of Regulation and Licensing (DRL), within which the Medical Examining Board is housed, is promoting legislation that would extend its authority over professional review and discipline. Partly due to pressure by the DRL as well as the public, the Governor appointed a task force directed to study the state's performance in disciplining the professions and occupations under its aegis. This group, the Task Force on Professional and Occupational Discipline is directed to study the issue and make recommendations to the Governor by July 31, 1986. Therefore, a major concern of the SMS Task Force is that the physician point of view be properly represented before measures are taken by the executive or legislative branch of state government. To this end, a report was prepared by the SMS Task Force to supply crucial but often missing information about the nature and extent of physician review and discipline and present a reasoned argument for the recommendations offered.

This report provides a summary of the Task Force's findings, assessments and recommendations regarding physician review and discipline. To better develop an understanding of the issues involved, the Task Force divided the report into two sections—review and discipline. Although closely linked, the two processes were dissected in such a manner to help keep clear in the uninitiated reader's mind that the processes are distinct, and more important, treated differently under state law.

PHYSICIAN REVIEW

Findings

Physicians are the most reviewed professionals in the state. This review takes place on many levels and is motivated by different factors. The Task Force found the following review systems relevant to the inquiry of the nature and extent of physician review.

- The *Medical Examining Board* conducts an initial review of a license applicant's qualifications for licensure. Once successfully completing this review, a physician is not subject to routine review by the MEB since that organization becomes involved with physician review only upon receiving a complaint or a referral from another review body.

- *Hospital medical staffs* are required by the state hospital code and JCAH standards (when applicable) to conduct physician quality care review. Other committees required by state law such as tissue and medical audit committees review appropriateness of care. Any negative decision based upon peer review (terminations, suspensions, resignations, and limitations) must be reported to the MEB under state law.

- The *Hospital Rate Setting Commission* is required by state law to monitor hospital utilization rates and therefore may in the future become involved in physician-hospital practice pattern review.

- Through involvement in the *Medicare* and *Medicaid* programs, physicians are reviewed if program monitoring indicates that a physician's practice should be audited for utilization or quality care problems.

- Both *Health Insurance* and *Medical Liability Insurance Carriers* conduct review of physicians although for different economically motivated reasons.

- *Professional* and *Specialty Societies* generally have physician review capabilities, although some forms are limited in scope and all appear to be capable of greater use.

- Finally, *WIPRO* and *other private review contractors* are appearing in

greater numbers to provide physician review services for health care purchasors interested in cost-effective providers as well as for peer review and malpractice litigation contexts.

———

Despite the extent of peer review services available through the abovementioned systems, there exist several strong deterrents to complete and full peer review.

• *Civil liability for "bad faith" peer review* remains despite statutory language intended to prevent lawsuits brought by disgruntled physicians charging defamation or conduct in restraint of trade. Although the chances of winning a suit are reduced, the exposure to litigation remains and poses a perceived threat to physicians participating as reviewers.

• There might be a *reluctance to take action against colleagues* whose conduct is not egregious or who has been a long standing and respected member of both the medical and social community.

• Particularly with the *impaired physician,* the impairment makes it difficult for intervention or the impairment might not yet present a danger to patients.

• *Lack of intervention training and skills* on the part of physicians faced with an impaired colleague or one demonstrating potentially inappropriate sexual conduct towards patients makes it difficult for impairment programs to be instituted.

• Although an important statutory right, *patient privacy laws* make it more difficult for review organizations not operating under state or federal exemptions to review practice pattern trends. Competency problems are more often revealed through reviewing dozens or even hundreds of patient medical records rather than by the one chart usually offered for review by the complainant.

• There remain a number of *unaffiliated physicians* who are not otherwise under any sort of regular review as described above. These physicians pose an unknown and unaccountable risk to the public if not reviewed and reported in some other manner.

Recommendations

Based upon a true desire to achieve the best standards of medical care for patients physicians promote improvements necessary to help professional review become more effective and fair. The following recommendations attempt to address the problems hampering peer review.

• Although difficult to achieve, *better civil liability protections* could be provided through legislation similar to the 1985 state budget changes that strengthen civil immunity extended to those reporting in good faith to licensing boards.

• A more *positive attitude toward peer review* by physicians, legislators and the public could help to give more credence and therefore more respect to existing peer review systems, perhaps lowering the proclivity of physicians to sue peer reviewers.

• *Better education of physicians regarding real risk of civil liability* would also help. Much of the fear of litigation by peer reviewers comes on the heels of an Oregon federal district court ruling which in reality should not be considered threatening to Wisconsin physicians.

• *Increasing the use of professional society sponsored review* could help to assist isolated medical community problems or where special expertise is needed, particularly involving physician impairment problems.

• *SMS should create an independent, non-profit peer review service* to help facilitate greater use of private peer review services and to maximize existing peer review protections.

• Regarding the unaffiliated physician, *competency review as a requirement of relicensure* could subject all physicians to some form of accredited review on a periodic basis. Those physicians reviewed through medical staffs or other accredited form of review could obtain waivers from required review process evaluation.

• *The MEB should use its rulemaking authority more actively to define certain medical practices as harmful or serving no medical benefit.*

PHYSICIAN DISCIPLINE

Findings

After studying physician review systems, the Task Force came to the conclusion that only one entity is empowered to effect real and lasting discipline—the Medical Examining Board.

• Although they are empowered to suspend, limit, or terminate hospital privileges, *hospital medical staffs cannot prevent incompetent physicians from seeking privileges at other hospitals.* In fact, a physician dismissed from one hospital might already have privileges at another and therefore not be restricted from practicing medicine in a hospital.

• *Medicare and Medicaid can only restrict a physician's ability to collect payment for services rendered.* Decertification does not affect a physician's ability to treat program beneficiaries, rather, prohibits physicians from billing those programs.

• *Wisconsin physicians cannot be shut out of practice due to an inability to obtain malpractice coverage.* The Patients Compensation Fund participation is required through licensure and provides secondary coverage. The state offers primary coverage to all physicians through its sponsored liability carrier WHCLP. However, premiums can reach the point of being economically prohibitive.

• As with the Medicare and Medicaid programs, *health insurers can only restrict physician reimbursement.* Often, physicians denied participation in a health insurance sponsored medical plan can continue giving medical services and bill pa-

tients directly and therefore sanctions are not necessarily lasting or effective.

• *Professional societies can only terminate physician membership,* and because membership is not required for practice, this sanction has little effect on an adjudged incompetent physician's ability to practice medicine.

• Since private review contractors serve only as consultants, *WIPRO and other private review contractors have no disciplinary powers with regard to physician practice.* (WIPRO as the Medicare contractor is able to impose economic sanctions through payment denials to hospitals and through recommendations to HCFA that physicians be decertified.)

———

Because only the MEB can limit a license and therefore directly curtail an incompetent physician's ability to practice medicine, it is important that the MEB function well in order to protect the public from the danger presented by unqualified physicians. Joining company with the agency's many critics, the Task Force found little reason for physicians to place their trust in the MEB to fulfill this mandate.

• Although figures vary, *the MEB faces a complaint backlog of over 400.* These complaints have yet to be investigated, reviewed, and when necessary, formally heard by the MEB.

• *This backlog is likely to double under the new insurance settlement reporting requirement.*

• Under the current system, *the MEB through the DRL is able to investigate only 150 cases and hear no more than 20 cases per year.*

• *Not one formal disciplinary action was taken against a physician by the MEB in 1985 as a result of a formal hearing.*

———

The Task Force next concerned itself with discovering the reasons for the MEB's poor disciplinary record. Through investigating the MEB's problems, issues became clear.

• As a primary concern, *the MEB has inadequate staffing available to it to perform the level and amount of review required of it.*

• *The centralized administrative structure imposed upon the MEB does not allow staff specialization in medical matters* and further aggravates the staffing problem.

• Due to unwieldy authorizing statutory language and due process concerns, *the MEB is virtually unable to use its license suspension powers.*

• In addition to statutory construction problems regarding suspensions, *the MEB does not have the authority to use a broader range of disciplinary sanctions nor the flexibility to use discretion in imposing them.*

• Once a disciplinary sanction is imposed by the MEB, *courts of appeal often grant stays of MEB sanctions through the appeals process.* This fact circumvents the MEB's purpose of protecting the public.

• Essential as a matter of individual rights, *due process guarantees greatly add to the drain on administrative resources and delay review of and action on potential physician competency problems.*

• *There are no criteria for qualifications for MEB membership.* It is becoming more apparent that appointees are selected more for their political experience than for review and educational experience.

Recommendations

Underlying the entire evaluation of physician discipline was the question whether the MEB is salvagable in its current state and in light of the relatively hostile political climate. The Task Force decided that needed improvements in the MEB will not receive a favorable audience from the public, legislators, and especially not the dominant forces in state agency government. Despite this initial pragmatism, the Task Force makes the following recommendations.

———

The Task Force found that *the MEB should have greater autonomy.* The greater the freedom from DRL, the greater the likelihood that true improvements can be implemented into the current review and discipline process. Based upon this premise of greater autonomy, the Task Force specified the following changes:

• Notwithstanding complete separation from DRL, *the MEB should have its own independent staff* including investigators, prosecuting attorneys and legal counsel.

• *The MEB should be administered by a physician deputy director* to help expedite cases based upon the severity of the unprofessional conduct alleged and understanding of the resources in terms of staffing and time needed to investigate the allegation.

• In addition to independent investigators, attorneys and a medical director, *the MEB should employ a consumer specialist to receive complaints from public sources.*

• *The MEB should have an independent computer system* to track and keep information on file with regard to both physicians licensed in this state as well as physicians disciplined in other states who might attempt to gain a license in Wisconsin. Due to confidentiality concerns, *this computer must not be accessible to unauthorized persons.*

• *The MEB should be financially independent from other professional and occupational boards.* Physicians are generally willing to pay higher licensure fees if that money is used exclusively by an effective professional review and discipline board.

———

The next set of changes seen as necessary require help from the Legislature. These changes come under the rubric of statutory changes.

• *The MEB should have greater and more flexible disciplinary authority.* Through statutory rewriting of its enabling legislation, the MEB should be granted a broader disciplinary "arsenal" to include fines (including costs), reprimands, letters of censure, and letters of concern so that it need not rely upon the cumbersome and time-consuming formal disciplinary measures.

• As a specific new disciplinary authorization, *the MEB should be able to require competency examinations* if a physician's skills or knowledge is in question.

• *There should be a statutory preclusion of appeals court granted stays of MEB disciplinary actions* when cases are appealed to higher courts.

• *Mandatory reporting of adverse peer review decisions to the MEB should be expanded* to include all accredited, quality care motivated peer review processes such as peer review in HMOs, PPOs, and Medicaid and Medicare programs.

———

Although greater autonomy, better staffing, more resources, and statutory changes would help the MEB better handle its increasing workload, the Task Force could not conclude that these changes are enough. The review and discipline process itself must be streamlined so that resources are effectively used, staff is more efficient and productive. The Task Force makes the following recommendations to improve and streamline the investigative and disciplinary process.

• At the initial complaint stage, *a consumer specialist should be used to screen complaints for substantive and jurisdictional relevance.* In addition, a consumer specialist can help to mediate complaints and therefore obviate the need for further investigation and review.

• After the consumer specialist has reviewed the complaint, it would next go to the screening committee. *The screening committee would receive all referrals from other sources and public complaints and determine relative severity and probable cause for further investigation.* The Task Force recommends that the screening committee be composed of the medical director, legal counsel and the consumer specialist or a consumer member of the MEB.

• During the ensuing complaint investigation phase, *the MEB should use professional society review services for needed expertise.* SMS repeatedly offers its review services to the MEB for these purposes, but the DRL is concerned about the Legislature's impression that professional organizations are self-serving and insular and rejects these offers.

• To the extent feasible, *transcripts from Patients Compensation Panel cases should be available* so that the MEB has more complete information about an allegation of unprofessional conduct regarding incompetency.

• *A threshold level for which insurance settlements are reported to the MEB should be instituted* so that nuisance suits do not clog the investigative dockets.

• At each step of the investigative and formal hearing process *time limits should be placed so that due process is guaranteed through timely disposition of a case.* The theory behind this suggestion is the same as that of the Speedy Trial Act in criminal law.

———

The Task Force is concerned about the Medical Examining Board's composition and qualification to serve as the "supreme court" of physicians. This concern is amplified by the current legislative effort to increase consumer representation to the MEB. Therefore, the Task Force recommends these changes.

• Increased consumer representation is not objectionable if the number of physicians is not reduced. *The amended version of SB 345 should be supported since it does not decrease the number of physicians serving on the MEB.*

• *All appointees to the MEB should be subject to criteria designed to assure that basic qualifications for service are met.* These criteria should include review experience, superior medical qualifications, and proven dedication to peer review.

• *MEB members should be reasonably compensated for their time and effort spent serving in that capacity.*

———

To encourage greater public and professional understanding of the MEB, the Task Force recommends the following.

• *MEB disciplinary actions should be published in the Wisconsin Medical Journal.*

• *The MEB should provide informational releases describing its purpose, scope of activities, and performance to the public.* (This suggestion does not change the non-public nature of MEB records and the agency's exemption from open records and meetings laws.)

• To help signify the changes made in the MEB's structure and process, *the MEB's name should be changed to the Board of Physician Licensure and Discipline.*

CONCLUSION

Over the past six months the State Medical Society's Task Force on Physician Review and Discipline studied the state of professional review and discipline in Wisconsin, bringing into this survey the members' vast range of experience in the subject. The Task Force concludes that physician review occurs on many levels and is all too often motivated by reasons other than assuring medical competency. Moreover, major legal, economic, and social obstacles often deter objective and thorough physician review.

Despite the high level of physician review, licensure discipline can occur on only one level—through the state licensing authority, the Medical Examining Board. Presently, the MEB faces an ever-growing complaint back-

log. Inadequate staffing and resources, inadequate statutory authority, ineffective procedures, unavoidable legal procedural guarantees, and the difficulty of the competency issue severely hamper the MEB's ability to dispose of its current cases and therefore fulfill its legislative mandate to protect the public health, safety, and welfare.

The Task Force makes recommendations which it believes will help to address the problems facing physician review and discipline. As one clear recommendation under either heading, the Task Force again offers the assistance of professional organizations like SMS to provide the medical expertise and review experience needed to assure the quality of medical care rendered to citizens of this state.■

Wisconsin Administrative Code

MEDICAL EXAMINING BOARD—Chapter Med 10

UNPROFESSIONAL CONDUCT DEFINED

Med 10.01 Authority and purpose. The definitions of this chapter are adopted by the medical examining board pursuant to the authority delegated by ss. 15.08 (5), 227.08, and 448.40, Stats., for the purposes of ch. 448, Stats.

Med 10.02 Definitions. (1) For the purposes of these rules:

(a) "Board" means the medical examining board.

(b) "License" means any license, permit, certificate, or registration issued by the board.

(2) The term "unprofessional conduct" is defined to mean and include but not be limited to the following, or aiding or abetting the same:

(a) Violating or attempting to violate any provision or term of chapter 448 of the statutes or of any valid rule of the board.

(b) Violating or attempting to violate any term, provision, or condition of any order of the board.

(c) Knowingly making or presenting or causing to be made or presented any false, fraudulent, or forged statement, writing, certificate, diploma, or other thing in connection with any application for license.

(d) Practicing fraud, forgery, deception, collusion, or conspiracy in connection with any examination for license.

(e) Giving, selling, buying, bartering, or attempting to give, sell, buy, or barter any license.

(f) Engaging or attempting to engage in practice under any license under any given name or surname other than that under which originally licensed or registered to practice in this or any other state. This subsection does not apply to change of name resulting from marriage, divorce, or order by a court of record.

(g) Engaging or attempting to engage in the unlawful practice of medicine and surgery or treating the sick.

(h) Any practice or conduct which tends to constitute a danger to the health, welfare, or safety of patient or public.

(i) Practicing or attempting to practice under any license when unable to do so with reasonable skill and safety to patients.

(j) Practicing or attempting to practice under any license beyond the scope of that license.

(k) Offering, undertaking, or agreeing to treat or cure a disease or condition by a secret means, method, device, or instrumentality; or refusing to divulge to the board upon demand the means, method, device, or instrumentality used in the treatment of a disease or condition.

(l) Representing that a manifestly incurable disease or condition can be or will be permanently cured; or that a curable disease or condition can be cured within a stated time, if such is not the fact.

(m) Knowingly making any false statement, written or oral, in practicing under any license, with fraudulent intent; or obtaining or attempting to obtain any professional fee or compensation of any form by fraud or deceit.

(n) Wilfully divulging a privileged communication or confidence entrusted by a patient or deficiencies in the character of patients observed in the course of professional attendance, unless lawfully required to do so.

(o) Engaging in uninvited, in-person solicitation of actual or potential patients who, because of their particular circumstances, are vulnerable to undue influence; or engaging in false, misleading or deceptive advertising.

(p) Administering, dispensing, prescribing, supplying, or obtaining controlled substances as defined in s. 161.01 (4), Stats. otherwise than in the course of

continued next page

continued from preceding page

legitimate professional practice, or as otherwise prohibited by law.

(q) Having a license, certificate, permit, or registration granted by another state to practice medicine and surgery or treat the sick limited, restricted, suspended, or revoked, or having been subject to other disciplinary action by the licensing authority thereof.

(r) Conviction of any crime which may relate to practice under any license, or of violation of any federal or state law regulating the possession, distribution, or use of controlled substances as defined in s. 161.01 (4), Stats. A certified copy of a judgment of a court of record showing such conviction, within this state or without, shall be presumptive evidence thereof.

(s) Prescribing, ordering, dispensing, administering, supplying, selling, or giving any amphetamine, sympathomimetic amine drug or compound designated as a schedule II controlled substance pursuant to the provisions of ch. 161 Stats. to or for any person except for the treatment of narcolepsy, or for the treatment of hyperkinesis, or for the treatment of drug induced brain dysfunction, or for the treatment of epilepsy, or for the differential diagnostic psychiatric evaluation of depression, or for the treatment of depression shown to be refractory to other therapeutic modalities, or for the clinical investigation of the effects of such drugs or compounds in which case an investigative protocol therefore shall have been submitted to and reviewed and approved by the board before such investigation has been begun.

(t) Aiding or abetting the unlicensed practice of medicine or representing that unlicensed persons practicing under supervision, including unlicensed M.D.'s and D.O.'s, are licensed, by failing to identify the individuals clearly as unlicensed physicians or delegates. ■

STATE MEDICAL EXAMINING BOARD

Hospitals and others required to report physician disciplinary actions

In 1985 and 1986, the Wisconsin Legislature expanded the existing mandatory reporting laws to include the Department of Health and Social Services, HMOs, PPOs, insurance companies, and limited service health organizations as reporting sources.

Under the original mandatory reporting law, Wisconsin Statutes §50.36 (1981), hospitals are required to notify the Medical Examining Board (MEB) within 30 days peer review investigations that result in the reduction or loss of physician medical staff privileges for 30 days or more, or result in a physician resigning from the hospital staff for 30 days or more. (See *WMJ*, June 1985).

Mandatory reporting to the MEB was expanded by two pieces of legislation, the 1985-87 Budget Act and the special session medical malpractice reform bill (signed into law by Governor Anthony Earl, June 12, 1986). Under the provisions of the Budget Act (1985 Wisconsin Act 29), insurers must now report medical malpractice claims information to the MEB on a monthly basis; the Patients Compensation Fund must report panel filings, proceedings or decisions with the MEB on a quarterly basis. In neither case is there any threshold for claims reporting.

The special session medical malpractice bill expands reporting to the MEB to include the department of justice or district attorney with regard to any prosecution of a person holding a license granted by the MEB; DHSS to report any decertification or suspension from either Medicare or Medicaid program participation if the grounds for the suspension or decertification include fraud or a quality of care issue; HMOs, PPOs, or limited service health organizations with regard to suspensions, disciplinary actions or other actions related to unprofessional conduct or negligence in treatment by physicians. Prior to this legislation, none of these sources of physician review or discipline was required to report negative actions to the MEB.

In addition, the special session bill amends Wis. Stats. §50.36 to require hospitals to report any hospital staff privilege reduction, suspension, or resignation done for any reason that include quality or ability to practice. Suspensions, reductions, or resignations that result from reasons that do not include quality of or ability to practice are reported to the MEB under the conditions outlined in the former language of that statute. ■

What happens when a patient complains to the Medical Examining Board?

THE FOLLOWING INFORMATION was provided to the State Medical Society by the State Division of Health in answer to the Society's inquiry: What happens when a patient complains to the Medical Examining Board?

———

Informal complaints are received from a variety of sources, however, the majority of informal complaints are received from consumers of professional services. The balance of the informal complaints are received from licensing authorities of other states, the Patients Compensation Panel, hospitals, professional societies, other professionals, documents of general public circulation such as newspapers, and other governmental agencies. The informal complaints are generally received from sources lacking sufficient expertise to evaluate the appropriateness of the professional practice alleged or the legality of the conduct.

Informal complaints upon receipt are screened pursuant to Wis. Adm. Code sec. RL 2.035 to determine which of the informal complaints will be investigated with the resultant consequence that the licensee be identified in Department records as "under investigation." This screening function is performed without any prior investigation of the alleged incident by the Department. Wis. Adm. Code sec. RL 2.035 provides:

> "All informal complaints received shall be referred to the division for filing, screening and, if necessary, investigation. Screening shall be done by the board, or, if the board directs, by a board member or the division. In this section, screening is a preliminary review of complaints to determine whether an investigation is necessary. Considerations in screening include, but are not limited to:
>
> (1) Whether the person complained against is licensed;
> (2) Whether the violation is a fee dispute;
> (3) Whether the matter alleged, if taken as a whole, is trivial; and
> (4) Whether the matter alleged is a violation of any statute, rule or standard of practice."

In practical application Wis. Adm. Code sec. RL 2.035 has been interpreted by the Department as only a broad jurisdictional screen. The merits of the individual informal complaints are not evaluated under this rule in determining whether or not an investigation will be commenced. The only exception to this statement arises under Wis. Adm. Code sec. RL 2.035(3) which permits a review of the informal complaint on its merits to determine if it is trivial. In practical application the number of informal complaints screened out under this subsection is negligible. If an informal complaint presents a close question under this screening process, the benefit of the doubt is given to the complainant, the informal complaint is investigated, and the licensee is identified as "under investigation." From January 1, 1983 through July 31, 1983 the Medical Examining Board investigated 87% of the 210 informal complaints received, the Dentistry Examining Board investigated 82% of the 49 informal complaints received, the Pharmacy Examining Board investigated 84% of the 25 informal complaints received, and the Board of Nursing investigated 93% of the 57 informal complaints received.

Informal complaints received are recorded and kept in the Department's Division of Enforcement. The Division maintains a log book to record the names of persons and entities against whom informal complaints have been received. The log book also records the results of the screening process for each informal complaint. Persons and entities given the status of "under investigation" following the screening process are also identified on a separate document maintained for each board entitled "Case Status Report." The Division of Enforcement conducts investigations of all persons and entities identified as "under investigation." If the investigation discloses a violation of law, a formal complaint may be drafted and a disciplinary proceeding commenced by the filing of a Notice of Hearing with the respective board office and the designated hearing examiner.

The threshold burden for issuance of a formal complaint varies from board to board. The Medical Examining Board must make a finding of probable cause after the investigation is substantially completed before a formal complaint can be issued and a disciplinary proceeding be commenced. Other boards do not have this specific probable cause requirement for issuance of a formal complaint, however, the decision to issue a formal complaint is controlled by the professional and ethical constraints of the prosecuting attorney and the respective board. Formal complaints are not issued until the investigation has been substantially completed and a violation of law identified. If after a hearing on the allegations of the formal complaint the board determines that a violation of law has occurred, it may reprimand, suspend, revoke, or limit the license of the licensee. ■

STATE MEDICAL EXAMINING BOARD

Hospitals required to report physician's loss of hospital staff privileges

STATE LAW requires hospitals to report to the Medical Examining Board peer investigation information which results in a physician's hospital staff privileges being lost or reduced, or which results in a physician resigning from the hospital.

Chapter 135, Laws of 1981, requires hospitals to notify the Medical Examining Board of any loss or reduction of privileges for 30 days or more, within 30 days after the loss, reduction, or resignation takes effect. The new medical malpractice legislation, 1985 Wisconsin Act 340, requires hospitals to notify the Medical Examining Board of suspensions or reductions of less than 30 days, if the suspension or reduction is related to ability to practice or quality of practice. Temporary suspensions due to incomplete records need not be reported.

Within 30 days after receiving a hospital report, the Medical Examining Board must notify the physician, in writing, of the substance of the report. The physician and the physician's authorized representative may examine the report and may place into the record a statement, of reasonable length, of the physician's view of the correctness or relevance of any information in the report. An action may be instituted in circuit court to amend or expunge any part of the hospital report.

If the Medical Examining Board determines a hospital report is without merit or that the physician has sufficiently improved his conduct or competence, the Board must remove the hospital report from the physician's record.

If no hospital reports are filed against a physician for two consecutive years, the physician may petition the Board to remove any prior reports, unless those reports are related to a finding of unprofessional conduct against the physician.

Hospitals may request information relating to a physician's loss, reduction, or resignation of staff privileges from other hospitals prior to admitting the physician to the medical staff.

The law is intended to prevent the migration of physicians who lose attending privileges at one hospital and to shortly thereafter receive approval for attending privileges at another, unsuspecting hospital. It is also intended to help tighten disciplinary efforts and improve risk management related to medical malpractice.

The system requires the Medical Examining Board to act as a clearinghouse for the accumulation and dispersal of disciplinary actions taken by hospitals against physicians.■

CPT/4-1986

CPT/4-1986 is available for $30.00 (includes postage and handling) from: AMA Order Dept, OP 341 AMA, CPT/4-1986, PO Box 10946, Chicago, IL 60610.

NOTICE

Wisconsin hospital emergency rooms and outpatient facilities are aware of the following federal and state laws which prohibit . . .

I. Discrimination against patients

Alcohol abusers, alcoholics and drug abusers who are suffering from medical conditions shall not be discriminated against in admission or treatment, solely because of their alcohol abuse, alcoholism or drug abuse by any private or public general hospital or outpatient facility [as defined in section 1633 (6) of the Public Health Service Act] which receives support in whole or in part by funds appropriated to any federal department or agency. Such regulations shall include procedures for determining if a violation of subsection (a) has occurred, notification of failure to comply with such subsection, and opportunity for a violator to comply with such subsection.

U.S.P.L. 91-616, Part C, Section 321 A & B and subsequent amendments

U.S.P.L. 92-255, Section 407 A & B and subsequent amendments

II. Refusal of admission

"A private or public general hospital may not refuse admission or treatment to a person in need of medical services solely because that person is an 'alcoholic,' 'incapacitated by alcohol,' 'or is an intoxicated person' as defined in subsection (2). This paragraph does not require a hospital to admit or treat the person if the hospital does not ordinarily provide the services required by the person. A private or public general hospital which violates this paragraph shall forfeit no more than $500."

Wis. Stats. 51.45 (15) (c)

PLEASE NOTE: Hospitals not equipped to admit or provide treatment to the person must have a written plan and agreement with the nearest hospital that provides services required by the person.

Any violation should be reported to the Bureau of Alcohol and Other Drug Abuse, 1 West Wilson Street, Room 434, Madison, Wisconsin 53702. Phone 608/266-2717.

Wisconsin's Peer Review Confidentiality and Immunity Statute

As THE TITLE of this report implies, the Wisconsin statutes provide two separate protections to the peer review process and those who participate in it: (1) confidentiality of peer review proceedings, and (2) immunity from civil liability for participating in the peer review process.

Peer review record confidentiality and prohibition against disclosure

Peer review confidentiality was the first of the two protections to be recognized by the courts of law beginning with a case decided in the District of Columbia federal appeals court. In this case, *Bredice* v. *Doctors Hospital, Inc.*, 497 F.2d 920 (D.C. Cir. 1973), the medical malpractice plaintiff sought the minutes and reports of the hospital board and committees concerning her husband's death and the defendant physician's involvement. The court found that this type of retrospective review by the medical staff of the effectiveness of specific treatments was essential to the continued improvement of patient care. Moreover, these reviews would not take place unless the records were treated as confidential.

> "Confidentiality is essential to effective functioning of these staff meetings; and these meetings are essential to the continued improvement in the care and treatment of patients. Candid and conscientious evaluation of clinical practices is a *sine qua non* of adequate hospital care. To subject these discussions and deliberations to the discovery process, without a showing of exceptional necessity, would result in terminating such deliberations. Constructive professional criticism cannot occur in an atmosphere of apprehension that one doctor's suggestion will be used as a denunciation of a colleague's conduct in a malpractice suit." *Bredice, supra* at 921.

Since that time, at least 46 states have enacted legislation providing an evidentiary privilege prohibiting discovery of hospital peer review committees.

Wisconsin's statute, §146.38, broadens the definition of peer review and evaluation over what courts originally considered protected from discovery. In *Bredice*, the court extended immunity to records created in conjunction with peer review taking place in the hospital setting. Wisconsin's peer review statute considers peer review a larger scope of activities, namely, "review and evaluation of the services of healthcare providers or facilities or the charges for such services conducted in connection with any program organized and operated to help improve the quality of healthcare, to avoid improper utilization of the services of healthcare providers or facilities or to determine the reasonable charges for such services or . . . hospital rate-setting activities under ch. 54 or s. 146.60." This definition applies to a broad range of review activities, so long as the peer review groups are comprised of physicians.

Regarding confidentiality, the statute qualifies immunity from disclosure. First, §146.38(1) prohibits anyone who participates in peer review or evaluation of services from disclosing any information acquired in connection with such review or evaluation except as provided. In the next paragraph, §146.38(2), the statute specifies that records kept (as required by the statute) of investigations, inquiries, proceedings and conclusions may not be used in any civil action for personal injuries against the healthcare provider or facility, except that immunity does not extend to documents or records used during peer review and evaluation that are not otherwise confidential. In other words, information used during the peer review process that is not protected from disclosure under different circumstances, *ie*, Medical Examining Board records, does not become immune from discovery merely because of this peer review use.

Not only does the statute define what is considered confidential and immune from discovery, it also grants access to peer review records and findings to those not participating in peer review in specific instances. Those granted access by statute are the healthcare providers being reviewed, anyone with the healthcare provider's consent, persons requesting the information for the purposes of improving quality and avoiding improper utilization, the appropriate examining or licensing board or agency when the organization conducting the review or evaluation determines that such action is advisable, and a court of record upon issuing a subpeona when criminal matters are involved. In addition, information may be released in statistical form, with or without identifying the provider or facility to which the statistics relate. In no event may the identity of any patient whose treatment is reviewed be revealed unless the patient has granted permission to disclose his or her identity.

The final paragraph in this section creates a civil cause of action against any person who discloses information or releases a record in violation of the section, other than through a good faith mistake for any person harmed by the disclosure or release. Therefore, unlike some other provisions under state law regarding record release and confidentiality, unauthorized or illegal disclosure of peer review information can result in potentially harsh civil liability.

Peer review immunity and protection against civil liability

What protection is provided to those who participate in peer review as defined in the Wisconsin Statutes? The protection afforded through peer review confidentiality as described above protects the peer review process, but what about the participants? Record confidentiality does not protect the peer reviewer from liability to the physician reviewed for other civil torts, including slander, defamation, and restraint of trade (a claim under antitrust law). To provide this additional immunity, the companion statute, **§146.37 Health care**

services review; civil immunity was created.

Under Wisconsin Statutes §146.37(1), no person acting in good faith who participates in the review or evaluation of the services of healthcare providers or facilities is liable for any civil damages as a result of any act or omission by such person in the course of review or evaluation. The paragraphs following this basic proclamation address specific evidence the court shall consider in determining "good faith."*

Just how much protection from civil liability is provided by this statutory provision? Many contend that "not much" is the real answer to this question. Although physicians are technically shielded from civil liability, they receive no such protection from claims of liability. As a consequence, a peer reviewer can be named as a defendant to a defamation suit, without respect to the merits of the claim, and therefore be subject to the litigation (or settlement) process by a plaintiff alleging that the defendant did not act in good faith. By creating a statutory condition to liability, the Legislature, albeit unintentionally, created the civil tort against peer reviewers, namely, that of bad faith peer review. As an unfortunate result, the mere threat of suit for bad faith peer review seems to be deterring peer reviewers from making negative decisions even though objective judgment calls for such a decision. Recalling the *Bredice* court's concern that peer review not be "conducted in an atmosphere of apprehension" with respect to malpractice suits, this failure of the state law to adequately protect physicians from liability or the threat of litigation about liability could be similarly obstructing the overriding goal of peer review to improve the quality of patient care and treatment just as fear of plaintiff discovery attempts threatened peer review over ten years ago.

*As a subsequent Wisconsin case stated, the statutory considerations are not exclusive and bad faith can be established with other evidence, *Qasem* v. *Kozarek,* 716 F2d. 1172 (1983). Under state law, therefore, physicians participating in peer review activities are protected from civil immunity so long as they act in good faith.

To remedy the inappropriate or overly enthusiastic use of the bad faith claim by physicians aggrieved by the peer review process, legislation as part of the medical malpractice reforms supported by the State Medical Society would make it more difficult to make the claim. This legislative measure makes it a presumption that physicians who participated in peer review and evaluation acted in good faith. More specifically, any person who asserts that the peer reviewer has not acted in good faith has the burden of proving that assertion by clear and convincing evidence. The change in wording does not seem significant except that it establishes that the plaintiff must prove bad faith by a higher standard than previously required, that of the "preponderance of the evidence." Whether the change will be adopted and, moreover, whether this change will relieve peer reviewers of the litigation threat can only be theorized. However, this legislative initiative does give more credence to the argument that current peer review civil immunity protections are inadequate.

Antitrust liability

As for other potential liability to the physician reviewed, under current judicial wisdom, peer reviewers authorized by state statute to conduct peer review are immune from charges of antitrust under federal law. In the ruling case, *Marrese* v. *Interqual, Inc.,* an Indiana physician sued a private peer review organization and the hospital which retained it to perform medical audits of the physician for revoking his medical staff privileges. The suit charged the defendants with conspiring to restrain trade and monopolizing the market for orthopaedic and neurological spinal surgical procedures in that market area in violation of the Sherman Act as well as violating federal law with regard to adopting an anticompetitive, unfair, and unconstitutional Fair Hearing Plan under color of state law (the Indiana medical peer review statute, Ind. Code §34-4-12.6-1 *et seq*).

After being dismissed from district court, the plaintiff appealed to the Seventh Circuit Court in Chicago. The appeals court upheld the dismissal on another ground, that is, that the plaintiff did not have a claim because the "state action" exemption applied to the defendants in this case. This powerful antitrust exemption basically states that any activity sponsored and supervised by state law is not anticompetitive under federal law. The court examined Indiana's "comprehensive statutory scheme" to "establish, regulate, and supervise the medical peer review process" in order to "protect consumer welfare." Finding that the statute accomplished these goals, the state action exemption as outlined in previous Supreme Court cases was satisfied. Realizing that the effect of peer review is potentially anticompetitive, the court reasoned that the state had "made a policy decision that the peer review process is necessary to protect the citizens of Indiana and promote consumer welfare."

The *Marrese* case is relatively new, but should provide protection to peer review organizations conducted under a state statute from claims under federal antitrust that the peer review activity was anticompetitive and the participants liable under federal antitrust laws. Whether state antitrust law can be used instead to charge peer reviewers with anticompetitive behavior is not addressed in the *Marrese* case. However, since the same policy applies, that the state Legislature found the protection of the general public more important than the private concerns of a few individuals, it is likely that a state antitrust claim would be similarly dismissed. (Courts should defer to legislative fiats unless unconstitutional.)

Recent challenges under the peer review statute

Although no challenge has been successfully made regarding the constitutionality of the Wisconsin Peer Review Statute, there has been at least one case where a court of binding authority has limited the scope of the statute's protection.

Hospital peer review committees

Last February, a Wisconsin appellate court rendered a decision that could change the manner in which medical staffs report peer review

recommendations (including appointment and reappointment decision) to the governing board for action.

In *State of Wisconsin ex rel Good Samaritan Medical Center, Deaconess Hospital Campus, Jose Kanshepolskey and the Wisconsin Patients Compensation Fund* v. *Dennis P. Moroney, Patients Compensation Panel, John Hardy and Nancy Hardy,* the court found that the hospital governing board's consideration of whether to reappoint a physician to the hospital staff is not a "review or evaluation of the services of a health care provider" and therefore not protected under Wisconsin's peer review immunity statutes, Wis. Stats. §§146.37 and 146.38. (See June 1985 *Wisconsin Medical Journal* for full text of statutes.) Examples of protected peer review, the court continued, include reviews done by the medical records committee, the tissue committee, and the meetings of the medical staff held to "review, analyze, and evaluate the clinical work of its members."

The court differentiated between protected and unprotected hospital committee review by stating that review performed by medical staff committees (protected) is intended to aid the physicians on the hospital staff in maintaining and improving the quality of their work whereas the governing board (unprotected) "does not review the physician's practice" and that its decision will be based in part on the conclusions of the credentials committee and the active medical staff, thus removing the governing board one step away from actual peer review. The court implied that instead of medical quality, the governing board is directed to consider the physician's ethics, conduct and compatibility, attendance and participation in staff meetings and affairs, cooperation with hospital authorities and personnel, use of hospital facilities for his or her patients, relations with other staff members, and "general attitude" toward his or her practice, patients, the hospital and the general public. The court summarized that there is no indication that the goal of the reappointment process is to improve the quality of medical treatment. Therefore, only information *not* reported in any form to the governing board remains technically protected by the peer review immunity statutes.

After finding that medical staff recommendations made to the hospital governing board are not privileged because the board does not engage in peer review, the Wisconsin Appellate Court opined:

> We do not think that free and open discussion among physicians sitting on review committees will be inhibited by the physicians' knowledge that someone may eventually discover the conclusions reached by another body, which conclusions rest partially on the record and conclusions of the review committee.

The court seemed to conclude that physicians should not worry about conclusions made and reported to the governing board for action although those conclusions are discoverable by outside parties by subpoenaing the hospital governing board.

Finally , the court decided that the Patients Compensation Panel chairperson is empowered to review *in camera* (privately) any information or documents the hospital Board of Governors uses in its decision-making process relative to physician privileges or appointments to decide whether this evidence can be presented and considered by the panel members in reaching their verdict. The court concluded that since the chairperson acts as a judge in deciding rules of procedure, he or she will act also like a trial court and exclude inadmissible evidence, basing his or her findings only on admissible evidence.

This decision should be heeded as it narrows peer review immunity protection in two ways. First, the court removed the hospital governing board's role in the appointment and reappointment process from the peer review process, therefore "chilling" the medical staff's reporting to the board and perhaps the medical staff's willingness to be fully candid or thorough in communicating as required by by-law and legal precedent to the Board. Second, the court essentially excluded criteria relating to such areas as a physician's ethics, conduct and compatibility, use of hospital resources, relationship with patients, and attitude toward his or her practice from the definition of peer review. This distinction means that peer review does not include those components of professionalism as a part of medical care quality. As a result, medical staffs should be careful to forward only those findings and conclusions that enable the governing board to act upon the peer review recommendations with the understanding that the information disclosed is no longer immune from discovery under the peer review laws.

Good faith peer review immunity

Another recent case, decided at the federal district court level (first court of redress) in Oregon, is being regarded by some physicians as having a disastrous effect on local peer review committees and their protection under state law. In this case, the physician plaintiff charged anticompetitive behavior on the part of several individual physicians who served on peer review and licensing committees involved in rendering negative decisions against the plaintiff. The court agreed, finding the three physician defendants *personally* liable to the plaintiff for an award exceeding two million dollars.

In reaching its verdict, the court set aside state peer review immunity and privilege statutes, stating that these state laws were not binding on a federal court in an antitrust action. The federal district court decision is being appealed to the federal court of appeals, an appeal in which the AMA plans to file an *amicus curiae* brief in support of the defendant physicians.

This court decision should not affect Wisconsin peer review immunity for two reasons. First and foremost, the Oregon federal court decision is not binding (mandatory authority) on any other federal district court. Second, and more important, the Seventh Circuit decision in *Marrese* comes to the opposite conclusion with respect to the anticompetitive allegation made against the physician reviewers and is binding upon courts in its circuit. This case does illustrate, however, the constant attack against civil immunity provided by statute by those aggrieved by the peer review process.

Summary

Wisconsin's peer review immunity and confidentiality statute found in Wis. Stats. §§146.37 and 146.38 do create some protection from outside parties seeking access to peer review records and proceedings as well as civil immunity for the peer review participants. However, this protection is not complete nor necessarily adequate to foster fully candid and unimpeded review. The extent of confidentiality is limited not only by statute, but by court interpretation as well. Confidentiality remains subject to future attack under the premise that this protection is unconstitutional. In the same manner, the statutes do not afford complete civil immunity to the peer review participants. Peer reviewers are subject to litigation if not liability based upon the argument that peer review was not conducted in good faith, as required by the statute in order to provide civil immunity. Finally, although a court of binding authority has ruled that peer review is exempt from federal antitrust purview, some question remains whether the state antitrust laws can be used upon which to base a claim.■

STATE DEPARTMENT OF REGULATION & LICENSING

Physician licensure verification procedure

The Department of Regulation & Licensing offers several avenues available to verify the licensure of medical professionals.

A. Purchase of the Department's current master printout of licensees (name, address, and license number) at a cost of about $60 for all licensees of the Medical Examining Board. Contact the Department's Renewal Section at (608) 266-0627 for further information and ordering.

B. Purchase of the Department's directory of Medical Board licensees which is current up to December 1985, contains no license numbers, and costs $6.30.

C. Checking, at the physician's facility, the current registration card of all Medical Board licensees. That certificate, stamped "valid to December 1987" is the physician's proof of being currently registered with the Medical Examining Board.

D. Writing or calling the Medical Board office when the following is true:

1. Applicant for staff privileges is not listed in the printout or directory.
2. Applicant for staff privileges cannot produce a current registration card.
3. Applicant is a new licensee in Wisconsin.
4. A person has good reason to believe the Medical Examining Board has disciplined the licensee and vertification of that fact is desired.

Physicians who have been members of a hospital or clinic medical staff for a number of years will be expected to show their license "renewal card" every two years to the staff.

A physician experiencing no problems on a medical staff, having a current renewal card, and not listed in the *Digest of Rules and Discipline* will not show up as a problem on the Department's records.

The Department of Regulation & Licensing and the Medical Examining Board have told the State Medical Society that they wish to assure effective regulation of the profession to the citizens of Wisconsin and, therefore, are most anxious to assist physicians in the verification process.■

Physician re-registration

EVERY TWO YEARS physicians are required to re-register their license. As a part of this process physicians are required to attest to their having attained 30 hours of Category I Credit Hours of the Physician's Recognition Award of the AMA.

This requirement is subject to audit by the State Medical Examining Board. In this case physicians would be required to prove their attendance at continuing medical education programs that would grant them at least 30 hours of Category I Credit Hours in the previous two-year period.

Currently physicians are licensed for 1986 and 1987 and will be next required to attest to CME with re-registration forms mailed late in 1987 for their 1988–1989 license. Physicians are reminded to let the Medical Examining Board know of any address change (the post office only forwards for a six-month period). All fees associated with re-registration must be received by the Medical Examining Board by December 31 of the year re-registration occurs.■

Retention and inspection of patients' records

IT IS GENERALLY agreed that ownership of medical and hospital records rests, respectively, with the physician and the hospital. Their beneficial ownership, that is the right to have them used for one's benefit, is in the patient although the right to possession remains in the physician or hospital. The doctor-patient-hospital relationship has been considered by the legislature and the courts. They have declared it to be in the public interest that the patient have access to relevant records concerning his medical care and treatment.

Because of the long-standing uncertainty regarding the rights of physicians, hospital personnel, patients and others in regard to health care records, efforts both statutory and private have been made to clarify this situation. In 1959 the State Medical Society of Wisconsin and the Wisconsin Hospital Association jointly developed an *Interpretation* seeking to define what is a health record and restate the respective rights of various interested parties in them. This *Interpretation* was printed in the June 1975 Blue Book issue of the *Wisconsin Medical Journal.* (74 *WMJ* 30)

The law under which the *Interpretation* was prepared has been subsequently amended. To the extent of that amendment, the *Interpretation* is no longer valid. It does provide a framework from which to view the issues involved, this framework having been developed jointly by the health professionals most directly involved. The new statute, Sec. 804.10(4), Wis. Stats., is discussed in the box accompanying this article. It deals with authorization by a patient for the examination or inspection of that patient's health care records.

More recently, Secs. 146.81-.83, Wis. Stats., were enacted effective 1980. This new law deals with the release of health care records by consent and without consent. Health care records are defined as "all records related to the health of a patient prepared by or under the supervision of a health care provider." Consent may be given by the patient or one legally permitted to act on the patient's behalf. Consent must contain the name of the patient, the purpose of disclosure of the records, the type of information to be disclosed, the person to whom disclosure may be made, which providers are to make the disclosure, and the time period during which the consent is effective. Access without consent of the patient is permitted for staff, accreditation or review committee use, performance of health care services or consultation regarding them, billing, collecting and payment of claims, on court order, on written request from an appropriate government agency, and for research purposes subject to particular conditions. The new law also covers the subject of patient access to health care records.

Since a patient does have a general right to inspect his medical and hospital records, the question how long to retain records is automatically raised.

A. Retention of Records

For purposes of this article patients can be classified into three legal categories. Each category calls for retention of records for different periods. These are patients (1) over 18 who are mentally competent; (2) over 18 who are mentally ill; and (3) under 18.

Among others, the following reasons for retention of patient records, whether in original or reproduced form, must be considered:

1. To aid medical science; also to facilitate the care of a particular patient who requires treatment or hospitalization at a later time.
2. To provide a record for the assistance of the patient in enforcing his claim for injuries against others than the physician, hospital, or members of their respective staffs.
3. To assist the physician, hospital, a member of the medical or nursing staff, or other personnel in defending against an allegation of negligence made by or on behalf of the patient.
4. To assist the physician or hospital in collecting an unpaid debt due from a patient.

Recommendations

The following recommendations apply to each of the foregoing reasons for retention of records above noted.

1. As to the length of time for retaining records as an aid to medical science or to the patient himself, this will depend in part upon the facilities of the physician's office or the size and character of the hospital and will necessarily involve the judgment of the particular physician or of the medical staff of the hospital. In any event this is a matter of medical judgment and not legal considerations.
2. A mentally normal patient of legal age has *3* years within which to sue *for personal injuries.* If a patient elects to sue on *a contract* rather than for alleged *negligence,* he has *6* years in which to do so. In rare instances which would almost never apply to a patient-physician relationship, he might have up to 20 years. Such

Reprinted from the June 1980 BLUE BOOK *Wisconsin Medical Journal,* with modification July 1982.

unusual situations would ordinarily be known to the physician's attorney. To aid the patient in enforcing his claims against others, it is recommended that records be retained for at least 6 years. There is no *legal* requirement for accommodating a former patient longer than the suggested 6 years, although where fraud is alleged, the injured party has 6 years in which to sue *after* discovery of the fraud. For example, a surgeon is chargeable with "fraud" who is aware he has left a foreign object in a patient's body but does not disclose that fact to the patient, or the latter's representative.

3. The period recommended for retention of patient records to defend against an allegation of negligence would depend upon the category into which the patient falls. The principal categories can be summarized as follows:
   A. If the patient is over 18 and mentally competent, the Wisconsin Statutes require that he start an action for alleged negligence within 3 years after the alleged act.
   B. If the patient is over 18 and mentally ill at the time of his treatment or hospitalization, or becomes so within 3 years thereafter, suit must be brought on his behalf, or by him if he recovers, within one year of his recovery, and if he does not recover, within a maximum of 8 years after the alleged negligence.
   C. If the patient is a mentally normal minor at the time of treatment or hospitalization, suit for injuries resulting from alleged malpractice by a health care provider must be brought on behalf of the minor within the later of: (i) 3 years after the injury or (ii) one year from the date the injury was, or should have been, discovered within a maximum of five years after the alleged injury, or (iii) the time the minor reaches the age of 10.
   D. If the patient was a minor and mentally ill at the time of the alleged negligence, and becomes mentally normal by age 18, he must sue for the alleged negligence by the time he is 20, or within three years from the date of the injury, whichever is later. If such patient remains insane after reaching age 18, his guardian must start suit within two years of his recovery, or before the patient is 20, whichever occurs later, all within a maximum of eight years after the alleged negligence.

4. To the extent that patients' records are retained to assist in collection of accounts, such claim must be enforced by the physician or hospital within 6 years of the time it was incurred, unless such time was extended by act of the person owing the account.

An accurate and durable reproduction of the record on microfilm or similar process is as fully admissible before a court as the original itself. *Therefore, the originals of your records, once they are microfilmed, may be destroyed. However, it is advisable to keep the original record for at least 3 years or until the patient has paid your bill.* The reasons for this recommendation are:

1. The original is in many ways more convenient to handle and to read than microfilm;
2. The opportunity for physical examination of an original patient record minimizes the chance of suspicion or an assertion that something is missing.

B. Inspection and Copying of Medical Records:

As a general rule, the right to inspect or copy medical records is based on the consent for such action by the patient or one legally authorized to act for the patient. The issue may arise in any of several situations and in the absence of a statutory exception covering the particular situation the physician should permit inspection and copying of a patient's medical records only by the patient or by one who has a written authorization from the patient (or one legally allowed to act on behalf of the patient) stating the extent of the authorization and describing the records covered by the authorization.

SECTION 804.10(4)

The general rule regarding inspection and copying of medical records is codified in Section 804.10(4), Wisconsin Statutes. It is set out in the box below.

A physician or hospital administrator, and anyone designated by either of them is urged to read this article *before* allowing the inspection or copying of medical records and reports which are in his custody.

STATUTE: 804.10(4)

"804.10(4). Upon receipt of written authorization and consent signed by a person who has been the subject of medical care or treatment, or in case of the death of such person, signed by the personal representative or by the beneficiary of an insurance policy on the person's life, the physician or other person having custody of any medical or hospital records or reports concerning such care or treatment, shall forthwith permit the person designated in such authorization to inspect and copy such records and reports. Any person having custody of such records and reports who unreasonably refuses to comply with such authorization shall be liable to the party seeking the records or reports for the reasonable and necessary costs of enforcing the party's right to discover."

An authorization from or on behalf of a patient allowing the designated person to inspect and copy medical or hospital records or reports concerning the patient's care and treatment may not specify what specific records are covered. The physician on the other hand may have records that go back many years and cover more than one treatment or series of treatments, and more than one illness or hospitalization, or more than one member of a family.

Before complying with the request of a patient to inspect and copy his records, the physician should confer, if practical, with the patient or his representative to ascertain *what* illness, *what* treatment, and *what* period of time are intended by the authorization. If by any chance the records or reports contain material relating to conditions which would be embarrassing to the patient or which might involve other members of the immediate family, the patient or a representative might be very grateful to have the physician point this out and delete them from any preparation.

If practical, the physician might also ascertain who suggested the copying of records. It could be important whether this was another physician, an insurance company, an employer, or an attorney for any such parties.

Some physicians are requesting not only that the time periods to be copied from a medical record or report be specified, but also that each particular illness be specified in the authorization from the patient.

Once the decision has been made how far back to go and just what portions of the total medical record are to be copied, the physician or hospital should *not* let the record leave the premises. For the information of physicians, the statute does *not* authorize the removal of medical or hospital records from the premises. Further, the physician or hospital should *not* permit *anyone* outside the staff to copy the record except in the presence of a staff member.

Whether by intention or not, the physician or hospital might lose a portion of the record if they do not observe these precautions, and such loss could prove a serious handicap later.

Following are some major considerations and safeguards to be observed by a custodian of medical records and reports:

1. Validity of Authorization

Upon being presented with an authorization form for the inspection or copying of medical records and reports, physicians or hospitals must assure themselves that (1) the patient in fact signed the authorization, (2) was of legal age, and (3) had the *mental capacity* to know what he was signing. A minor or incompetent must act through his guardian. Where there is no formal guardianship of a minor, a parent may sign as the natural guardian except where the minor is emancipated as by marriage or self-support.

The physician or hospital must take such precautions as are necessary to satisfy themselves that those designated in the authorization are thereby empowered to inspect and copy the medical records or reports covered by the authorization.

The physician or hospital representatives must also be satisfied that the *person presenting* the authorization to inspect or copy records is the *identical person named* in such instrument. So long as there is any reasonable doubt as to the identity of a person presenting authorization to inspect or copy records, the physician (or his representative) or the hospital (or his representative), depending upon which place the authorization is presented, is warranted in refusing to honor such authorization. The same is true if there is any substantial question as to the authenticity of the signature or the mental capacity or age of the patient.

The statute authorizes the personal representative, or the beneficiary of a life insurance policy, to sign an authorization in case of a patient's death. If you receive such an authorization you can ask the personal representative to provide you with a certified copy of his authority to act. This will take the form of "Domiciliary Letters" or other documentary evidence of appointment or authorization which are issued by the Circuit Court branch handling probate matters.

In the case of the beneficiary of life insurance, you can ask for a certified statement from the insurance company that (1) a policy on the patient was in force at the time of his death, and (2) the person signing the authorization is the beneficiary under the policy.

The burden of proof is on the person seeking the information and the physician has no duty to release such information until he is satisfied that the person asking is so authorized. On being satisfied that the authorization presented is properly signed, as previously outlined, that the person presenting it is the person named therein, and that no question of mental capacity or of minority is involved, it then becomes the duty of the physician or hospital to permit such person to inspect and copy "any medical or hospital records or reports concerning" the care or treatment designated in the authorization. Exactly *what* records and reports may be inspected and copied is discussed in point 2 immediately following.

2. What Can Be Inspected And Copied

It is first necessary to determine what must be made available for inspection and/or copying.

It is believed that under a fair interpretation of subsection (4) the physician's records and reports (office or hospital), and the hospital clinical record or chart should be made available for inspection or copying.

In the case of x-rays there seems to be some disagreement among legal authorities as to whether they are part of the medical record as such, or are technically photographs. It is advised that x-rays be

inspected *only* under proper supervision, in the case of a physician's office by the physician in charge, an associate, or the designee of either, in the case of a hospital or other institution by a qualified physician, or in the event of his unavailability, by a person designated by the administrator.

X-rays must *not* be taken from the office of a physician or other custodian by a patient unless required by a court order or subpoena. When either of the latter is served on the custodian of medical records or reports, Section 804.10(4) *is no longer applicable,* and the authorization is no longer in force.

One of the results of the increasingly comprehensive services of the modern hospital, especially teaching institutions, is the development and maintenance of *two* types of records relating to a patient. One relates directly to his care and treatment, and is the direct professional responsibility of the attending physician and of those acting under him, and may be described as the "official records and reports." The other has sometimes been described as "educational records," which are typically made by nonmedical personnel as part of their training, or at least for purposes not directly related to the "medical care and treatment" of the particular patient.

It is believed that no record or report, other than that made or approved by the physician in charge, or by a consultant, or resident, or by a registered nurse who is recording her/his acts or observations made pursuant to special or standing orders, technically relates to the "medical care or treatment" of the patient, as that phrase is used in the new statute. Nothing but one of the above should be furnished for inspection or copy.

Any *other* writings should be kept *separately* but *not* as a part of the patient's official record, for the reason that the persons making such writings are not professionally responsible for the patient, are not licensed to practice medicine, and are not necessarily recording acts or observations made pursuant to orders of the attending physician. Such writings are not authentic "records" relating to the care of treatment of the patient.

3. Safeguards

The following safeguards are recommended:

(a) Section 804.10(4) does *not* in words or by implication, give a right *to remove* any records from a physician's office, or hospital, the records being the legal property of the physician or hospital.

As an act of prudence, the hospital or physician should require that inspection and copying be carried on *in the presence* of a custodian (hospital or physician), or the representative of either. This statute does *not* require a physician or hospital to copy any records at the request of a patient or his representative. (See below, "Patient Access" under Section 146.83.) If a request is made by a patient or his representative, and the request is granted, the physician or hospital making such copy is entitled to make a reasonable and realistic charge for doing so.

As a precautionary measure to hospital administrative personnel and to physicians, it is suggested that under no circumstances should copies of any medical or hospital records or reports, which are prepared by a representative of the patient, be signed, initialed or subscribed to in any manner that may indicate authenticity and accuracy of such copies.

(b) Few people, other than medically trained personnel, know what is important in a hospital or medical record. For that reason a hospital librarian or other authorized person, or a physician, may in some situations be able to satisfy a request by making inquiry as to what the patient or his representative really wants from the records, and reading the material relative to the inquiry. This may save a great deal of examining, copying, and inconvenience to everyone concerned.

(c) The word "forthwith" used in connection with the right to inspect and copy records does *not* mean "immediately," but as soon as the convenience of a physician, an administrator, or a record librarian, *reasonably* permits, after taking into account the urgency of prior demands on their time and personnel and whether advance notice had been given of the demand of the particular patient.

(d) When there is any indication that legal proceedings may ensue, the physician or hospital served with a proper authorization to examine or copy a patient's records should promptly notify the insurance carrier of this fact, and also the attorney of the physician or hospital. It is recommended that, in the interest of the patient, the hospital, and the physician, the knowledge of any such authorization be given by the person receiving same to the other interested parties.

4. No Authorization Forms Suggested

Since no words appear in Section 804.10(4) prescribing the form of an authorization to inspect and copy a patient's medical or hospital records or reports concerning his care or treatment, model forms are not suggested. (See below the elements of "informed consent.") The observance of the precautions and safeguards emphasized earlier in this article should assure that the patient's interest is protected while at the same time protecting the professional or institutional provider of services.

SECTIONS 146.81-.83

The most important exceptions to the general rule of confidentiality have been collected in Sections 146.81-.83, Wis. Stats. This law, adopted in 1979, defines the essential terms relating to "patient health care records," codifies the right of patients to have access to their records, recognizes the general rule of confidentiality of records, and enumerates the major exceptions to the general rule. A copy of Sections 146.81-.83 appears in boxes on following pages.

146.81 Definitions. In ss. 146.81 to 146.83:

(1) "Health care provider" means a nurse registered or licensed under ch. 441, a chiropractor licensed under ch. 446, a dentist licensed under ch. 447, a physician, podiatrist or physical therapist licensed under ch. 448, an optometrist licensed under ch. 449, a psychologist licensed under ch. 455, a partnership thereof, a corporation therof that provides health care services, an operational cooperative sickness care plan organized under ss. 185.981 to 185.985 that directly provides services through salaried employes in its own facility, or an inpatient health care facility as defined in s. 140.85(1).

(2) "Informed consent" means written consent to the disclosure of information from patient health care records to an individual, agency or organization containing the name of the patient whose record is being disclosed, the purpose of the disclosure, the type of information to be disclosed, the individual, agency or organization to which disclosure may be made, the types of health care providers making the disclosure, the signature of the patient or the person authorized by the patient, the date on which the consent is signed and the time period during which the consent is effective.

(3) "Patient" means a person who receives health care services from a health care provider.

(4) "Patient health care records" means all records related to the health of a patient prepared by or under the supervision of a health care provider, but not those records subject to s. 51.30.

(5) "Person authorized by the patient" means the parent, guardian or legal custodian of a minor patient, as defined in s. 48.02(9) and (11), the guardian of a patient adjudged incompetent, as defined in s. 880.01(3) and (4), the personal representative or spouse of a deceased patient or any person authorized in writing by the patient. If no spouse survives a deceased patient, "person authorized by the patient" also means an adult member of the deceased patient's immediate family, as defined in s. 632.78 (3) (d). A court may appoint a temporary guardian for a patient believed incompetent to consent to the release of records under this section as the person authorized by the patient to decide upon the release of records, if no guardian has been appointed for the patient.

146.815 Contents of certain patient health care records

(1) Patient health care records maintained for hospital inpatients shall include, if obtainable, the inpatient's occupation and the industry in which the inpatient is employed at the time of admission, plus the inpatient's usual occupation.

(2) (a) If a hospital inpatient's health problems may be related to the inpatient's occupation or past occupations, the inpatient's physician shall ensure that the inpatient's health care record contains available information from the patient or family about these occupations and any potential health hazards related to these occupations.

(b) If a hospital inpatient's problems may be related to the occupation or past occupations of the inpatient's parents, the inpatient's physician shall ensure that the inpatient's health care record contains available information from the patient or family about these occupations and any potential health hazards related to these occupations.

(3) The department shall provide forms that may be used to record information specified under sub. (2) and shall provide guidelines for determining whether to prepare the occupational history required under sub. (2). Nothing in this section shall be construed to require a hospital or physician to collect information required in this section from or about a patient who chooses not to divulge such information.

146.82 Confidentiality of patient health care records.

(1) CONFIDENTIALITY. All patient health care records shall remain confidential. Patient health care records may be released only to the persons designated in this section or to other persons with the informed consent of the patient or of a person authorized by the patient.

(2) ACCESS WITHOUT INFORMED CONSENT. (a) Notwithstanding sub. (1), patient health care records shall be released upon request without informed consent in the following circumstances:

1. To health care facility staff committees, or accreditation or health care services review organizations for the purposes of conducting management audits, financial audits, program monitoring and evaluation, health care services reviews or accreditation.

2. To the extent that performance of their duties requires access to the records, to a health care provider or any person acting under the supervision of a health care provider or to a person licensed under s. 146.35 or 146.50, including but not limited to medical staff members, employes or persons serving in training programs or participating in volunteer programs and affiliated with the health care provider, if:

a. The person is rendering assistance to the patient;

b. The person is being consulted regarding the health of the patient; or

c. The life or health of the patient appears to be in danger and the information contained in the patient health care records may aid the person in rendering assistance.

3. To the extent that the records are needed for billing, collection or payment of claims.

4. Under a lawful order of a court of record.

5. In response to a written request by any federal or state governmental agency to perform a legally authorized function, including but not limited to management audits, financial audits,

continued on next page

1. Definitions

The statutory definitions of "health care provider," "Patient," and "patient health care records" are virtually all inclusive. Section 146.81, Wis. Stats. The law is intended to cover all health records of all patients of all providers.

In addition the law defines "informed consent." This is the statutory equivalent of the authorization referred to above. It means the *written* consent for disclosure of information from a patient's health care records and must include: the patient's name, the purpose for disclosure of the information, the type of information to be disclosed, to whom disclosure may be made, what providers must make the disclosure, the date of the consent, the period during which the disclosure consent is effective, and the signature of the patient or the "person authorized by the patient" (also a defined term).

As defined, "informed consent" is more specific and detailed than general authorization for inspection and copying records as discussed above. Because of the inclusive wording of the definitions it can be argued that all releases of information from health records are subject to this part of the law, notwithstanding the different phrasing of Section 804.10(4). For safety's sake it would be well to insist that any consent or authorization meet the standards of Section 146.81.

Other inconsistencies between the definitions in Sections 146.81 and 804.10(4) are relatively minor but may be significant in particular situations (e.g., disclosure of information from the records of a deceased patient).

2. Occupational Health

Physicians under Section 146.815 are to ensure that a hospitalized patient's records contain available information on the patient's occupation and health hazards related to it if the condition being treated may be occupation related. Information on the occupation of a patient's parents must also be included if relevant to the condition of the patient.

The responsibility under this section of the law is imposed on physicians but this information does not have to be obtained from any patient who refuses to disclose it.

3. Statutory Exceptions

The general rule of confidentiality of patient records is reiterated in Section 146.82. Following that statement the law lists six situations in which information from a patient's health care records may be released without informed consent. These include: management, financial, and service audits and accreditation; treatment or consultation regarding treatment of the patient; billing and collection of claims; under court order; government investigations; and research, where the product of this research will not identify individual patients. As to the last two (government investigation and research) private pay patients may deny access to their records by executing a form provided by the Depart-

continued from preceding page

program monitoring and evaluation, facility licensure or certification or individual licensure or certification. The private pay patient may deny access granted under this subdivision by annually submitting to the health care provider a signed, written request on a form provided by the department. The provider, if a hospital or nursing home, shall submit a copy of the signed form to the patient's physician.

6. For purposes of research if the researcher is affiliated with the health care provider and provides written assurances to the custodian of the patient health care records that the information will be used only for the purposes for which it is provided to the researcher, the information will not be released to a person not connected with the study, and the final product of the research will not reveal information that may serve to identify the patient whose records are being released under this paragraph without the informed consent of the patient. The private pay patient may deny access granted under this subdivision by annually submitting to the health care provider a signed, written request on a form provided by the department.

(b) Unless authorized by a court of record, the recipient of any information under par. (a) shall keep the information confidential and may not disclose identifying information about the patient whose patient health care records are released.

146.83 Patient access to health care records.

(1) Except as provided in s. 51.30 or 146.82 (2), any patient or other person may, upon submitting a statement of informed consent:

(a) Inspect the health care records of a health care provider pertaining to that patient at any time during regular business hours, upon reasonable notice.

(b) Receive a copy of the patient's health care records upon payment of reasonable costs.

(c) Receive a copy of the health care provider's X-ray reports or have the X-rays referred to another health care provider of the patient's choice upon payment of reasonable costs.

(2) The health care provider shall provide each patient with a statement paraphrasing the provisions of this section either upon admission to an inpatient health care facility, as defined in s. 140.85 (1), or upon the first provision of services by the health care provider after April 30, 1980.

(3) The health care provider shall note the time and date of each request by a patient or person authorized by the patient to inspect the patient's health care records, the name of the inspecting person, the time and date of inspection and identify the records released for inspection.

ment of Health and Human Services. (This form was not available for several months after the law became effective.) Anyone obtaining information under these exceptions may not, without court authority, disclose the information received.

Perhaps the most critical exception deals with governmental investigations. This includes the investigation of complaints by license law agencies. This exception exists if there is a written request by the agency and it is to assist it in performing a legally authorized function. The power to compel disclosure is conditioned upon the agency complying precisely with the law. If a physician receives such a request, care should be exercised to determine that it meets the requirements of the statute since this is an exception to the general rule of confidentiality.

Where the governmental investigation is being conducted to ascertain whether a physician has been guilty of unprofessional conduct, an administrative rule of the Medical Examining Board, Med 12.03(1), must be considered to determine whether the agency's powers are being lawfully exercised. This rule, which establishes the Examining Board's investigative procedures, permits such investigations to be conducted by an agent of the Examining Board acting under the supervision and direction of the secretary or another member of the Examining Board. There is some conflict in the law between the powers of the Examining Board and the Department of Regulation and Licensing in investigative matters but any investigation conducted under the authority of the Examining Board must meet its standards.

CONSENT TO RELEASE MEDICAL INFORMATION

I, _____ do hereby
(name of patient)

consent to and authorize _____,
(name of physician or health care institution)

to disclose to _____
(specific individual or organization)

information from my medical records relating to my identity, diagnosis, prognosis or treatment compiled during my medical treatment(s)/hospitalization from _____ to _____. I understand
(date) (date)

that the specific type of information to be disclosed includes: _____

_____

I understand that this consent may be revoked except to the extent that action has already been taken in reliance thereon, and that this authorization for disclosure will be effective until:

_____
(time or condition)

_____
Signature of Patient . . . . . OR

_____
Person Authorized by the Patient* and

_____
his/her relationship to patient

_____
Witness

Dated this _____ day of _____, 19____.

NOTE TO RECIPIENT OF INFORMATION. This information has been disclosed to you from confidential records, which are protected by law. Unless you have further authorization, laws may prohibit you from making any further disclosure of this information without the specific written consent of the patient or legal representative involved.

*NOTE: Person authorized by the patient means the parent, guardian, or legal custodian of a minor patient or a patient adjudged incompetent; the spouse or personal representative of a deceased patient; or any person authorized in writing by the patient which is witnessed and dated.

4. Patient Access

The law also addresses patient access to health records. Section 146.83, Wis. Stats. A patient or one with a patient's "informed consent" may inspect that patient's records at reasonable times, obtain copies of these records upon payment of reasonable costs, and receive copies of X-ray reports or have the X-rays referred, also upon payment of reasonable costs.

Physicians providing first services to a patient after April 30, 1980, are to provide a statement paraphrasing patient access rights to the patient. Physicians are to keep a log of patient access requests by time and date, person authorized to inspect the records, time and date of inspection, and identity of records inspected. ■

Patients' right of access to their medical records

A notice, which explains to patients the law requiring all physicians and hospitals to advise their patients of the patient's right of access to their medical record, is available to Society members for posting in their offices at a place easily seen by all patients. Patients may receive information from their record upon completion of an "informed consent" release form (see copy at left). Write: State Medical Society of Wisconsin, Attn: Communications Coordinator, PO Box 1109, Madison, Wisconsin 53701; or phone (608) 257-6781 Madison area or 1-800-362-9080 in Wisconsin. ■

"DENIAL OF ACCESS" FORMS. These forms can be purchased from either of the following printers: Wisconsin Printing and Bank Supply, PO Box 637, Menomonee Falls, WI 53051 (ph 1-800-325-8094), or HC Miller Co, 224-226 East Chicago St, Milwaukee, WI 53202 (ph 1-800-242-9971). They are *not* available from the State Dept of Health and Social Services or the State Medical Society. ■

Denial of Researcher Access to Health Care Records

(Private Pay Patients Only)

State of Wisconsin, Department of Health & Social Services, HSS-0003

Patient's Name
Patient's Birthdate
Health Care Provider

Completion of this form is entirely optional. You do not have to sign this form to receive care or services. Please read the following points before deciding whether you wish to sign.

1) In order to perform studies of health care, researchers affiliated with your health care provider may wish to review your health care records. These researchers have a legal duty to keep your identity confidential and to make sure that information from your health care records is not given to anyone who is not connected with the research.
2) State law says that a private pay patient may choose to keep researchers from reviewing his or her health care records; this may be done by signing the Denial of Researcher Access statement below. Please feel free to discuss this matter with family, friends or an attorney.
3) If you decide to sign this form, you will need to sign a new form each year that you wish to deny access to your records.
4) If you sign this form and later change your mind and decide to let researchers review your health care records, you may cancel the Denial of Researcher Access statement below at any time by signing a written cancellation statement and giving it to your health care provider.

DENIAL OF RESEARCHER ACCESS TO HEALTH CARE RECORDS
(Private Pay Patients Only)

I have read the above information and understand that I do not have to sign this form to receive health care services. I understand that by signing this form, I will keep researchers from reviewing my health care records for a period of one year from the day I sign it. I also understand that I may cancel this statement at any time by signing a written cancellation statement. (S. 146.82 (2) (a) 6., Stats.)

Signature of Patient
(or Legal Guardian) _____ Date _____

Denial of Government Access to Health Care Records

(Private Pay Patients Only)

State of Wisconsin, Department of Health & Social Services, HSS-0002

Patient's Name
Patient's Birthdate
Health Care Provider

Completion of this form is entirely optional. You do not have to sign this form to receive care or services. Please read the following points before deciding whether you wish to sign.

1) State and federal law directs government agencies to make sure that doctors, nurses, hospitals, nursing homes and other health care providers give health care of good quality in a safe setting and protect patient rights.
2) To make sure that health care services meet the basic legal requirements, state and federal agencies may need to review patient health care records. These records tell agencies how patients have been treated and can be very important during any investigation of alleged poor care, patient abuse, fraud, or patient rights violations. These agencies have a legal duty to keep the records they review confidential.
3) State law says that a private pay patient may choose to keep state and federal agencies from reviewing his or her health care records; this may be done by signing the Denial of Government Access statement below. Please feel free to discuss this matter with family, friends or an attorney.
4) If you decide to sign this form, you will need to sign a new form each year that you wish to deny access to your records.
5) If you sign this form and later change your mind and decide to let state and federal agencies review your health care records, you may cancel the Denial of Government Access statement below at any time by signing the Cancellation Statement on the back of your copy of this form or your own cancellation statement and giving it to your health care provider.

DENIAL OF GOVERNMENT ACCESS TO HEALTH CARE RECORDS
(Private Pay Patients Only)

I have read the above information and understand that I do not have to sign this form to receive health care services. I understand that by signing this form, I will keep state and federal agencies from reviewing my health care records for a period of one year from the day I sign it. I also understand that I may cancel this statement at any time by signing the statement on the back of this copy or my own cancellation statement. (S.146.82(2)(a)5., Stats.)

Signature of Patient
(or Legal Guardian) _____ Date _____

(Note: If you are in a hospital or nursing home, a copy of this form will be sent to your private physician once it is signed.)

Questions about medical records laws

THE PRECEDING ANALYSIS of Wisconsin law regarding record retention and inspection provides a good starting point for understanding the law. However, in day-to-day applications of the records laws, situations arise where a basic understanding does not supply a ready answer. The following questions and answers are based in part on some of the inquiries forwarded to the State Medical Society's legal department.

Who else besides patients are authorized to inspect and obtain copies of medical records?

The law provides that all patient healthcare records are confidential and may be released only to persons designated in §146.82, persons with the patient's informed consent or others authorized by the patient. Parents of minors are generally authorized as the legal guardian to inspect and receive copies of their children's medical records with two exceptions: when the child received treatment for venereal disease or drug abuse. If the child's parents are divorced, either parent may have access to the medical records *unless the parent's rights have been terminated or limited by court order.* Other exceptions to records confidentiality and access are discussed below.

What happens when Worker's Compensation claims are involved or when insurance companies and attorneys not representing the patient ask for records?

The records release statute does not specify two other situations in which patient records may be released without the patient's authorization. Under Wisconsin Statute §102.13(2), a patient who reports an injury alleged to be work-related or files an application for a Worker's Compensation hearing waives any physician-patient confidentiality with respect to any condition or complaint reasonably related to the condition for which the patient claims compensation. In addition, §102.13(1)(c)3. states that any physician attending a Worker's Compensation claimant for any condition or complaint reasonably related to the condition for which the claimant claims compensation *may* furnish to the employe, employer, Worker's Compensation insurer, or the Department of Labor and Human Relations information and reports relative to a compensation claim. This section holds harmless any physician who reports on an injury or disability to a Worker's Compensation insurance carrier or employer without a release from the patient.

Another situation where the patient waives the physician-patient confidentiality usually protecting his or her medical records occurs when the patient files claim in a court of law where his or her medical condition is relevant to the claim or uses his or her medical condition as a defense in a civil or criminal case. In the same manner, medical information concerning facts or immediate circumstances surrounding a homicide at trial or a proceeding to determine a child's paternity, or test results for intoxication or blood alcohol concentrations are exempt under the patient record confidentiality protection otherwise afforded by law. In this instance and, in fact, in any situation where someone other than the patient is claiming access to medical records, the records custodian should require proof to the claim of legal authorization.

In addition, there are situations where state law *requires* physicians and other healthcare providers to disclose information without proper authorization otherwise needed. If after examining a child, a physician has reason to suspect child abuse or that the injury was not incurred by accident, the physician must breach the physician-patient confidentiality and report the incident to local authorities named in other statutory provisions.

Does a patient have a right to his or her medical records if the physician providing the medical services does so under contract with or at the direction of an insurance company, attorney, or court order because the patient's medical condition is at issue?

If a patient has been directed to submit to an examination by a court order or under the direction of an insurance company for the purposes of a Worker's Compensation claim or other injury claim, he or she does not have the right to control record disclosure (physician-patient confidentiality has been waived). This idea is discussed in the previous questions with regard to who has access to medical information. However, does the patient have a right to copies and access to this medical information about him or herself although he or she has not paid for the services? The most reasonable answer is that the patient should still have access to this information regardless of who paid for the services because of the records law policy that patients, with some exceptions, should be able to find out about their health and medical treatment.

What are some of the exceptions to the records inspection law with respect to access?

In a few instances, federal law preempts state law concerning access to medical records. One such federal exemption concerns The Privacy Act which limits access by federal agencies to certain information about individuals, including certain health information. Another exception to statutory access granted to individuals and agencies under Chapter 146 is found in Chapter 51, the Mental Health Act. This set of laws grants greater protection to records concerning treatment for mental illness, developmental disabilities, drug dependence and alcoholism than to general health records.

In addition to the limitations on access, there is a good argument that those not competent because of mental disease or defect are not entitled to the same right to inspect their health records generally granted under Chapter 146. In Chapter 51, several specific instances are stated where patients do have a right to their treatment records upon discharge from facilities where they underwent treatment for alcohol or drug addiction. However, no other guarantee to mental healthcare records is given by state law to those under the Mental Health Act's coverage—those receiving services for developmental disabilities or mental illness, and therefore, it is not clear whether those not legally competent because of their mental or emotional condition should or do have access.

Must I honor an insurance company's or attorney's request for copies of all the medical records regarding a patient?

All too often, a clinic or physician's office will receive a letter from an insurer or attorney accompanied by an authorization form signed by the patient requesting copies of all the medical records of the patient. For the most part, the patient is unaware that this request is made because they had previously signed a blank waiver form as a requirement for renewing or purchasing medical insurance. In many instances, the patient's records are voluminous and honoring this request would entail a substantial amount of staff time and office equipment use. If the authorization form does not state any limitation on records requested, the records custodian is required to supply all the information available, for a reasonable charge. However, after receiving this blanket request, the patient may revoke the authorization by signing another, more limited authorization for records release form. In this way, the records custodian can ask the patient, insurance company or attorney filing the waiver to restrict the request to those records relating to a specific medical condition or injury rather than the entire medical record.

Must I provide copies of a patient's records even if they have accounts in arrears?

There is no restriction to a patient's right to copy and inspect his or her records with regard to owing the physician or clinic money for the medical services provided. In other words, records cannot be held hostage for payment of outstanding bills. This prohibition appears in the AMA *Opinions of the Judicial Council of 1984* and can be interpreted from the absence of any condition of this sort at state law. A physician or clinic can attempt to withhold records for reason of nonpayment but will be exposed to the risk of paying court costs should the patient get a court order for the medical records under Wis. Stat. §804.10(4).

I understand that there is another statutory provision that limits copying charges to 10 cents a copy and $2 per x-ray—does this law apply to me?

In another section of the Wisconsin Statutes, there is a provision that limits the charge a hospital can make for reproducing records when involved in a suit as a party, under court order for cause shown, or upon a properly authorized request of an attorney. This provision, §908.03(6m)(b), therefore applies only to hospitals under the situation described and does not affect the copying charges permitted by law under Chapter 146. The only term used to describe what a healthcare provider may charge for copying records and x-rays is "reasonable." ■

Must a Wisconsin physician report . . .

1. Deaths?

Wisconsin statutes require that the following deaths must be reported *immediately* to the sheriff, police chief, or coroner of the county in which such death occurred:

a. All deaths in which there are unexplained, unusual, or suspicious circumstances.
b. All homicides.
c. All suicides.
d. All deaths following an abortion.
e. All deaths due to poisoning, whether homicidal, suicidal or accidental.
f. All deaths following accidents, whether the injury is or is not the primary cause of death.
g. When there was no physician in attendance within 30 days preceding death.
h. When a physician refuses to sign the death certificate.
i. When, after reasonable efforts, a physician cannot be obtained to sign the medical certification as required under s. 69.18 (2) or (c) within 6 days after the pronouncement of death or sooner under circumstances which the coroner or medical examiner determines to be an emergency.

Violations of the above are punishable by fine or imprisonment.

2. Treatment of automobile accident injuries?

No, unless there is a death.

3. Drowning?

Yes.

4. Gun shot wounds?

No, except where death results.

5. Hunting accidents?

No, except where death results.

6. Industrial accidents?

No, except where death results.

7. Lead poisoning?

Yes, within 48 hours to the DHSS or local health officer.

8. Suicide attempts?

No; only death by suicide is reportable.

9. Sending of corpses to undertaker?

Yes. *Before* a physician sends a corpse to a funeral director, undertaker, mortician, or embalmer, he *must* notify the next of kin or a person who may be chargeable with the funeral expenses. There is a penalty for violation of this requirement.

10. Live births?

Yes, but effective November 1, 1986 physicians will no longer have the primary statutory responsibility for filing birth certificates. Under 1985 Wisconsin Act 315, this responsibility is transferred to hospital administration. However, physician responsibility for the birth certificate is maintained for those births the physician attends outside the hospital. Filing the certificate with the county register of deeds must occur within five days after the birth. Results of required metabolic disorder tests need not be reported by physicians but positive test results must be reported by the State Laboratory of Hygiene.

11. Communicable diseases?

Yes, to local health officers. Also see related articles elsewhere in this issue.

12. Sexually transmitted diseases?

Yes, to local health officers. Also see related articles elsewhere in this issue.

13. Tuberculosis?

Yes, to local health officers.

14. Chronic alcoholics?

No, even if you know or believe it probable that they are driving automobiles.

15. Epileptics?

No, but see item in article "SMS members, you should know . . ." elsewhere in this issue.

16. Drug addiction?

No.

17. Abused or neglected children?

Yes. The law requires reports of "abused" (including sexual exploitation and "emotional damage") or "neglected" (those not receiving food, clothing, shelter or care, including medical care so as to "seriously endanger" the child's health) children, children threatened with injury, or those with exceptional educational needs. Wilful failure to report may subject a physician to a penalty; good faith reports provide immunity.

continued next page

Statewide Impaired Physician Program

THE STATEWIDE IMPAIRED Physician Program functions under the purview of the Commission on Mediation and Peer Review although its activities are managed by a six-member Managing Committee. The program follows a protocol which guides the general handling of inquiries or concerns regarding identified impaired physicians. Available to members and nonmembers alike, the program offers education, identification, assessment, and compassionate intervention. The program refers patients to acceptable treatment facilities and monitors a two-year followup after completion of initial therapy.

Through the Impaired Physician Program a number of physicians have been encouraged by compassionate colleagues to enter structured rehabilitation. However, many more Wisconsin physicians need the Program's assistance because they are unable to assist themselves as they lose their battles against alcohol or other chemical substances, or who suffer from emotional illness or senility.

Experience to date in Wisconsin and elsewhere provides convincing evidence that physician impairment is substantial, but its degree is unknown beyond what is identified and intervened. Most of the literature on the subject contends that from ten to fourteen percent of practicing physicians have difficulty with alcohol and drugs. Some research suggests that one in ten physicians during a lifetime will abuse alcohol in professional circumstances so as to be identified as "impaired."

Unfortunately, many people in a position to observe and identify impaired physicians do not know what to do when they perceive a specific problem, nor do they realize that help is available from organized programs. Furthermore, individuals such as medical staff members, hospital administrators, and others are reluctant to report a physician to an organized program. Their initial reaction is not to get involved, or to conclude that the problem can be handled by someone else in some other manner. This attitude often results in delayed intervention and treatment or in passive action which ultimately fails. Still others who might otherwise report an impaired physician may seek legal advice, only to be told by their lawyers to be noncommittal and to respond only to a subpoena. Such advice could be a deterrent to early intervention.

Current techniques of identification, intervention, assessment, treatment, and followup of impaired physicians are not well known in the medical community. Physicians are not generally adequately trained or skilled in identification, diagnosis, and treatment of patients with chemical dependency. As a result few are able to respond adequately when they accept an impaired physician as a patient.

It was certain from the beginning that the Program's efforts would be inadequate to the needs of that day and of future days. Thus, in 1982 the Board of Directors approved expansion of the Program with financing from the State Medical Society and other organizations. This improved program created the Managing Committee and established an ambitious timetable of education in awareness and of plans to inform Wisconsin physicians about Program services. However, as stated above, many more Wisconsin physicians need the Program's assistance. The Program will not reach those physi-

continued next page

continued from preceding page

18. Cancer?

No, but beginning Jan 1, 1987 physicians who diagnose or treat cancer patients who are *not hospitalized* for cancer will be asked to report those cases to the State Division of Health. (See more details in article elsewhere in this issue.) *Hospitals are required* to report patient, diagnostic, and treatment information for every cancer case following the first admission.

19. Abused elderly persons?

No, but any person with reasonable facts indicating physical or financial abuse, neglect or self-neglect of a person age 60 or older or who is subject to the infirmities of aging may report this to the agency designated by the county board to receive such reports.

The foregoing list incorporates questions most commonly asked, and is by no means a complete list of all that the statutes or department rules of the state require by way of reports from physicians.

The law prohibits a physician from disclosing, *except* as specifically required or authorized by law, any information which he or she acquired in attending a patient and which is necessary for him or her to treat that patient. Information provided to the Department of Health and Social Services which relates to personal facts about a patient may be used only for statistical or summary purposes or anonymously except as its disclosure may be necessary to provide services for the patient. Address: DHSS, 1 W Wilson St, PO Box 309, Madison, WI 53701. ■

cians without substantial and continuing attention. The capabilities of interested colleagues to "spread the word" are most limited.

Thus, through the Society's Commission on Mediation and Peer Review report to the 1986 House of Delegates, a major objective for 1986–87 was to "enable the Statewide Impaired Physician Program to greatly increase its ability to discover, intervene, and assist impaired physicians, and to improve physician awareness of the level of impairment through employment of a part-time Medical Director and necessary assistant."

The SMS Board of Directors has asked that its Executive Committee create a special committee to review and report on the several aspects of employment of a Medical Director for the Statewide Impaired Physician Program.

Meanwhile the present program implements the following:

PHASE I: Education and Prevention

Target individuals and groups are being educated to an understanding of chemical dependency among physicians. They are informed of symptoms of impairment; the need for, and techniques of, early identification and prevention; the process of, and resources available for, identification, assessment, intervention, and treatment; and social, financial, legal, and other problems associated with impairment.

A. Primary Target Groups being reached in education and prevention efforts are:

1. Physicians: Meetings of hospital medical staffs, county medical societies, regional or statewide continuing medical education, and accredited seminars, *eg,* at the SMS Annual Meeting or specialty societies.
2. Hospital Personnel: Hospital administrators and medical directors, chiefs of medical staffs, hospital boards of trustees, directors of nursing and pharmacy and others, *eg,* anesthetists and technicians.

   Consultation for medical staff officers on establishing effective impaired physician committees or programs in hospitals.
3. Pharmacists, Nurses, and Nursing Home Administrators: Lectures at association meetings or in combination with physician and hospital personnel meetings.
4. Spouses and Families of Physicians: Educational material available at state and county medical society and auxiliary meetings.
5. Legal Profession: Urge lawyers, whose state association has its own impaired lawyers program, to encourage their physician clients to utilize organized medicine's voluntary impaired physician programs when perceived needs arise.

B. Teaching Staff for Educational and Prevention Phase

Teaching staff presents educational and prevention programs to the various target groups. The physician team approach is employed, at least one of whom is recovering from alcohol or other chemical dependency.

C. Literature is being developed to assist in an understanding of the disease of chemical dependency and to explain intervention, treatment, and followup resources.

PHASE II: Intervention and Treatment

Successful impaired physician programs include the availability statewide of "physician interveners" able to perform compassionate colleague-to-colleague contact with physicians who have been identified as impaired.

Approximately 25 physicians from throughout Wisconsin have been trained and are available to meet with and urge their impaired colleagues to leave medical practice and to enter suitable programs for evaluation and treatment. Interveners act as teams. At least one intervener is either expert in, or has personal experience with, the impairment of concern. The initial intervention with an impaired physician is always a compassionate encounter. The Wisconsin program has no interest in the punitive or coercive approach until all benevolent measures have been exhausted. An intervener's interests are the personal wellbeing of a colleague and quality of healthcare for patients.

The Impaired Physician Program adheres to the policy that satisfactory recovery from chemical dependency can only be realized through a monitored two-year recovery period. It considers the two-year "after hospitalization" to be a critical component in assuring continued recovery.

PHASE III: Benevolent Assistance

The Statewide Impaired Physician Program finds that in addition to burdens of impairment, some physicians are unable financially to pay the cost of inpatient care. By estimate at least ten percent of Wisconsin impaired physicians either have no

Persons interested in the Impaired Physician Program may call 608/257-6781 or toll-free in Wisconsin: 1-800-362-9080 and explain their concern to Mr John LaBissoniere or Mr H B Maroney of the State Medical Society staff. The caller's identity will be kept in complete confidence.

health insurance coverage or have coverage which is inadequate for the costs of inpatient care. Some have been ill for so long a period that their financial resources essentially have been depleted. About ten percent of the charges for rehabilitation of such physicians go unpaid. For twenty percent of impaired physicians, residence and treatment in "recovery homes" (average of three months at a cost of $1,500 per month) is essential for completion of the two-year recovery program. Although adequately funded to date, no long-term provision has been established to allow realization of the program commitment to a two-year recovery program.

With approval of the Boards of Directors of the State Medical Society and the CES Foundation, the Impaired Physician Program established a Physicians Benevolent Assistance Fund accomplished through pledges to the CES Foundation earmarked for the Benevolent Assistance Fund and payable over a two-year period. The fund appeal among members of the State Medical Society and Wisconsin hospitals was designed to develop a fund of $150,000 for low-interest loans for physicians who potentially can repay them after completing the inpatient phase and returning to medical practice.

* * *

The State Medical Society program maintains formal linkage with the Wisconsin Medical Examining Board through the Coordinating Council on Physician Impairment. The Council consists of three physicians representing the State Medical Society and three members of the Medical Examining Board. The Council establishes guidelines for the Statewide Program and coordinates activities so that appropriate information is shared and Council action can be taken in the event a physician fails to respond to treatment or refuses to enter rehabilitation. The Council may refer a physician to the MEB in an instance where the health of the public may be jeopardized. The Council presents a desirable balance of concerns and interests between the voluntary assistance program of organized medicine and the state's statutory licensing and disciplinary body. Thus the Council is an appropriate step in the reporting process if necessary during attempts at physician rehabilitation where difficulty may be encountered.

Any responsible person concerned that a physician may suffer from an impairment may write to the Society or call 608/257-6781 in Madison or 1-800-362-9080 in Wisconsin. Strict confidentiality is assured. Staff assigned to receive information will consult with the Managing Committee chairman for guidance and early action. All information is evaluated for accuracy. When it is determined that a potential problem exists, an intervener team is recruited to meet with the involved physician. From that point the process evolves which should assist the physician to recognize the impairment and to accept a treatment plan leading to recovery and a return to a successful practice.■

How to get health-related information in Wisconsin

THE WISCONSIN HEALTH Sciences Library Network, a network of libraries that blanket the state, stands ready to put Wisconsin health-care practitioners in touch with information in libraries throughout the country.

Any practitioner needing such information should first contact the library in his or her institution. If the person is an independent practitioner or the institution has no library, another local hospital or clinic should be contacted. Many such libraries will now serve people who are not among their primary clientele. A great number of these libraries are now organized into resource-sharing consortia and can get a needed item quickly even if they do not have it in their own collection. The libraries are also eligible to forward requests to the two Wisconsin resource libraries—in Madison (the UW Middleton Health Sciences Library) and in Milwaukee the Todd Wehr Library (Medical College of Wisconsin). The local libraries are likely to have the tools to identify which other library has the needed information.

If no local library can be found to provide these services, inquiries can be sent directly to the resource libraries at the addresses given below. Any requests that can't be filled at the state level are eligible for referral to resource libraries in the Greater Midwest Regional Medical Library Network, which encompasses a six-state area and to the National Library of Medicine.

In addition to providing lending and photocopying services, the two resource libraries and many of the local libraries provide reference service. Computer searches, including MEDLINE, can now be done at the resource libraries and at St Croix Memorial Hospital, St Croix Falls; Beloit Memorial, Beloit; New Berlin Memorial, New Berlin; Columbia, St Joseph's, St Luke's, St Mary's, St Michael, Mt Sinai, St Francis hospitals and Good Samaritan Medical Center, Lutheran Campus in Milwaukee; Milwaukee County Medical Complex; Trinity Memorial Hospital, Cudahy; VA Hospital, Wood; St Elizabeth's Hospital, Appleton; Luther Hospital, Eau Claire; La Crosse Lutheran Hospital, La Crosse; Marshfield Clinic, Marshfield; Bellin Memorial Hospital, Green Bay; Waukesha Memorial Hospital, Waukesha; the Howard Young Medical Center, Woodruff; Holy Family Hospital, Manitowoc; Theda Clark Regional Medical Center, Neenah; Mercy Medical Center, Oshkosh; St Vincent's Hospital, Green Bay; Community Memorial Hospital, Menomonee Falls; Memorial Hospital at Oconomowoc, Oconomowoc; St Luke's Hospital, Racine; VA Hospital, Tomah; Wausau Hospital Center, Wausau; West Allis Memorial Hospital, West Allis; and Methodist and Madison General hospitals, St Marys Hospital Medical Center, VA Hospital, and UW Clinical Sciences Center in Madison. If your local library cannot provide computer searches, it can forward any request to the most appropriate library in the network.

In most cases, the only charges will be for computer searches and for photocopies.

University of Wisconsin
Middleton Health
Sciences Library
1305 Linden Drive
Madison, Wis 53706
800-362-3020, ext 2-2376

Medical College of Wisconsin
Todd Wehr Library
Box 26509
Milwaukee, Wis 53226
414/257-8326 ■

STATE MEDICAL SOCIETY OF WISCONSIN

Mediation and peer review services

PHYSICIANS ARE QUITE aware that medical care is a very personal matter, each patient being different from all others, and each responding differently to a given treatment approach. Medicine is not an exact science, and at times physicians and patients may not agree on what is proper care. Misunderstandings do arise about what the physician hopes to accomplish and what the patient expects. When this occurs, it is important that the patient discuss with the physician any questions about the medical care received. However, if they are not resolved, the State Medical Society provides a means for resolving these differences.

The Society's Commission on Mediation and Peer Review receives, investigates, and resolves complaints and inquiries from patients and others concerning Wisconsin physicians. The Commission's standard of judgment is what constitutes good medical care. Physicians, too, may benefit from Commission efforts to mediate differences between themselves. Many complaints and questions received by State Medical Society staff are resolved by telephone. However, by protocol, only written complaints will be considered by the Commission. If all affected parties reside within the boundaries of a single county medical society, that society may assume jurisdiction of the complaint. If it does, the complaint will be transferred to the county medical society for investigation and resolution.

A Protocol Manual was developed by the Commission on Mediation and Peer Review and approved by the Society's Board of Directors for conducting resolution of patient complaints, employing peer review mechanisms to test physician practice patterns, and responding to inquiries or requests for action regarding impaired physicians. A review of this Protocol Manual will reveal that it was designed to accommodate informal disposition of minor and uncomplicated complaints as well as complex and serious matters which may involve due process, patient or physician appeals, proposed disciplinary actions, and Board of Directors consideration of continuance of a physician's State Medical Society membership. The Protocol Manual is reproduced below.

Certain complaints received by the Commission are evaluated by subcommittees whose members submit reports and recommended resolutions to the Commission Chairman. Frequently these subcommittee conclusions are transmitted to the subject physicians, and as appropriate, to complainants. All subcommittee activities are reported to the Commission. Matters of a more serious nature require additional utilization of the Protocol Manual as necessary.

The Commission on Mediation and Peer Review offers peer review services to private and governmental organizations and to physicians, including utilization review, appropriateness of patient care, and quality assurance. Although it is empowered to initiate disciplinary action, the Commission's most valuable peer review benefits have been educational, judging from physicians' expressed appreciation for the Commission's consultation in matters of proper patient care.

The Commission maintains purview over the Statewide Impaired Physician Program (discussed elsewhere in this issue) and continues its interest in the Coordinating Council on Physician Impairment of the State Medical Society and the Medical Examining Board. The Commission participates in the Medicaid Medical Audit Committee under contract between the State Medical Society and the Wisconsin Department of Health and Social Services.

* * *

COMMISSION ON MEDIATION AND PEER REVIEW

Protocol Manual

I. INTRODUCTION

Purpose

This Manual has been developed to guide and regulate the disciplinary activities of the State Medical Society of Wisconsin. It is designed to assure that these activities will be conducted fairly for all parties involved and will meet relevant legal standards of due process. In conducting its activities under this Manual the Commission is organized and shall be operated for the purpose of improving the quality of health care.

Factual Background

The Commission on Mediation and Peer Review is assigned the function of investigation, evaluation and decision of disciplinary matters for the State Medical Society of Wisconsin, subject to its Constitution and Bylaws and the policy control of its House of Delegates and Board of Directors. The procedures for conducting this disciplinary activity have been delegated to the Commission. In developing these protocols the Commission has considered Society discipline in relation to its other activities including mediation, peer review, and assistance to impaired physicians.

Jurisdiction

A. The Commission has jurisdiction over all complaints from whatever source on the basis of which any form of discipline may be imposed by the Society.

1. If the substance of a complaint under the jurisdiction of the Commission is also pending before any court, the Medical Examining Board or any other governmental agency, the Commission will suspend its disciplinary proceedings until the matter is resolved in the other form.
2. The Chairman of the Commission may, in his discretion and with the concurrence of the county medical society involved, cede jurisdiction over any disciplinary matter to a county medical society.
3. The Chairman of the Commission may, in his discretion, accept jurisdiction over any disciplinary matter initiated before a county medical society if requested to do so by any party to the proceeding and if the county medical society involved concurs.
4. The Society, through the Commission, may exercise original jurisdiction over complaints made to the Society.

B. The Commission has jurisdiction over all requests for peer evaluation of physicians and their services.

C. The Commission has jurisdiction over Society efforts to assist and rehabilitate impaired physicians.

D. In exercising its jurisdiction under these protocols the Commission shall follow, interpret and implement the policies of the State Medical Society of Wisconsin.

Commission Organization

A. For purposes of conducting its activities under this Manual, the Commission shall be organized to perform the following functions: (1) receipt and screening of complaints and requests, (2) mediation/investigation, (3) confrontation of impaired physicians, (4) case coordination, and (5) fair hearing.

B. The Chairman of the Commission may assign members of the Commission to the various functions, which assignments may be made on a term or case-by-case basis.

C. The Assignment of members of the Commission shall be made in a manner to assure that: (1) physicians who are subject to actions under the Commission's jurisdiction are treated fairly and decisions affecting them are made in an unbiased manner; (2) the Commission operates efficiently for the purposes for which it was created; and (3) the abilities and interests of Commission members are used effectively.

II. MEDIATION PROCEDURES

Complaints

A. All complaints on the basis of which discipline may be imposed by the Society shall be directed to the Chairman of the Commission or his designee for initial screening and acknowledgement.

1. Initial screening involves determination whether the complaint is one upon which disciplinary action may be taken and whether it is in a form to be acted upon by the Commission. At this stage complaints and inquiries which may lead to complaints may be informally handled and, if possible, resolved without further proceedings.
2. All complaints shall, if possible, be acknowledged indicating (a) whether the complaint is one upon which disciplinary action may be taken, (b), whether it is in form to be acted upon by the Commission, and (c) if not, what the complainant must do to put it in proper form. If the complaint is one upon which disciplinary action may be taken, a copy or abridgement of the relevant portions of the Society's Constitution, Bylaws and these protocols shall accompany the acknowledgement.

B. To be in form to be acted upon by the Commission, a complaint must:

1. Be in writing;
2. Be signed by the complainant;
3. Identify the complainant and the physician complained against by name and address;
4. State the nature and reasonable details of the complaint and identify, to the extent complainant is able to do so, other sources of information bearing on the complaint.
5. Include an authorization permitting the Commission or its designee to inspect and copy all medical and hospital records of complainant related to the subject of the complaint and waiving all privilege and confidentiality relating to such records and to any testimony or other statements related to the subject of the complaint.

C. After screening of a complaint, if it is one upon which disciplinary action may be taken and it is submitted in proper form to be acted upon, it shall be referred by the Chairman or his designee to one or more members of the Commission for mediation and investigation.

Mediation/Investigation

A. Those members of the Commission to whom the complaint is referred for mediation and investigation (the reviewers) shall review the complaint and any other Commission records related to the subject physician.

B. The reviewers or their agents shall contact the subject physician, notifying the subject physician of the fact that a complaint has been filed and providing such detail of the complaint as they deem appropriate. They shall also provide the subject physician with a copy of these protocols.

C. The reviewers shall arrange one or more meetings, as they deem necessary or advisable, with the subject physician.

1. The reviewers shall look into the details of the incidents upon which the complaint is based and determine the subject physician's position on these incidents.
2. The reviewers may expand their fact finding into other parts of the subject physician's practice than those related to the complaint. The subject physician shall be responsible to obtain all necessary authorizations for the reviewers to review such records as they may request and all necessary waivers for their use of the information obtained for the functions of the Commission.
3. As a condition to the mediation efforts of the reviewers and as an aspect of full cooperation by the subject physician, the subject physician shall

execute a written consent to mediation acknowledging that the reviewers are acting in good faith to help improve the quality of health care and waiving any right of action existing or later arising against the Society or anyone acting through it or on its behalf for good faith efforts to pursue the procedures established under these protocols.

4. In conducting their mediation efforts the reviewers may use or cooperate with other commissions or committees of the Society, county medical societies, the American Medical Association or any other public or private organization with the purpose of improving the quality of health care.

D. If it appears possible to resolve the issues of the complaint amicably between the complainant and the subject physician and this appears to be in the best interests of the public and the quality of health care, the reviewers may serve as mediators to effect such resolution.

1. In the event a complaint is resolved by mediation, the reviewers will submit a mediation report of their findings and the resolution of the matter to the Chairman of the Commission or his designee and action on the complaint shall be terminated.
2. The mediation report shall be maintained on a confidential basis in the records of the Commission.

E. If the complaint is not resolved by mediation, the reviewers shall submit an investigation report and recommendation for action to the Chairman or his designee.

1. The investigation report shall contain: (a) a synopsis of the complaint, (b) a summary of the reviewers' actions to investigate the complaint, (c) a statement of any investigation by reviewers beyond the scope of the complaint, (d) the reviewers' findings on the quality of health care provided by the subject physician in regard to the matter complained of and other aspects of the practice of the subject physician together with excerpts or copies of records or other matters discovered during the investigation which affect their findings, and (e) the reviewers' recommendations.
2. The reviewers may recommend: (a) dismissal of the complaint, (b) additional mediation to resolve the complaint or to correct deficiencies in the subject physician's practice, (c) proceeding with the Complaint before the Commission, or (d) such other action as the reviewers deem appropriate.
3. The Chairman or his designee, after consideration of the report and, if he deems it advisable, meeting with the reviewers, shall accept the reviewers' recommendations and proceed on the basis of them or pursue a different course of action, in which event he shall prepare and append to the investigation report a statement of his reasons for not accepting the recommendations. A copy of this statement shall be given to the reviewers.
4. The investigation report and any statements appended to it shall be maintained on a confidential basis in the records of the Commission.
5. Further action of the Commission on the matter shall be as determined by the Chairman or his designee. If further mediation is ordered, those members assigned to conduct it shall serve and report as reviewers under these protocols.

F. Failure of the subject physician to cooperate fully with the work of the reviewers may be considered cause for the imposition of discipline under these protocols.

Hearing

A. For each complaint with which the Commission proceeds, the Chairman or his designee shall name one member of the Commission as the Commission case coordinator.

1. The Commission case coordinator shall review the investigation report and recommendation and all other matters related to the complaint and investigation and may contact the complainant, the reviewers, the subject physician or such other persons as he deems necessary to prepare and present a case to a hearing panel. The Commission case coordinator may request from the Chairman such assistance as he may require for this purpose.
2. The Commission case coordinator shall prepare charges and specifications against the subject physician. These charges and specifications shall state the basis upon which discipline is sought and the alleged actions of the subject physician which may justify disciplinary action.
3. The Commission case coordinator shall be responsible for the preparation and presentation to the hearing panel of evidence, including witnesses, documents and physical evidence, relating to the imposition of discipline against the subject physician.

B. Within 15 days after advancement of a complaint for hearing, the Chairman or his designee shall appoint a hearing panel of not less than three members to hear the complaint.

1. None of the members appointed to the hearing panel shall have been involved in any way in the receipt, screening, reference, mediation or investigation of the particular complaint at any prior time nor shall any member be appointed to a hearing panel if there is any reason he would be unable to evaluate the matter fairly and objectively.
2. One of the members of the hearing panel shall be designated presiding officer of the panel by the Chairman or his designee.
3. The hearing panel shall be responsible for receipt and evaluation of evidence on the charges and specifications in each matter heard by it and for determination on the basis of the evidence received what discipline, if any, should be imposed by the Society against the subject physician.

C. The Commission case coordinator shall notify the subject physician by registered or certified mail with return receipt of the charges and specifications against him. This notice shall also include the time, date and place of the hearing on these charges and specifications as set by the presiding officer of the hearing panel. The hearing shall be set not less than 10 days nor more than 30 days after mailing of the notice, subject to rescheduling by agreement of the presiding officer, the Commission case coordinator and the subject physician.

D. The rules of procedure for a hearing under these protocols shall be:

1. The complainant and the subject physician shall have the right to be present at all times when the hearing panel is hearing testimony or receiving other evidence.
2. The complainant and the subject physician shall have the right to be represented at the hearing by a person of his choice, who may be an attorney.
3. The complainant and the subject physician shall have the right to present witnesses, documents and physical evidence relevant to the charges and specifications before the hearing panel.
4. The presiding officer may appoint a hearing officer to conduct the hearing procedure. If a hearing officer is appointed, he shall exercise the procedural discretions of the presiding officer under these protocols.
5. The hearing panel shall not be bound by rules of evidence applicable in courts of law but the presiding officer may limit evidence presented to that which is relevant and not unreasonably cumulative and may set time limits for the presentations of the Commission prosecutor and the subject physician so long as the limits set do not deprive the subject physician of a fair hearing of his case.
6. The order of hearing shall be: (a) the Commission case coordinator presenting evidence relating to the imposition of disciplinary actions; (b) the subject physician; (c) rebuttal by the Commission case coordinator. During rebuttal no new matters may be raised. Evidence may be presented by question and answer, in narrative form, or whatever manner the party chooses. There shall be no cross-examination but the hearing panel and hearing officer, if any, may ask questions of any witness. If the subject physician fails to appear at the hearing the Commission case coordinator shall present the evidence relating to the imposition of disciplinary action and this shall form the record upon which the hearing panel acts.
7. Parties may file written summaries or briefs within time limits set by the presiding officer.
8. All hearings may be recorded stenographically or electronically.
9. As to all other procedural matters the presiding officer shall establish such rules as will insure a fair and impartial hearing.

E. In those situations in which discipline is imposed for failure of the subject physician to pay dues or as a result of the subject physician's loss of his license to practice medicine, no mediation or investigation is necessary before prosecution. The Commission case coordinator shall have made a *prima facie* case by presenting a signed statement from the treasurer of the Society that the subject physician's dues are unpaid, or from a member or staff person of the Medical Examining Board that the subject physician is no longer licensed to practice medicine in Wisconsin, as appropriate.

F. The hearing panel shall meet in executive session to determine what discipline, if any, shall be imposed.

1. Discipline may include private or public reprimand, limitation, suspension or revocation of the subject physician's membership in the Society. The hearing panel may also recommend to the Society's Board of Directors that the matter be referred to the proper governmental agency for further action. This referral may be made only by act of the Board of Directors.
2. The hearing panel shall reduce its decision to writing stating: (a) the facts found by it, (b) that these facts do or do not support the imposition of disciplinary action, and (c) the discipline imposed or that no discipline is imposed. The decision shall be signed by a majority of the hearing panel and if any member of the hearing panel disagrees with the decision that member may present separate views which shall be appended to the decision.
3. A copy of the decision and separate views, if any, shall be sent registered or certified mail with return receipt to the complainant and the subject physician.

G. Within 15 days after the date of mailing of the decision, either the complainant or the subject physician may request in writing addressed to the Chairman that the matter be reheard.

1. Rehearing may be granted by the Chairman only on the grounds of material error by the hearing panel or new evidence which could not reasonably have been presented at the hearing. The request must be specific in stating and supporting the grounds asserted.
2. The rehearing, if granted, shall be held on 15 days' written notice to all parties who appeared at the hearing. It shall be limited to those matters stated as grounds for seeking rehearing.
3. A matter returned for rehearing shall be decided considering the additional evidence presented together with that originally presented. A decision as outlined in paragraph E., above, shall be issued and served.

H. The decision of the hearing panel shall stand as the act of the Society and shall be accepted and ratified by the Board of Directors unless it is appealed as provided in these protocols or the Board of Directors on its own motion determines the return of the matter to the Commission for further proceedings.

Appeal

A. A decision of a hearing panel may be appealed to the Board of Directors by either the complainant or the subject physician.

1. A notice of appeal shall be filed with the Secretary of the Society in writing within 15 days after (a) the final decision or (b) notice of denial of a request for rehearing is mailed to the party taking the appeal.
2. The notice of appeal must state: (a) the basis upon which it is taken, (b) that part or parts of the decision with which the appealing party disagrees, and (c) the appealing party's proposed modification of the decision.

B. An appeal under these protocols shall be set as a special order of business on the agenda of the Board of Directors not sooner than 15 days nor later than 90 days after the notice of appeal is filed with the Secretary unless all parties agree otherwise.

1. A summary of the matter shall be prepared by the presiding officer of the hearing panel for distribu-

tion as a confidential enclosure to the agenda. In the case of appeal from a county medical society decision, the summary shall be prepared by an officer of that society.

2. If the Secretary deems it necessary, all or part of the record of the hearing panel, including exhibits, documents and physical evidence, shall be made available to the directors in advance of or at the hearing of the appeal.

C. The appeal shall be heard before the Board of Directors in closed session.

1. The case for complainant shall be presented by the Commission case coordinator or his representative. The case for the subject physician shall be presented by the subject physician or his representative.
2. No new evidence may be presented on appeal nor will witnesses be heard. Presentations will be limited to argument of the issues as stated in the notice of appeal. Reference to evidence presented to the hearing panel may be made during such argument. The appealing party shall speak first and be given time for rebuttal. Written summaries or briefs may be submitted within time limits set by the Board of Directors.
3. The Chairman of the Board of Directors may set other rules of procedure, including reasonable time limitations, as he deems appropriate.

D. The Board of Directors may affirm, modify or reverse the decision appealed from or may refer the matter for further hearing and decision to a hearing panel with whatever instructions it deems appropriate.

E. The Board of Directors or Society committee so designated by the Board shall hear and decide appeals from disciplinary decisions of county medical societies using the same procedures as those set forth herein for decision of appeals from a hearing panel.

III. PEER REVIEW PROCEDURES

Requests

A. All requests for peer evaluation of physicians and their services shall be directed to the Chairman of the Commission or his designee for initial screening and acknowledgement.

1. Initial screening involves determination whether the evaluation procedure is one which the Commission is empowered to undertake and capable of undertaking and whether the requesting party is one for which the Commission may legally undertake the requested evaluation.
2. Compensation to the Society for the Commission's peer review activities shall be set by the Board of Directors.
3. The request shall contain such authorizations for the inspection, copying and use of records as the requesting party has relating to the subject matter of the request.
4. In acknowledging the request a copy of these protocols shall be supplied to the third party unless this has been done previously.

B. After screening of a request, if it is one which the Commission is empowered to undertake and capable of undertaking and the requesting party is one for which the Commission may legally undertake the requested evaluation, it shall be referred to one or more members of the Commission for evaluation.

Evaluation

A. Those members of the Commission to whom the request is referred for evaluation (the evaluators) shall review the request and any materials sent with it.

B. The evaluators or their agents shall contact the subject physician, notifying the subject physician of the fact a request has been received and providing such detail of the request as they deem appropriate. They shall also provide the subject physician a copy of these protocols.

C. The evaluators shall make as thorough an investigation as possible of the matters relating to the request so as to be able to report responsively to the requesting party.

1. The investigation may include meeting with the subject physician if the evaluators deem this necessary or advisable.
2. The evaluators shall seek to obtain, from the subject physician or otherwise, all authorizations for the inspection, copying and use of records necessary for them to investigate the matters thoroughly.
3. The subject physician shall be asked to execute a written consent to review acknowledging that the evaluators are acting in good faith to help improve the quality of health care and waiving any right of action existing or later arising against the Society or anyone acting on its behalf for good faith efforts to pursue the procedures established under these protocols. Refusal to execute this consent and waiver may be considered cause for the imposition of disciplinary action against the subject physician.
4. In conducting their review the evaluators may use or cooperate with other commissions or committees of the Society, county medical societies, the American Medical Association or any other public or private organization with the purpose of improving the quality of health care.

Report

A. Following their investigation the evaluators shall prepare a review report and submit this to the Chairman or his designee.

1. The review report shall be responsive only to the specific request of the third party and summarize the findings of the evaluators' investigation.
2. In addition, the evaluators may submit a supplemental report to the Chairman or his designee covering matters found in their investigation not bearing on a responsive reply to the request. The Chairman or his designee may, on the basis of the supplemental report, initiate mediation procedures or recommend that the Board of Directors refer the matter to an appropriate public or private organization.
3. Except as otherwise provided herein, the review report and any supplemental report shall be maintained on a confidential basis in the records of the Commission.

B. The Chairman or his designee shall read the review report and may, upon consultation with the evaluators or others, make modifications in it.

C. Once the review report is in final form, a copy shall be sent on a confidential basis to the third party who requested the peer evaluation and a copy shall be sent to the subject physician informing him that he may submit a statement objecting to or clarifying the review report. If any such statement is received a copy shall be promptly sent to the third party.

IV. IMPAIRED PHYSICIAN PROCEDURES

Requests

A. All requests for assistance to an impaired physician or notification of need for such assistance shall be directed to the Chairman of the Commission or his designee for initial screening and acknowledgement, if appropriate.

1. The term "impaired physician" includes physicians whose professional or personal well being or performance is adversely affected or threatened by abuse of alcohol or other chemical substances, or by reason of physical or mental illness or senility.
2. Initial screening involves verification of the facts underlying the request for assistance or notification.

B. After screening, if the situation involves an impaired physician, the Chairman shall designate a member of the Commission (the confronter) to "confront" the impaired physician in the company of a consultant. The consultant should be chosen on the basis of experience in the field of the subject physician's impairment, if possible.

Confrontation

A. The impaired physician shall be confronted compassionately by the confronter and the consultant with respect to the impairment and advised of the concerns of colleagues, family and others.

B. The confronter shall discuss the impairment with the subject physician and urge acceptance of appropriate recommendations of assistance. The confronters shall not provide any form of therapy, but rather recommend available types of therapy and identify and suggest rehabilitation facilities through which therapy is available.

C. Confrontation on more than one occasion by different teams of confronters and consultant may be necessary.

D. Assuming the subject physician accepts and enters a course of rehabilitation or therapy, liaison shall be maintained with the impaired physician and seek to obtain reports concerning his progress rather than the details of therapy.

E. All records, notes and reports related to the confrontation of impaired physicians shall be maintained on a confidential basis in the records of the Commission.

Referral

A. In the event the subject physician refuses to accept confrontation, declines to enter or continue a recommended course of treatment, or abandons treatment prematurely, the Chairman of the Commission or his designee shall on consultation with the chairman of the Board of Directors refer the matter to the Medical Examining Board or other appropriate agency if the subject physician poses a potential health hazard to the public.

B. If no such potential health hazard exists, the Chairman of the Commission may recommend that the Board of Directors refer the matter. The Board of Directors shall not refer the subject physician to the Medical Examining Board until it has advised the subject physician in writing of its intent to refer, the reason for referral, and has allowed 15 days for an appeal of the proposed action. ■

WISCONSIN UNIFORM INSURANCE CLAIM FORM can be ordered direct from SMS Services

- Claim form approved by DHSS and EDS Federal for Wisconsin Medical Assistance Program (WMAP) claims.
- Accepted by all major insurance carriers.
- Available in one- or two-part continuous form.
- Forms will be shipped to you within 48 hours after order received.

Place your order with SMS Services, Inc, 330 East Lakeside Street, PO Box 1109, Madison, Wisconsin 53701; or phone (608) 257-6781 or toll-free in Wisconsin (800) 362-9080.

Wisconsin Administrative Code

MEDICAL EXAMINING BOARD

Chapter Med 18

ALTERNATE MODES OF TREATMENT

Med 18.01 Authority, purpose and scope
Med 18.02 Definitions
Med 18.03 Communication of alternate modes of treatment
Med 18.04 Exceptions to communication of alternate modes of treatment
Med 18.05 Recordkeeping

Med 18.01 Authority, purpose and scope. (1) AUTHORITY. The rules in this chapter are adopted pursuant to authority in ss. 15.08 (5)(b), 227.014, and 448.40, Stats.

(2) PURPOSE. The purpose of the rules is to define the obligation of a physician to communicate alternate modes of treatment to a patient.

(3) SCOPE. The scope of the rules pertain to medical and surgical procedures which may be prescribed and performed only by a physician, as defined in s. 448.01 (5), Stats.

Med 18.02 Definitions. (1) "Emergency" means a circumstance in which there is an immediate risk to a patient's life, body part or function which demands prompt action by a physician.

(2) "Experimental treatment" means a mode of treatment which has not been generally adopted by the medical profession.

(3) "Viable" as used in s. 448.30, Stats., to modify the term, "medical modes of treatment" means modes of treatment generally considered by the medical profession to be within the scope of current, acceptable standards of care.

Med 18.03 Communication of alternate modes of treatment. (1) It is the obligation of a physician to communicate alternate viable modes of treatment to a patient. The communication shall include the nature of the recommended treatment, alternate viable treatments, and risks or complications of the proposed treatment, sufficient to allow the patient to make a prudent decision. In the communication with a patient, a physician shall take into consideration:

(a) A patient's ability to understand the information;

(b) The emotional state of a patient; and,

(c) The physical state of a patient.

(2) Nothing in sub. (1) shall be construed as preventing or limiting a physician in recommending a mode of treatment which is in his or her judgment the best treatment for a patient.

Med 18.04 Exceptions to communication of alternate modes of treatment. (1) A physician is not required to explain each procedural or prescriptive alternative inherent to a particular mode of treatment.

(2) In an emergency, a physician is not required to communicate alternate modes of treatment to a patient if failure to provide immediate treatment would be more harmful to a patient than immediate treatment.

(3) A physician is not required to communicate any mode of treatment which is not viable or which is experimental.

(4) A physician may not be held responsible for failure to inform a patient of a possible complication or benefit not generally known to reasonably well-qualified physicians in a similar medical classification.

(5) A physician may simplify or omit communication of viable modes of treatment if the communication would unduly confuse or frighten a patient or if a patient refuses to receive the communication.

Med 18.05 Recordkeeping. A physician shall indicate on a patient's medical record he or she has communicated to the patient alternate viable modes of treatment. ■

Use of consent and related forms for physicians

PREFACE. The forms referred to in this article are those which a physician may have occasion to use in his regular everyday practice. Since the forms were printed in the January 1970 "Blue Book" issue of the *Wisconsin Medical Journal*, they will not be reprinted here except for a few examples. Any physician wishing "sample" copies of these forms may obtain them upon request to the State Medical Society of Wisconsin, Box 1109, Madison, Wis 53701; or telephone 257-6781 in the Madison area or toll-free in Wisconsin 1-800-362-9080. These forms will frequently need to be adapted for a particular situation. Each physician should review them carefully before using them to make sure that they reflect the realities of a specific situation.

The forms, as printed in the January 1970 "Blue Book" issue and as listed in the box below, and the text in this article have been prepared by legal counsel for the State Medical Society of Wisconsin, and reflect changes in the laws and courts in Wisconsin since the previous publication in January 1970.

The forms listed in the box below do not cover every possible situation where a consent should be obtained. Additional forms are contained in a publication of the American Medical Association called *Medico-legal Forms with Legal Analysis, 1979.* The Society attorneys suggest that any forms that a physician might wish to use outside of the forms referred to in this article be checked with the physician's personal attorney to determine their legal adequacy.

CONSENT FORMS FOR PHYSICIANS

FORMS WHICH A PHYSICIAN may have occasion to use in his regular everyday practice were printed in the January 1970 "Blue Book" issue of the WISCONSIN MEDICAL JOURNAL, and, therefore will not be reprinted here. Any physician wishing "sample" copies of these forms may obtain them upon request to the *Wisconsin Medical Journal,* PO Box 1109, Madison, Wisconsin 53701; or phone 608/257-6781. (Member physicians in Wisconsin may dial toll-free number: 1-800-362-9080.) Form numbers and titles as they appeard in 1970 are listed below for easy reference when requesting such forms. These forms will frequently need to be adapted for a particular situation. Each physician should read them carefully before using them to make sure that they reflect the realities of a specific situation.

Form 1: Letter to former patient where physician does not wish to treat later illness.
Form 2: Authorization to disclose information to new physician.
Form 3: Letter of withdrawal from case.
Form 4: Letter to confirm discharge by patient.
Form 5: Letter to patient who fails to follow advice.
Form 6: Letter to patient who fails to keep appointment.
Form 7: Statement of patient leaving hospital against medical advice.
Form 8: Provision for substitute physician at delivery.
Form 9: Consent to office treatment.
Form 10: Consent to examination of physician's records.
Form 11: Consent to taking of photographs.
Form 12: Consent to publication of photographs.
Form 13: Authority to admit observers.
Form 14: Consent to taking of motion pictures of operation.
Form 15: Consent to televising of operation.
Form 16: Statement of need for therapeutic abortion.
Form 17: Authorization to treat condition of recent or partial abortion.
Form 18: Artificial insemination homologous consent.
Form 19: Aid consent.
Form 20: Aid donor consent.
Form 21: Aid donor's wife consent.
Form 22: Consent to sterilization as a result of operation
Form 23: Consent to therapeutic sterilization.
Form 24: Consent to non-therapeutic sterilization.
Form 25: General consent to operation.
Form 26: Consent to operation.
Form 27: Consent to operation for cosmetic purposes.
Form 28: Consent to removal of tissue for grafting.
Form 29: Consent to operation and grafting of tissue.
Form 30: Order for taking of x-ray films.
Form 31: Consent to x-ray therapy.
Form 32: Permission to use radioisotopes.
Form 33: Consent to diagnostic procedure.
Form 34: Agreement for blood transfusion.
Form 35: Agreement for blood plasma transfusion.
Form 36: Agreement with blood donor.
Form 37: Release and receipt (blood donor).
Form 38: Agreement with blood donor.
Form 39: Release and receipt (blood donor).
Form 40: Consent to disposal of amputated part of organ.
Form 41: Gift of part of body under Wisconsin Uniform Anatomical Gift Act of 1969.
Form 42: Authorization for tissue donation.
Form 43: Authorization for autopsy and tissue donation.
Form 44: Authorization for autopsy.
Form 45: Consent to disposal of dead fetus.

Finally, the forms do not cover those procedures which are normally done in a hospital. The Wisconsin Hospital Association has a publication entitled *Consent Manual, 1981*. All member hospitals of that Association have the manual. Those forms cover hospital situations, whereas this article is concerned primarily with the physician in his regular practice.

I. WHAT IS CONSENT

Consent, in the context that we are using it, means permission from a patient or his legal representative, to a physician to diagnose and treat the patient.

a. Informed consent

To be legally valid, consent must be given by the appropriate person (see II. *Who Can Consent,* below) and this consent must be given with appropriate understanding of the nature of the treatment and the risks associated with it. This has been the law of the United States and Wisconsin for many years; and the courts have held the physician liable for treatment without proper consent, even when the treatment worked and the results were good. Treatment without consent is actionable and is the easiest form of suit against a physician because no expert testimony or evidence is needed and historically the burden has been on the physician to prove that he or she proceeded only with proper patient consent.

Under Wisconsin law you must disclose to the person giving consent such information as is necessary under the circumstances to enable a reasonable person under those circumstances to intelligently exercise his right to consent to or refuse treatment. The disclosure must be made in terms understandable to the person giving consent and need not include disclosure of matters already known to the person or risks which are extremely remote possibilities.

This rule leaves broad areas of professional judgment to the physician but requires disclosure of all matters that would be relevant to a reasonable person to permit him to make an intelligent decision to consent to or refuse the recommended treatment.

In addition recent Wisconsin statutes and administrative rules require that the patient be informed about available alternate methods of treatment. The law is as follows:

Chapter 375, Laws of 1981

AN ACT to amend 448.02(3) (intro.) and 448.40; and to create 448.30 of the statutes, relating to requiring physicians to inform their patients of alternate modes of treatment, granting rule-making authority and creating a penalty.

448.02(3) Investigation; hearing; action. (intro.) The board shall investigate allegations of unprofessional conduct by persons holding a license or certificate granted by the board. A finding by a panel established under s. 655.02 or by a court that a physician has acted negligently is an allegation of unprofessional conduct. *An allegation that a physician has violated s. 448.30 is an allegation of unprofessional conduct.* After the investigation, if the board finds that there is probable cause to believe that the person is guilty of unprofessional conduct, the board shall hold a hearing on such conduct. The board may, when it finds a person guilty of unprofessional conduct, warn or reprimand that person, or limit, suspend or revoke any license or certificate granted by the board to that person. The board shall comply with rules of procedure for such investigation, hearing and action promulgated under s. 440.03(1).

448.30 Information on alternate modes of treatment. Any physician who treats a patient shall inform the patient about the availability of all alternate, viable medical modes of treatment and about the benefits and risks of these treatments. The physician's duty to inform the patient under this section does not require disclosure of:

(1) Information beyond what a reasonably well-qualified physician in a similar medical classification would know.
(2) Detailed technical information that in all probability a patient would not understand.
(3) Risks apparent or known to the patient.
(4) Extremely remote possibilities that might falsely or detrimentally alarm the patient.
(5) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.
(6) Information in cases where the patient is incapable of consenting.

Also see page 84 for complete rule on alternate modes of treatment.

The forms, as printed in January 1970, and other standard forms which you may use generally do not provide for a full description of the disclosures given, either as to treatment or risks involved. You should make some provision in your patient records to indicate specifically what disclosures were made. Some physicians tape record their disclosures and retain these tapes with the patient records. Some who are involved in the same procedure frequently use prepared statements covering the treatment and its risks and obtain receipts for copies of this information. Some give disclosures in front of witnesses and have their notes on the matters disclosed initialed or countersigned by the witnesses. For your protection you should have some record of the matters disclosed in each situation.

b. Implied consent

There are situations where the consent of the patient does not have to be in writing or even expressed orally. This is implied consent.

A classic example of implied consent is the unconscious victim of an automobile accident where immediate action needs to be taken to save the life of the patient or at least to minimize the effect of his injuries. In this emergency situation consent is im-

plied. The courts say that if the patient had been conscious he would have given consent to save his life and, therefore, the physician will not be penalized for doing what he would have been allowed to do if the patient had been conscious.

II. WHO CAN CONSENT

Persons who are adults and are competent to understand what the physician is proposing to do, why it is necessary or desirable, and what the risks of doing it are going to be, can give a consent.

a. Minors

In Wisconsin, persons under the age of 18 are minors.

The proper person to consent to surgery or other treatment of a minor is either parent, or if neither parent is living, the minor's court appointed guardian. A physician is not legally protected by a consent signed by a relative of a minor, other than a parent, unless the relative has been appointed as the minor's legal guardian by a court.

There are two exceptions to the above general rule. First, in an emergency, a consent is not necessary if the parents or guardian cannot be located, and, in the judgment of the physician in charge and, of consultants where consultation is practical, immediate treatment is necessary to save life or to prevent the deterioration or aggravation of the condition of the patient.

The legal reason for the above exception is that in an emergency the law implies the consent of the patient, or in the case of a minor, of his parent or guardian. Because the law does not imply consent beyond the treatment actually necessary to meet an emergency, the physician may safely treat only the emergency condition itself, and nothing else, without actual consent of a parent or guardian.

Second, an emancipated minor can give a consent for medical treatment, including surgery. A minor is emancipated (1) who is lawfully married, or (2) whose parents have divested themselves of their legal right of control over him. Typically a minor in the latter situation is one who is self-supporting. An unmarried minor attending school away from his home community is not emancipated by virtue of that fact alone.

A physician who has any doubt whether a minor is emancipated, should require the consent of a parent or the legal guardian before proceeding with non-emergency treatment.

b. Incompetents

Physicians, above all others, are qualified to determine whether a person is competent to sign a consent. If a patient is incompetent, a consent by the patient will not be any protection. For incompetents other than minors, consent can only be given by the person's legally appointed guardian, except in emergencies. Courts in Wisconsin have very limited powers to substitute their discretion for that of a person's legally appointed guardian.

c. Persons under the influence of drugs or intoxicants

Unless there is an emergency situation, the physician should either wait until the influence of the drug or intoxicant passes, or, make appropriate contacts for the appointment of a guardian. In the case of an emergency, treatment necessary to save life can be given.

III. WHY CONSENTS

In Wisconsin failure to obtain informed consent for medical treatment is the negligent violation of a legal duty. As a result of this, a physician may be sued for a species of malpractice. In other states, and under earlier case law in Wisconsin, treatment without consent was treated as a form of assault and subject to civil, and possibly criminal, liability on that basis. It is possible that in an aggravated situation, where the physician has obtained no consent or where his treatment has gone beyond the consent given, courts would still act on the assault rather than the negligence basis. In most cases, however, it should be anticipated that the question will be whether informed consent was given and failure of the physician to obtain consent based on an adequate explanation of the treatment and its possible risks is a form of negligent malpractice.

In an action for failure of informed consent, the patient has the responsibility for proving failure of disclosure by the physician, lack of knowledge by the patient of the nature of the treatment and its risks, and the adverse effects of the treatment. The physician, by way of defense, may prove reasons why no disclosure was given, these defenses to be based on the "reasonable person" rule discussed above. No expert testimony is required to assist the jury in determining whether the failure of disclosure led to consent to the treatment, or phrased another way, whether adequate disclosure would have resulted in the patient's refusing the treatment.

A few minutes spent preparing, explaining, and obtaining the consent signed by the patient and making appropriate notes in the patient records can save untold hours of time, money, and embarrassment for the physician.

IV. CONSENTS LIMITED

A word of caution needs to be set forth. A valid consent must not be too broad. It cannot be a general consent for the physician to do anything he wants to do. It should be limited to the specific situation presented by the diagnosis of the patient's illness. Finally, a consent is not effective if the treatment or procedure consented to is illegal, is contrary to public policy or, is given by a person who had no legal right to give it.

V. CONSENT AND RELATED FORMS

The text and suggestions that follow are related to the numbered forms as printed in the January 1970 "Blue Book" and as listed in the box on page 85. Physicians should read the text and suggestions prior to attempting to use or adapt a particular form.

PHYSICIAN AND PATIENT

1. Contract for services

The physician-patient contract is established when the physician, in response to an express or implied request to treat the patient, undertakes to render professional services to him. It is not necessary to have a formal written contract. The contract between the patient and physician is implied and is enforceable. If you wish, you may restrict your services to one procedure, one treatment or treatments at a particular time or place. This can be done by a letter requesting the patient to sign and return a copy to you. No form has been included for this situation. A physician need not accept every person who wishes services. He can accept patients as he wishes. Further, specialists need not accept patients who have illnesses outside their specialty.

However, once the patient-physician relationship has been entered into the physician is under an obligation to treat the patient until the relationship is terminated.

2. Termination of contract

Care must be taken to inform the patient appropriately, but unmistakably when the patient-physician relationship is terminated. What should be done depends upon how the situation arises.

a. Former patient

If you have a former patient who calls and wishes further services, and you do not wish to further treat that patient, you should make your decision clear. Following such conversation you should confirm it by a letter. Form 1, with its enclosure, Form 2, is appropriate and gives the physician a record for his file. (These forms appear as "examples" on this page.)

b. Withdrawal from a case

There may be occasions where a physician does not wish to continue on a case. Consistent with legal as well as ethical principles he must find appropriate steps to withdraw. He cannot just stay away and not notify the patient. This would be abandoning the patient and could subject the physician to a suit for damages.

He must give the patient proper notice that he is withdrawing from the case and must give the patient

FORM 1

LETTER TO FORMER PATIENT WHERE PHYSICIAN DOES NOT WISH TO TREAT LATER ILLNESS

Dear _____:

This letter is to confirm our conversation of _____ _____ (date).

At that time I informed you that I could not accept you as a patient for your present illness. I suggested to you that you contact another physician and I urge you to do so now if you have not already done so.

Since I have treated you for a previous condition, I have records which your new physician can use. Upon receipt of your written approval, I will make available to your new physician your case history and complete information regarding the diagnosis and treatment which you have received from me.

For your convenience I enclose a form that you may use to give me such written approval.

Very truly yours,

_____M.D.

(Enclose Form 2)

FORM 2

AUTHORIZATION TO DISCLOSE INFORMATION TO NEW PHYSICIAN

I authorize _____, M.D., my former physician, to disclose complete information to my present physician, _____, M.D., concerning medical findings and treatment from about _____ 19____ until the date of this authorization.

Signed _____

Place _____

Date_____

Witness _____

Witness _____

FORM 3

LETTER OF WITHDRAWAL FROM CASE

Dear Mr. _____:

I find it necessary to inform you that I am withdrawing from further professional attendance upon you for the reason that you have persisted in refusing to follow my medical advice and treatment.

Since your condition requires medical attention, I suggest that you place yourself under the care of another physician without delay. If you so desire, I shall be available professionally to attend you for a reasonable time after you have received this letter, either for regular or emergency medical treatment, but in no event for more than _____ days following such receipt. This should give you ample time to select a physician of your choice from the many competent practitioners in this area.

With your written approval, I will make available to this physician your case history and complete information regarding the diagnosis and treatment which you have received from me.

Very truly yours,

_____, M.D.

Enclosure Form 2

a reasonable amount of time to obtain a new physician. What is a reasonable amount of time will depend upon the circumstances of the case and the availability of other physicians in the area. We suggest that under most circumstances that the time set forth be not less than five (5) days. To provide a record and protect the physician a letter should be sent to the patient. If the letter is sent by certified mail with a return receipt requested, the physician will have record in his file showing not only that the patient was notified, but also the date the patient received the notification. Form 3 (example below) is appropriate for this purpose. We suggest that you may wish to enclose Form 2 with the letter for the patient's convenience.

c. Discharge of a physician

The patient may also terminate the contract by discharging the physician. The physician will want to make an immediate and adequate record that he did not abandon the patient. The physician may do well to try to obtain from the patient a signed statement of the facts and discharge of the physician. Where this is not available we suggest that the physician send a letter to the patient such as Form 4. Again, the enclosure of Form 2 is appropriate. We suggest the letter be sent by certified mail, with a return receipt requested so that your file will show receipt of the letter by the patient.

3. Special problems during treatment

There are many problems that can arise during the treatment of a patient. The ones covered in this section are of particular importance to the physician since, if no protective steps are taken and a record made of such steps, the defense against allegations of malpractice could be made considerably harder and more expensive.

a. Patient who fails to follow advice

Where a physician feels that a certain treatment or procedure should be done and the patient refuses, a record should be made. Form 5 may be adapted to the situation as it occurs.

b. Patient who fails to keep appointment

If a patient fails to keep an appointment where the patient has a condition the physician knows needs treatment, the physician should make this fact known to the patient. The physician, at the same time, should see that his records reflect his professional advice to the patient. A letter such as Form 6 should be sent to the patient.

FORM 4

LETTER TO CONFIRM DISCHARGE BY PATIENT

Dear Mr._____:

This will confirm our telephone conversation of today in which you discharged me from attending you as your physician in your present illness. In my opinion your condition requires continued medical treatment by a physician. If you have not already done so, I suggest that you employ another physician without delay. You may be assured that, at your written request, I will furnish him with complete information regarding all medical facts, diagnosis, and treatment which you have received from me.

Very truly yours,

_____, M.D.

Enclosure Form 2

FORM 5

LETTER TO PATIENT WHO FAILS TO FOLLOW ADVICE

Dear Mr. _____:

At the time that you brought your son, William, to me for examination this afternoon, I informed you that I was unable to determine, without X-ray pictures, whether a fracture existed in his injured right arm. Although I insisted and still do insist that an X-ray study should be made of William's arm, you have refused to follow my advice. I strongly urge you to permit me or some other physician of your choice to make this X-ray examination without further delay.

Your refusal to permit a proper X-ray examination to be made of William's arm may result in serious consequences if, in fact, a fracture does exist.

Very truly yours,

_____, M.D.

FORM 6

LETTER TO PATIENT WHO FAILS TO KEEP APPOINTMENT

Dear Mr. _____:

On _____, 19_____, you failed to keep your appointment at my office. In my opinion your condition requires continued medical treatment. If you so desire, you may telephone me for another appointment, but if you prefer to have another physician attend you, I suggest that you arrange to do so without delay. You may be assured that, at your request, I am entirely willing to make available my knowledge of your case.

I trust that you will understand that my purpose in writing this letter is out of concern for your health and well-being.

Very truly yours,

_____, M.D.

c. Patient who leaves hospital against medical advice

Cases arise where patients refuse to remain in a hospital even though their physician feels that continued hospitalization is necessary. Form 7 (example below) provides a statement that the patient may sign which will release liability for the patient's acts. The physician should have two witnesses with him at the time he informs the patient of the reasons the physician feels indicate the need for continued hospitalization. These witnesses should sign the form whether the patient signs the form or not. If the patient refuses to sign, that fact should be noted on the form. The physician should have a copy of the form for his office records. The hospital will also want a copy for its records.

d. Substitute physician in obstetrical cases

It is not unusual for a physician to be unable to be present at a delivery, even though the physician would wish to be there. Another delivery might be in progress or the speed of delivery might make it impossible for the physician to get to the place of delivery. The physician should explain this to his obstetrical patient when she first comes to his offfice. The physician should have the expectant mother sign a form such as Form 8 as an acknowledgment of the fact that she understands and agrees.

e. Office treatment

Some procedures can be done either in the physician's office or in the hospital. Where the physician decides to do the procedure in his office he should inform the patient of the alternatives and any special risks involved. If the patient decides that the procedure should be done in the hospital, the physician should not attempt to do the procedure in his office. If the patient does agree to having the procedure in the office, then the physician should have the patient sign a consent such as Form 9.

4. Confidential and privileged relationship

In Wisconsin, communications between a patient and his physician are protected both by law and ethics.

Under Wisconsin law, certain disclosures made by a patient to his physician in order to give the physician sufficient information to enable him to treat the patient are "privileged." This "privilege" means that the statements cannot be disclosed by the physician unless the patient allows it or unless the physician is allowed or required by law to disclose them. The "privilege" is that of the patient, and can ordinarily be claimed or released only by the patient.

Confidential communications involve a physician's ethical duty to keep secret the information he has obtained about a patient while acting in his professional capacity. This obligation is independent of the privilege discussed in the preceding paragraph. It is binding on the physician at all times.

Wisconsin Statutes permit the right of an employee or the employee's designated representative to

FORM 7

STATEMENT OF PATIENT LEAVING HOSPITAL AGAINST MEDICAL ADVICE

This is to certify that I am leaving _____ Hospital at my own insistence and against the advice of my attending physician and hospital authorities. I have been informed by them of the dangers attendant on my leaving the hospital at this time. I assume all responsibility for any results caused by leaving the hospital prematurely, and I hereby release my attending physician and the hospital, its employees and officers from all liability for any and all conditions, complications and results.

_____

I hereby agree to hold harmless my attending physician and the _____ Hospital, its employees and officers, from all liability of whatsoever nature, with reference to the discharge of the patient named above.

_____
(husband, wife, parent, etc.)

Date _____
Signed in the presence of:
Witness _____
Witness _____

NOTE: If the patient refuses to sign such a statement, he cannot be forced to do so, legally, nor may his release be withheld until he signs. If this occurs, the form should be filled out, witnessed by the hospital personnel present, and the statement made on the form "signature refused."

FORM 8

PROVISION FOR SUBSTITUTE PHYSICIAN AT DELIVERY

Date _____
Place _____

To Dr. _____:

In engaging you as my obstetrician, I understand that if you are unavailable or unable for any reason to be present and to deliver me, at the time of my confinement, you will make a reasonable effort to refer me to another duly licensed physician to render obstetrical care. I agree to hold you free from any duty, liability or responsibility in connection with any services that may be performed by any physician to whom you refer me or whom I may call.

Signed _____
(wife)

_____
(husband)

Signed in the presence of:
Witness _____
Witness _____

NOTE: If the husband is present at the time that the arrangements are made, it is desirable that he should witness his wife's execution of this form and sign the form too.

inspect personal medical records concerning the employee contained in the employer's file. If the employer believes that disclosure of an employee's medical records would have a detrimental effect on the employee, the employer may release the medical records to the employee's physician or through a physician designated by the employee, in which case the physician may release the medical records to the employee's immediate family.

Unauthorized disclosure of confidential information can be grounds for revocation of the physician's license. It may also be the basis for a suit for damages by the patient. Each physician therefore must exercise care to protect against unauthorized disclosure of confidential or privileged information.

a. Release of patient health care records

By earlier case law and now by statute, a patient's health care records (all records related to the health of a patient prepared by or under the supervision of a health care provider) may ordinarily only be released on the authorization of the patient or one legally permitted to act for the patient. The law defines "informed consent" with respect to the disclosure of information from a patient as written consent "containing the name of the patient whose record is being disclosed, the purpose of the disclosure, the type of information to be disclosed, the individual, agency or organization to which disclosure may be made, the type of health care providers making the disclosure, the signature of the patient or the person authorized by the patient, the date on which the consent is signed and the time period during which the consent is effective." Wis. Stats. §146.81 (2). In making a release of medical records, the physician should very carefully review the authorization to assure that the release is made strictly in accordance with the authorization.

(1) Access without informed consent. Release of medical records without patient authorization, unless specifically permitted by law, is a breach of confidentiality and may subject the physician to a lawsuit. The law permits the release of patient health care records upon request without informed consent in the following circumstances:

(a) To staff, accreditation or review committees.

(b) For performance of healthcare services to persons providing such services (including emergency care) or being consulted in regard to such services.

(c) For billing, collection, and payment of claims.

(d) Under court order.

(e) On written request from an appropriate government agency.

(f) For research purposes under specific conditions.

(2) Patient access to health care records. Any patient or other person may, upon submitting a statement of informed consent, (a) inspect the patient's records during regular business hours upon reasonable notice, (b) receive a copy of the patient's records on payment of reasonable costs, (c) receive a copy of the patient's x-ray reports or have the patient's x-ray films referred to a provider of his choice for analysis upon payment of reasonable costs. Wis. Stats. §146.83.

b. Photographs

Physicians may wish to make a visual record of a case for several reasons. In cosmetic surgery it may show the result of the surgery. In other cases it may show the result of a particular method of treatment. It may also be used for unusual cases where documentation would be valuable for teaching purposes. In any of these cases there must be a release of the confidential or privileged relationship to allow the taking of photographs.

c. Observers, motion pictures, television

In cases similar to those where photographs may be desirable, there are cases which should be observed, televised or recorded on film. The release of the confidential or privileged relationship must also be obtained in these cases. Forms 13, 14 and 15 may be used for these situations.

VI. SPECIAL SITUATIONS

There are certain procedures which the physician should approach with caution and be sure to take the necessary steps to document what has happened and, to be sure that he proceeds only with proper authority and consent. These include:

1. **Abortions**
2. **Artificial insemination**
   - *a. Homologous*
   - *b. Donor*
3. **Sterilization**
   - *a. Sterilization as a result of an operation for other purposes*
   - *b. Therapeutic sterilization*
   - *c. Nontherapeutic sterilization*

VII. OTHER CONSENT FORMS

There are other forms included in the January 1970 "Blue Book" printing that may be of common use to a physician. These forms are believed not to require explanatory text. However, before any of these forms are signed, the physician should review the requirements for a valid consent given earlier in this article. ■

Important notice to physicians and clinics re toxic substances and infectious agents

Every employer of one or more persons in Wisconsin is required to post a notice to employees indicating that the employer will provide upon request information about toxic substances and infectious agents which might be found in the workplace. This law became effective December 1, 1982. SMS recommends that every physician/clinic cut out the poster accompanying this article and make sure it is displayed where employees can see it.

This will assure initial compliance with the law. If an employee makes a written request, the employer must provide that individual with information about any toxic substance the employee is likely to be exposed to in the workplace. The information which must be provided includes the name of the toxic substance or infectious agent, a description of their hazardous effects, precautions for handling such substances or agents, and procedures for emergency treatment in event of overexposure. The posted form must indicate the name of a person who should be contacted to make such a request.

For toxic substances, the employer must provide this information within 15 working days of a written request by an employee. For infectious agents, the information must be provided to the employee within 3 working days. Employers who do not have the required information available for either toxic substances or infectious agents have 30 working days to obtain such information and provide it to the employee. The information must be requested from the manufacturer or supplier. If they refuse to provide the information, the employer is not required to provide the information for the requesting employee.

A toxic or hazardous substance is defined by law as "any substance regulated by the federal regulations part 1910, subpart z, which are introduced by an employer . . . in the workplace." The list of these substances can be obtained from the SMS or the Department of Industry, Labor and Human Relations (DILHR) at the address shown on the poster.

Information of the type that must be provided to the employee about toxic or hazardous substances must be obtained from the supplier or manufacturer of the material. The physician or clinic purchase order for materials which may contain hazardous or toxic substances should be accompanied by a "Material Safety Data Sheet" or its equivalent. This sheet makes it a condition of the purchase order that the vendor will supply the physician or clinic with material related to the safe use of its product and will identify all hazardous components. Copies of the data sheet are available from the SMS and DILHR. Under the law a supplier or manufacturer may refuse to provide such information on the basis of confidentiality. The employer must be sure to get such refusal in writing. Once that written statement is provided, the employer is no longer required to make further efforts to obtain the information.

Infectious agents are defined as any bacterial, mycoplasmal, fungal, parasitic or viral agent identified by DILHR by administrative rule which causes illness in humans, human fetuses or both, which is ***introduced into the workplace by the employer.*** Infectious agents do not include agents on or in the body of a person who is present in the workplace for diagnosis or treatment. NOTE: Until DILHR publishes rules identifying these agents, this section of the law is not enforceable. At the time of this publication DILHR had not yet published this rule.

The law also requires that training sessions must be held for employees exposed to such substances so as to provide them with information about the substances or agents, symptoms and effects of overexposure, the potential for flammability, explosion and reactivity, proper conditions for safe use of the substances or agents, special precautions to be taken or personal protective equipment to be used when handling them, and procedures for handling cleanups or spills. Training sessions may take almost any form, but it is important that the employer have employees sign a statement indicating that they have received the prescribed training. The penalties for noncompliance are a civil forfeiture of not more than $1,000 for each violation and forfeiture of up to $10,000 per violation for those who "willfully violate or exhibit a pattern of violation." Enforcement is through the local district attorney.

For additional questions/answers about this law, contact the Physicians Alliance at the State Medical Society of Wisconsin, PO Box 1109, Madison, WI 53701; telephone: 1-800-362-9080 or in Madison area 257-6781; or the State Department of Industry, Labor, and Human Relations, PO Box 7946, Madison, WI 53707; telephone: 608/266-7731. ■

Wisconsin Clearinghouse

A state agency for information on alcohol and other mood-altering drugs, primary prevention, mental health, and other health topics.

The Wisconsin Clearinghouse is a state agency for information on alcohol and other mood-altering drugs, primary prevention, mental health, and other health topics.

Housed by the University of Wisconsin-Madison, the Clearinghouse offers many publications which are suitable for patient information as well as for professional reference. Dozens of these are available at no cost to Wisconsin residents, except for shipping and handling, and a separate catalog lists over 30 other publications available for purchase. Some of the items are produced by Clearinghouse staff, while others are provided by the Wisconsin Office on Alcohol and Other Drug Abuse, the National Institute on Drug Abuse, the Addiction Research Foundation and other organizations.

In addition to pamphlets, books, professional manuals, public awareness kits and curricula, the Clearinghouse offers many colorful posters aimed at people of many ages and interests. Also available are video tapes on marijuana, caffeine, and the dangers of chemicals unknown to children. The Clearinghouse staff also evaluates films and publications from other sources. Synopses, ratings, and other information on these resources are available on request.

Wisconsin Clearinghouse office hours are 8:30 am —4:45 pm Monday-Friday, although publications may be ordered by mail or telephone. For more information contact Wisconsin Clearinghouse, PO Box 1468, Madison, WI 53704 (608-263-2797). ■

NARCOTICS

Annual Registration

A physician who desires to dispense, administer, or prescribe any controlled drug substance is required to have a Drug Enforcement Administration number (DEA no.). The initial registration application may be obtained from the Chicago Regional Office. The Regional Office of DEA in Chicago has informed the State Medical Society that DEA Headquarters will then annually mail a renewal application to each physician once initially registered.

Change of Residence

If you move, or change your place or places of business, you must notify the Drug Enforcement Administration, Registration Branch, PO Box 28083, Central Station, Washington, DC, 20005.

In Case of Death

The Regional Director, Drug Enforcement Administration, Chicago, Illinois, who has jurisdiction over the State of Wisconsin with respect to these matters, approved the following procedure in a communication to the State Medical Society:

> "The deceased physician's DEA number (Controlled Substances Registration Certificate), unused Government order forms and controlled drugs should be disposed of as soon as possible. The registration certificate and unused Government order forms (DEA-222 c) should be returned to the Drug Enforcement Administration, Registration Branch, PO Box 28083, Central Station, Washington, DC 20005. The controlled drugs may be disposed of by shipment, charges prepaid (shipment by registered mail is permissible) to the Regional Administrator, Drug Enforcement Administration, 219 South Dearborn, Suite 500, Chicago, Illinois 60604, after the drugs have been inventoried on Form DEA-41, which can be obtained from any DEA office. One copy of the Form-41 will be returned to the sender upon receipt of the narcotic drugs. No remuneration will be made for the narcotics surrendered to DEA."

Forms and additional information may be obtained from the Milwaukee District Office:

Drug Enforcement Administration
Milwaukee District Office
517 East Wisconsin Ave, Rm 228A
Milwaukee, Wisconsin 53202 Telephone: (414) 291-3395

Preprinted Prescription Blanks

The Justice Department, Drug Enforcement Administration, reports that neither Federal law nor administrative regulations prohibits the printing of the physician's narcotic registration number on prescription blanks. ■

Members are encouraged to contact SMS headquarters for further information: Phone: 257-6781 in the Madison area or 1-800-362-9080 toll-free in Wisconsin; or write: State Medical Society of Wisconsin, PO Box 1109, Madison, Wis 53701.

SMS members, you should know—

ABORTION. Wisconsin, like several other states, has a law denying subsidies from any public source for non-therapeutic abortions except in cases in which conception results from sexual assault or incest. Laws of this nature have been subject to challenge in the courts in other states. The validity of Wisconsin's law, if challenged, cannot be predicted. In Wisconsin spousal consent for abortion is not required by law. Physicians and hospitals are granted immunity from civil liability for refusal to perform abortions. In the case of the physician this immunity is conditioned on the refusal having been based on religious or moral precepts. No hospital, school, or employer may discriminate against a physician in regard to employment, tenure, or staff privileges or status for refusal to perform abortions if this is based on religious or moral precepts.

ABUSED CHILD LAW. *Wis. Stat. §48.981.* Child abuse by parents and others can be found at all economic, educational, and social levels. The Wisconsin Abused Child Law was enacted to prohibit child abuse in its many forms and prevent the cumulative effect of repeated beatings or other forms of severe abuse, including sexual exploitation, physical crippling, brain damage, or even death. Intentional infliction of emotional damage to a child is also considered child abuse under the law. The Abused Child Law makes it mandatory for physicians and others dealing with children to report suspected cases of child abuse and cases in which injury is threatened and abuse likely to occur. The law further provides that the reports be made to the city police departments, sheriffs, and county child welfare agencies. Civil as well as criminal immunity from suit is granted where a report is made in good faith. For further information, refer to the special report on child abuse in the January, February, and March 1985 editions of the *Wisconsin Medical Journal.*

ADOPTION PROCESS IN WISCONSIN. An *Information Memorandum,* published in the July 1982 BLUE BOOK issue of the *WMJ,* describes the process by which a potential adoptive parent adopts a child in Wisconsin. A child from Wisconsin or from another state or country may be adopted in this state with or without the services of an adoption agency. A list of adoption agencies appears elsewhere in this issue.

ADOPTION RECORDS LAW. Recent legislation in Wisconsin provides additional opportunities for adoptees and certain other persons seeking identifying information about their birth parents and information about medical and genetic history for themselves or certain other biological family. Chapter 359, Laws of Wisconsin, 1981, became effective May 7, 1982. Provisions of the new law are described in an *Information Memorandum 82-25* prepared by the Wisconsin Legislative Council staff. That memorandum was published in the July 1982 BLUE BOOK issue of *WMJ* and is available upon request to the *WMJ.* The law has been amended to provide for supplying nonidentifying social history of the child's birth parents. Chapter 471, Laws of Wisconsin, 1983.

AUTOPSY. Whose consent is required to permit a physician to conduct an autopsy? Except for those cases in which an autopsy is ordered in connection with a proposed coroner's inquest permission for a physician to conduct a postmortem examination requires the consent of the person who assumes custody of the body for burial, providing that person is one of the following: father, mother, husband, wife, child, guardian, or next of kin. If none of these persons is available, consent may be given by a friend or person charged by law with the responsibility for burial. If two or more such persons assume custody of the body, the consent of either one is sufficient. Section 979.03, Wis. Stats., requires autopsies for infant death in which "sudden infant death syndrome" is suspected, unless the parents specifically object.

Sudden infant death (SID) syndrome. Section 979.03, Wis. Stats., requires autopsies for infant death in which "sudden infant death syndrome" is suspected, unless the parents specifically object.

CERTIFICATION. Wisconsin physicians are reminded that it is their responsibility, as well as to their advantage, to keep WPS-Medicare informed of any change in their specialty or certification status. To alleviate any confusion, each physician should be sure that the same specialty is shown with the various societies; *eg,* AMA, State Medical Examining Board, and the State Medical Society. There have been some instances where a different specialty was shown with each organization. Written documentation of such changes should be directed to the WPS-Medicare, PO Box 1787, Madison, WI 53701, ATTENTION-CPCU

continued next page

(Central Provider Control Unit). If you have any questions concerning the specialty WPS-Medicare currently has on file for you, contact Mrs Johnson, CPCU, (608) 221–4711, ext 420. Physicians also are urged to provide the same information to the Medicaid administrator: EDS-Federal, Attention Provider Maintenance. The contact person is Gary Holtzman (phone: 608/221–4746).

CHILD SAFETY RESTRAINT SYSTEMS. *347.48(4)(a) Wis. Stats.* No resident may transport a child under the age of 2 in a motor vehicle unless the child is properly restrained in a child safety restraint system approved by the department. "Properly restrained" means fastened in a manner prescribed by the manufacturer of the system which permits the system to act as a body restraint but does not include a system in which the only body restraint is a safety belt of the type required under sub. (1). The department shall, by rule, establish standards in compliance with applicable federal standards for approved types of child safety restraint systems for those child restraint systems purchased after November 1, 1982. No resident is required to have more than 3 child safety restraint systems in a vehicle.

No resident may transport a child who is at least 2 years old but less than 4 years old in a motor vehicle unless the child is properly restrained in a child safety restraint system approved by the department under subd. 1. or in a safety belt approved by the department under sub. (2). "Properly restrained" means fastened in a manner prescribed by the manufacturer of the system which permits the system to act as a body restraint.

When a parent is present in a vehicle operated by a resident other than the parent, the parent is responsible for complying with the law.

CLOSING A PHYSICIAN'S OFFICE. Several articles in this issue contain information that may be helpful to physicians or their spouses when closing an office: 1) "Some considerations before opening a physician's office," 2) "Problems of a physician's widow/er," 3) "Retention and inspection of patients' records," 4) "The use of consent and related forms for physicians," and 5) "Narcotics" (what to do in case of a physician's death).

COMMUNICABLE DISEASES. The State Department of Health and Social Services recently implemented new administrative rules regarding communicable diseases. The rules merge all communicable disease regulations into a new chapter, HSS 145, of the Wisconsin Administrative Code. Physicians, nurses, laboratores, healthcare facilities, or any other person identifying a case or a suspected case of communicable disease must report its existence to the local health officer. Further details, including a listing of communicable diseases, appear elsewhere in this issue.

CONSENT AND RELATED FORMS FOR PHYSICIANS. A number of these forms which a physician may have occasion to use in his regular everyday practice appear in an article, "The use of consent and related forms for physicians," elsewhere in this issue. Related information also is included, particularly reference to Chapter 375, sec. 448.30 Wis. Stats., relating to requiring physicians to inform their patients of alternate modes of treatment, granting rule-making authority, and creating a penalty.

"DENIAL OF ACCESS" TO HEALTHCARE RECORDS. These forms can be purchased from either of the following printers: Wisconsin Printing and Bank Supply, PO Box 637, Menomonee Falls, WI 53051 (ph 1-800-325-8094), or HC Miller Co, 224-226 East Chicago St, Milwaukee, WI 53202 (ph 1-800-242-9971). They are NOT available from the State Dept of Health and Social Services or the State Medical Society. Sample copies of the forms appear elsewhere in this issue.

DETERMINATION OF DEATH. Wisconsin law (Chapter 134, Laws of 1981) provides that 146.71 of the statutes is created to read: ***Determination of death.*** An individual who has sustained either irreversible cessation of circulatory and respiratory functions or irreversible cessation of all functions of the entire brain, including the brain stem, is dead. A determination of death shall be made in accordance with accepted medical standards.

DISABILITY CLAIMS. Under a recent court order the Social Security Administration will review certain disability claims in Illinois, Indiana, Ohio, Michigan, Minnesota, and Wisconsin, where individuals with mental impairments were either denied disability benefits or terminated from the disability rolls. Certain individuals who were either denied social security disability benefits were terminated on or after March 1, 1981, and before January 4, 1983, who alleged a mental impairment (other than mental retardation) and who were be-

continued next page

tween the ages of 18 and 49 may have their eligibility reviewed. If because of your special concerns for the mentally impaired you know of anyone who meets these requirements, the SSA of the US Department of Health and Human Services asks that you advise that person to either visit or telephone the local social security office to obtain further information. If you are representing such a person, you may contact a social security office on behalf of that person.

DONATIONS OF ORGANS, BODY. Wisconsin, along with some 40 other states, has adopted the Uniform Anatomical Gift Act, a law under which a donor may leave all or any part of his/her body for research or transplantation. With the continuing publicity given to transplant technology, physicians are being queried about the law and how their patients may make anatomical gifts. To assist physicians in providing the necessary information to patients, the University of Wisconsin-Madison Anatomy Department and the Medical College of Wisconsin Department of Anatomy have provided the State Medical Society with policy statements in the acceptance of bodies. These statements appeared in the June 1981 BLUE BOOK, on pages 46–47. Further information may be obtained by contacting the Medical College of Wisconsin, Department of Anatomy, 8701 Watertown Plank Road, Wauwatosa, Wis 53226 (mailing address: PO Box 26509, Milwaukee, Wis 53226; or phone 414/257-8261); or University of Wisconsin-Madison, Anatomy Department, Bardeen Medical Laboratories, 1300 University Ave, Rm 325 SMI, Madison, Wis 53706 (phone: 608/262-2888).

Uniform Organ Donor Cards and Decals. These are available from the National Kidney Foundation of Wisconsin, Inc, 6701 Seybold Rd, Madison, Wis 53719 (phone 608/274-0441), or 7332 West State St, Wauwatosa, Wis 53213 (phone 414/453-2830).

Donation of eyes. Inquiries may be directed to the Milwaukee Eye Bank, 8700 West Wisconsin Ave, Milwaukee, Wis 53226 (phone 414/257-5543), or to The Eye Bank, E5/410 Clinical Science Center, University of Wisconsin-Madison, Center for Health Sciences, 600 Highland Ave, Madison, Wis 53792 (phone 608/263-6223).

DRIVERS' LICENSES FOR EPILEPTICS. A person subject to epileptic seizures may be licensed to drive a motor vehicle in Wisconsin on a temporary basis if: (1) He or she submits with his/her application a certificate from a licensed physician recommending that a temporary driver's license be issued, and (2) He or she is otherwise qualified to obtain a license. The certificate is a form prepared by the Department of Transportation and is designed to elicit medical information necessary to determine whether permitting the epileptic to drive would be a hazard to public safety. For two years following the issuance of the license the epileptic is required to present medical certificates to the Department of Transportation at six-month intervals and yearly thereafter on the licensee's birth date until the licensee has been free of seizures for a period of 10 years from the date of issuance of the license, except that in no event is such license valid beyond the date of expiration shown on the license. On such date, the license is subject to renewal. The issuance of a temporary license is discretionary with the Department of Transportation. A denial may be reviewed, however, by a special board. Prior law had required the epileptic to file yearly medical certificates following the two-year initial period in which the epileptic was required to submit certificates at six-month intervals.

DRUG SUBSTITUTION LAW—In April 1984, Senate Bill 365 became effective. This bill eliminated the Wisconsin Drug Quality Council and Drug Formulary, adopted the Food and Drug Administration's "Approved Prescription Drug Products with Therapeutic Equivalent Evaluations," prohibits preprinted state-

continued next page

ORGAN DONATION LAW TO TAKE EFFECT. Effective July 1, Wisconsin hospitals must have established policies to conform with the new "required request" law. The law requires hospitals to have a system in place for making organ donation consent requests of family members in the event of a "suitable" donor's death. While it is mainly intended to address the demand for major organs needed for transplantation, the request policies would also comply to other types of donation such eyes and tissue. SMS supported the legislation. ■

ments on prescription order blanks regarding drug substitution, and set up other measures to assure consumer choice of less expensive drug equivalents. Under the law, physicians continue to have the authority to prohibit substitutions by noting on the prescription order so long as this prohibition is not a preprinted statement. Since the State Department of Health and Social Services will no longer publish the Wisconsin Drug Formulary and Wisconsin Administrative Code section HSS 127 is repealed, pharmacists and others interested can obtain the FDA list by contacting: Superintendent of Documents, Government Printing Office, Washington, DC 20402; (202) 783-3238. A more comprehensive explanation of SB 365 appeared in the June 1984 edition of the *Wisconsin Medical Journal.*

ELDERLY ABUSE. Each county is now required to designate a county agency to receive reports of abuse or neglect of elder persons. Anyone may report situations in which facts or circumstances leading to a reasonable belief that an elder person (60 years or older or subject to the infirmities of aging) has been the victim of physical or financial abuse, neglect or self-neglect. Reports made in good faith are immune from civil liability. Physicians may be expected to have more opportunities than others to observe reportable facts and circumstances. Chapter 398, Laws of Wisconsin, 1983.

EMPLOYEES ALLOWED TO INSPECT RECORDS UNDER LAW. Physicians as well as other employers in the state should note the personnel records inspection law which became effective May 21, 1980. The law gives the employee the right to inspect any employer-maintained personnel records used in hiring, promoting, transfering, giving raises, or terminating that employee as well as certain medical records. The employer is required to grant the employee at least two requests to view records per calendar year, each within seven days of the request, and at a location convenient to the employee during working hours, or other agreeable arrangement. Employers may require that request in writing. An employee involved in a current grievance against the employer may designate in writing a representative, such as a union agent, to inspect the personnel records. Upon agreement of the employer and employee, any errors or differences of opinion may be noted in the record. If an agreement cannot be reached, the employee may add a written statement, to become part of the permanent file, expressing his/her opinion. The employee may also inspect any of his/her medical records that are in the employer's file. If the employer feels these medical records would be detrimental to the employee, the employer may release them to the employee's physician or the employee's immediate family. The employer may withhold some information under the law. Among the exceptions are: any records relating to possible criminal offenses, letters of reference, test documents (the employee may see the test scores), information about a third person, records relating to a pending legal claim between employer and employee, or material used by the employer for staff management planning. For complete details refer to Section 103.13, Wisconsin Statutes.

GOOD SAMARITAN LAW. The Legislature has broadened the immunity provided by the Wisconsin Good Samaritan Law to cover any person rendering aid at the scene of an emergency. First enacted to protect physicians, these laws are common throughout the United States. They are designed to encourage prompt care for persons who are injured or become ill away from normal locations where treatment is given. The scene of an emergency does not include a hospital or physician's office. Persons employed and trained to render emergency care, acting for compensation and within the scope of their employment are not protected under the law.

IMPLIED CONSENT LAW. The theory of Wisconsin's implied consent law is that every person (including minors) using the state's roads is presumed to have consented to testing for alcohol and controlled substances if he or she is arrested for a violation involving driving under the influence of an intoxicant. (A preliminary breath test may be given before arrest, but this will not involve physician participation.) This presumption is overcome if the individual refuses to submit to the test, but refusal may result in suspension of his driving privileges and a severe sentence if he is convicted of driving under the influence of an intoxicant. A person who is unconscious is presumed not to have withdrawn his consent to such chemical testing. If the driver does not refuse to take a test, one may be given upon request of a traffic officer. The test may be blood, breath or urine, and the law enforcement agency administering the test is to designate which one shall be used. The law says who may draw blood for testing purposes. This is a procedure which should be done only by or at the direction of a physician. When acting upon the request of a traffic officer to draw blood, the one drawing blood is immune from civil or criminal liability except for civil liability for negligence (malpractice) in doing so, providing the person has been arrested under certain specified statutes. Records of

continued next page

blood-alcohol tests conducted under the implied consent law are not "health care records" for purposes of statutes related to the confidentiality of records and the physician-patient privilege does not apply to the results of or circumstances surrounding such tests. Recommended physician guidelines and a sample form for request/consent for drawing blood were published in the July 1982 BLUE BOOK issue of *WMJ*. A reprint of the article and reproducible form is available to SMS members at no charge under auspices of the CES Foundation; available to others at a cost of $3.00 plus 5% state sales tax to: CES Foundation, Attn: Drawing Blood Consent Form, PO Box 1109, Madison, WI 53701; phone 257-6781 in Madison area or 1-800-362-9080 in Wisconsin.

JAIL HEALTH CARE IN WISCONSIN. Since 1976 the State Medical Society of Wisconsin has been working with interested sheriff's departments on a *voluntary* basis to develop health care systems using the AMA's Standards for Health Services in Jails, in Juvenile Correctional Facilities, and in Prisons. Although the AMA does the accrediting of jails, the State Medical Society provides ongoing consultation which includes technical assistance emphasizing the use of existing community resources such as the county nursing service and mental health and alcoholism counselors from the Unified Services Board. Interested physicians or institutions desiring more information on what constitutes adequate care for incarcerated persons may contact the State Medical Society of Wisconsin, Attn: Jail Health Care Technical Assistance Committee, PO Box 1109, Madison, Wisconsin 53701; or phone 257-6781 (Madison area) or 1-800-362-9080 toll-free in Wisconsin.

JOINT PRACTICE: PHYSICIANS AND NURSES. Reprints of the following items, which were published in the June 1981 BLUE BOOK issue of the *WMJ*, are available upon request to: State Medical Society of Wisconsin, Attn: Joint Practice Committee, PO Box 1109, Madison, Wisconsin 53701; or phone 257-6781 (Madison area) or 1-800-362-9080 toll-free in Wisconsin: (1) ***Guidelines for Implementation of Joint Practice of Physicians and Nurses***, (2) ***Statement on Joint Practice***, and (3) ***Guidelines for Institutional Joint Practice Privileges.***

JURY DUTY. Physicians are no longer automatically exempt from serving as a juror. However, there are some qualifying circumstances under which a physician might be excused in the discretion of a judge for hardship or extreme inconvenience. Physicians interested in further details may contact the State Medical Society of Wisconsin, Attn: Physicians Alliance Division, PO Box 1109, Madison, Wisconsin 53701; or phone 257-6781 (Madison area) or 1-800-362-9080 toll-free in Wisconsin.

LICENSURE IN WISCONSIN. The practice of medicine and surgery within this state requires a license. Even physicians just finishing their military service, or moving to Wisconsin from another state, *must* be licensed in this state before they enter active practice. Failure to complete licensure before beginning practice may subject the physician to disciplinary action as well as criminal penalties. Temporary licenses may be granted under special circumstances by the State Medical Examining Board. Emergency treatment and consultation with licensed Wisconsin practitioners may be undertaken by physicians not licensed in this state. But, the general rule is that a physician must have a Wisconsin license to practice in this state.

LIVING WILLS—THE NATURAL DEATH ACT, Chapter 154. On October 1, 1984, Wisconsin's Natural Death Act became effective. This legislation authorizes physicians and healthcare institutions to honor patients' prospective requests regarding their treatment as evidenced by documents called "living wills" when afflicted with a terminal condition. The law sets up specific circumstances under which living wills become effective and where the documents must appear in the patient's medical records. A copy of the Declaration to Physicians and a description of the Natural Death Act as amended by 1985 Wisconsin Act 199 appears elsewhere in this issue.

MEDIC ALERT FOUNDATION INTERNATIONAL, a nonprofit, tax-exempt organization, provides life-protecting services such as bracelets designed to alert emergency personnel to hidden medical conditions. The Medic Alert emblem is imprinted on the front side and on the back is the member's hidden medical condition along with an ID number and 24-hour emergency telephone number which can be utilized to retrieve the computerized emergency medical data within seconds. Information that is stored can include physician's telephone number, type of insurance policy, next-of-kin, blood type, medication name and dosage. Free information is available from ***Medic Alert***, Turlock, California 95380.

continued next page

MINOR'S CONSENT. A common question from physicians throughout the state is under what circumstances may a physician provide medical services to a minor without parental consent. As a general rule, consent for medical services to be provided to an unemancipated minor must be given by the minor's parent, guardian, or court-appointed sustaining parent. Under appropriate circumstances a court may give consent in lieu of a parent. Emancipation occurs when a minor is no longer under parental care and custody. A common example of emancipation is marriage by a minor. Wisconsin law also provides that a minor may receive diagnosis of and treatment for venereal disease, Wis. Stats. §143.07, and drug abuse, Wis. Stats. §51.47, without parental consent. Attempts to expand this law to include all medical care have failed. This area of the law, parental rights versus minors' right of privacy, is now quite active and physicians should be alert to rulings which bear on this conflict.

NEWBORN INFANT EYE DROPS. The permanent administrative rule allowing the use of either silver nitrate, tetracycline, or erythromycin for the prevention of gonococcal ophthalmia in newborn infants became effective October 1, 1980. The rule also changes the time frame in which the preventive agent must be administered after birth from "immediately" to "as soon as possible, but not later than one hour after birth." Under the rule only one child shall be treated per container.

OPENING A PHYSICIAN'S PRACTICE. Some considerations for physicians to note when opening a medical practice are outlined in an article "Some considerations before opening a physician's office" elsewhere in this issue. Physicians also are reminded that the annual BLUE BOOK issues of *WMJ* are excellent sources of information whether opening a practice for the first time or moving a practice to Wisconsin. Reprints of this year's issue, as well as previous issues, are available upon request to the *Wisconsin Medical Journal*, PO Box 1109, Madison, Wis 53701, or phone 257-6781 (Madison area) or 1-800-362-9080 toll-free in Wisconsin. Cost: $15.00 plus 5% sales tax in Wisconsin, unless tax-exempt status declared.

OPTOMETRIST REFERRAL LAW. Several publicly and privately sponsored glaucoma screening programs have inquired of the State Medical Society as to whether it is appropriate to refer persons suspected of elevated intra-ocular pressure directly to an appropriate medical specialist for further evaluation. The question arises because one section of the Wisconsin Statutes, 449.01 (3), requires any agency of the state, county, municipality, or school district to give the recipient of a vision screening program equal opportunity to choose between optometric or physician services for follow-up as a consequence of vision screening activities. At the same time, another section of the statutes, 449.19, which was passed at a later date by the Legislature, requires that an optometrist who determines the possibility of the existence of a pathologic condition to refer the person examined to an "appropriate medical specialist" for further evaluation. The State Medical Society believes that the implication of these statutes, when taken in combination, is clearly a legislative intent that whenever there is the possibility of the existence of a pathologic condition, the patient should be referred to an appropriate medical specialist for further evaluation. The Legislature's action was a recognition of the seriousness of possible pathology in the eye and the urgency and importance of referral to medical care. The Medical Society therefore feels it appropriate that a public health nurse or other person who as a result of screening tests believes there is reason to suspect glaucoma should immediately refer directly to an ophthalmologist or other appropriate medical specialist. At the same time, the Medical Society wishes to emphasize that the policy of nondiscrimination for referral to optometrists or physicians following tests for visual acuity must be respected and is encouraged.

PATIENTS' RECORDS/RETENTION AND INSPECTION. Information on this subject appears in an article entitled, "Retention and inspection of patients' records," elsewhere in this issue and will not be repeated here. However, briefly stated the statute 804.10(4) reads: "Upon receipt of written authorization and consent signed by a person who has been the subject of medical care or treatment, or in case of the death of such person, signed by the personal representative or by the beneficiary of an insurance policy on the person's life, the physician or other person having custody of any medical or hospital records or reports concerning such care or treatment, shall forthwith permit the person designated in such authorization to inspect and copy such records and reports. Any person having custody of such records and reports who unreasonably refuses to comply with such authorization shall be liable to the party seeking the records or reports for the reasonable and necessary costs of enforcing the party's right to discover."

continued next page

PATIENTS' RIGHT OF ACCESS TO THEIR MEDICAL RECORDS. A notice, which explains to patients the law requiring all physicians and hospitals to advise their patients of the patient's right of access to their medical record is available to Society members for posting in their offices at a place easily seen by all patients. Patients may receive information from their record upon completion of an "informed consent" release form (see copy of form in article "Retention and inspection of patients' records" elsewhere in this issue). Write: State Medical Society of Wisconsin, Attn: Communications Coordinator, PO Box 1109, Madison, Wisconsin 53701; or phone 257-6781 (Madison area) or 1-800-362-9080 toll-free in Wisconsin.

PHYSICAL THERAPY RELATING TO PRACTICE. An Attorney General's opinion, issued in April 1982 regarding two issues relating to the practice of physical therapy, fee splitting, and professional service corporation, appeared in the July 1982 BLUE BOOK issue of *WMJ* and will not be repeated here. The following is a capsule opinion: There is no violation of the "fee splitting" statute, sec. 448.08(1), Wis. Stats., where a physician, through a service corporation owned by the physician, bills the patient for his own services, and that of physical therapist employed by the corporation, provided the billing states an accurate dollar figure for the respective services. A medical professional service corporation is not in violation of sec. 180.99(2) Wis. Stats., when physical therapists are on the staff of the corporation.

PHYSICIAN-PATIENT-HOSPITAL RELATIONSHIP. Questions pertaining to this issue are addressed in an article entitled, "Legal responsibilities of the physician-patient-hospital relationship," which appears elsewhere in this issue.

PHYSICIAN'S ASSISTANTS (PA). Under Wis. Stat. §§15.08(5), 227.04, 448.40, the State Medical Examining Board governs the certification and regulation of physician's assistants. The Wisconsin Administrative Code contains specific regulatory codes regarding the physician's assistant's scope of practice, supervision by physicians, and the new prescribing rules found in Med 8.08. Under the new prescribing rules, the supervising physician may direct a PA to prepare a prescription order only if:

—a written protocol is used and reviewed annually;
—it is mutually determined that a PA is qualified through training and experience to prepare prescription orders as specified in the protocol;
—when practicable, the PA consults directly with the supervising physician prior to preparing an order;
—the order includes the supervising physician's telephone number, the PA's address; and
—the physician either reviews and countersigns before, within one day of preparation, or reviews within 48 hours and countersigns within one week.

PAs may not prepare a prescription order for a controlled substance, as defined in §161.01(4).

PREMARITAL EXAMINATIONS. Previous statutes requiring couples to have premarital (VD screening) examinations have been repealed. The physician's practice of giving complete physical examinations or representing complete physical examinations is no longer a mandatory requirement of the statutes.

STANDARD CASUALTY MEDICAL REPORT FORM. In 1963 the State Medical Society of Wisconsin and the Wisconsin Claims Council developed an agreement whereby a doctor who files a standard short report form without charge receives insurance company support of his or her financial interest at the time of payment. The casualty companies and the State Medical Society devised the form to protect the interests of doctors, companies, and insureds. Because it is the standard report form recognized by the Society, it cannot be changed by any insuror other than to add the logo of the insurance company requesting the information. Physicians are cautioned that this agreement only applies to the short form. If a physician is asked to file a lengthy narrative report by the insurance company, he or she should expect payment for this additional service. Physicians usually get these forms from the insurance company involved. ■

Guidelines for evaluation of causality and pulmonary impairment under Worker's Compensation in Wisconsin

Recommendations of the Committee on Environmental and Occupational Health of the State Medical Society of Wisconsin, 1985

Larry A Lindesmith, MD, La Crosse, Wisconsin and *Edward P Horvath Jr, MD, MPH,* Marshfield, Wisconsin

IN 1982, THE Environmental and Occupational Health Committee of the State Medical Society of Wisconsin perceived a need for improvement in the appropriateness of causality and disability determinations for occupational pulmonary diseases under Worker's Compensation. They met with officials of the Worker's Compensation Division of the Wisconsin Department of Industry, Labor, and Human Relations (DILHR) and appointed a committee to study the problem and arrive at suitable guidelines. This article is designed to complement the guidelines developed.

The guidelines (Table 1) were reviewed and revised by the whole committee in March 1985, and endorsed by the Wisconsin Thoracic Society at its annual meeting on March 30, 1985. They were subsequently approved by the Board of Directors of the State Medical Society of Wisconsin on October 25, 1985 and have been submitted to the Worker's Compensation Section of DILHR. They are meant to serve as guidelines for physicians evaluating and testifying in such cases and for worker's compensation examiners to use as background reference material in their determinations. The accompanying paper is intended to expand and explain these guidelines.

OCCUPATIONAL PULMONARY DISEASE accounts for only 1.5% of worker's compensation claims in the State of Wisconsin. However, each of these cases requires considerable time and effort in arriving at a final determination of disability by a worker's compensation examiner because it is an "unscheduled" award. Unlike the situation which occurs with hearing loss or amputation of an extremity, there is no table or schedule for respiratory impairment which automatically determines the percent of disability.[1]

On review of the presentations, or following a hearing, an initial decision is made by the worker's compensation examiner in regard to causality and, if appropriate, disability in each pulmonary disease case. This decision is generally based upon the weighing of evidence and opinions from the claimant as well as from physicians in support of the claimant and/or independent of the claimant's position. Situations have occurred where a physician's opinion, either in support or opposition to the claimant's position, has been adopted even when it appeared to be in conflict with objective evidence for the determination of causality and impairment. This may occur simply because of the physician claiming to "know the patient well" or because of his communication skills. Thus, guidelines for physicians and for examiners who determine "fact" (whether they be in the worker's compensation or in the private insurance company arena) would be desirable. Accordingly, these guidelines (Table 1) have been developed in keeping with modern epidemiological, medical, and analytical approaches to aid the examining physician in arriving at his opinions and to help the lay examiner in deciding whether such opinions are based upon appropriate, scientific information.

Although not intended to preclude honest differences of opinion, it is felt that adherence to these guidelines will improve the validity of future causality and disability determinations.

Diagnosis. Diagnosis of disease is in the time-honored province of physicians. In a worker's compensation claim, verification of the existence of a recognized disease state or abnormality is prerequisite to any attempt to establish a work-related etiology. Objective methods of evaluation should be used with appropriate attention given to quality control of test procedures, particularly chest roentgenograms and pulmonary function studies. Meticulous documentation of results is essential.

Causality. The determination of etiology or causality in occupational disease cases may appear to be relatively straightforward; however, this is often not the case. Assuming the individual does indeed have a disease process, a number of factors need to be considered before it can be labeled as occupational in origin. Briefly, determination of probable cause is dependent upon the medical findings being compatible with the known biologic effects

Vernon N Dodson, MD is Chairman of the Committee on Environmental and Occupational Health of the State Medical Society of Wisconsin and also is Professor of Medicine, University of Wisconsin Medical School, Madison, Wisconsin. Doctor Lindesmith is Chief, Pulmonary Physiology, Gundersen Clinic Ltd, La Crosse, Wisconsin. Doctor Horvath is formerly Chief, Occupational Medicine Section, Marshfield Clinic, Marshfield, Wisconsin. He currently is Corporate Director, Occupational Health, The Standard Oil Company (Ohio), Cleveland, Ohio. Reprints available to nonmembers for $5.00/copy, prepaid, plus 5% sales tax (Wisconsin only): WMJ Publications, State Medical Society of Wisconsin, PO Box 1109, Madison, Wis 53701. Copyright 1986 by the State Medical Society of Wisconsin.

Table 1—Guidelines for evaluation of causality and pulmonary impairment under worker's compensation in Wisconsin*

Establish diagnosis

1. Has a disease condition been clearly established in the claimant as determined by relevant findings from the history and physical examination and documented by scientifically accepted methods of diagnosis including roentgenologic examination, pulmonary function results, laboratory data, and pathologic examination?

Establish causation or aggravation

2. Has it been shown that the disease can result from the suspected agent(s)?
   - Is a known cause and effect established in humans?
   - Is a strong epidemiologic association established in humans?
   - Is there corroborative data from animal studies?

3. Has exposure to the agent been demonstrated?
   - Is there an established work history of exposure?
   - Is there sampling/industrial hygiene data of exposure?
   - Is there expert opinion of exposure?

4. Has exposure to the alleged agent by the claimant been of sufficient intensity and/or duration to result in the disease condition?
   - Is the latency timing of the exposure-disease relationship appropriate?
   - Is there evidence of sufficient exposure by comparison to similar relationships in the scientific literature?
   - Is there data from special sampling to support sufficient exposure?
   - Is there sufficient exposure-disease relationship established in the claimant by replication of work conditions?

5. Has non-occupational exposure to the agent been ruled out as a causative factor?
   - Is there another plausible cause known for this condition?
   - Is the claimant shown to have been exposed to one or more other plausible causes?

6. Has aggravation of a preexisting condition been established?
   - Is it probable that the work exposure furthered the disease progress to an appreciable extent?
   - Is there evidence that the natural history of the disease has been substantially or materially accelerated?

*Recommendations of the Environmental and Occupational Health Committee of the State Medical Society of Wisconsin, 1985.

Establish existence of pulmonary impairment

7. Has it been shown that functional tests were performed in accordance with American Thoracic Society (ATS) recommended guidelines for:
   - equipment?
   - technique?
   - technician training?

8. Has the claimant's medical condition been shown to be clinically stable at the time of testing?

9. Has it been established that appropriate reference values have been used in comparing functional results to "normal"?

10. Do the pulmonary function test results meet American Medical Association (AMA) 1984 guidelines for severity of pulmonary impairment (severe, moderate, mild, none)?

    For Step I.
    . . . FVC
    . . . FEV1
    . . . FEV/FVC

    For Step II . . . Diffusion (single breath)

    For Step III . . . VO_2 max. estimated

    For Step IV . . . VO_2 max. measured

    For . . . special situation tests

Establish impairment for special diagnostic circumstances

11. In *cancer of lung* is overall functional impairment adequately documented
    . . . along AMA 1984 guidelines?
    . . . by other means?

12. In *asthma,* does continuing reversible airway disease exist
    . . . with exposures to the alleged causative or aggravating agent?
    . . . with exposure to nonspecific irritants or with respiratory infections?
    . . . requiring frequent (more than 6 times per year) emergent care despite continuing treatment?

    Has objective reversible airway obstruction been documented during exposure in the work place compared to elsewhere?
    Has sufficient time elapsed (12–24 months) since avoidance of the alleged occupational causative agent to warrant a decision of permanent impairment?

13. In other special circumstances (bronchiectasis, active tuberculosis, etc), is there other evidence of impaired ability to function
    . . . in the workplace?
    . . . with activities of daily living?

of the agent to which the worker was exposed. This decision is normally made after assessment of animal data, clinical experience in humans, and epidemiologic studies. But the central question is often how much supportive information is necessary and of what type to prove probable cause?

The hazards of direct extrapolation of animal experience to humans are well known, and animal data by itself is insufficient to prove probable cause. A collection of uncontrolled clinical observations, often published as case reports, can be useful in directing attention to a possible occupational hazard. However, except in unusual circumstances, such as a cluster of a rare form of cancer in a particular work environment, case reports by themselves are insufficient to prove probable cause. While epidemiologic studies are more useful, a problem does arise in extrapolating epidemiologic studies to individual cases. This occurs when a given disease may be common among the non-exposed population. For example, should lung cancer among smoking asbestos workers be regarded as fully compensible in each instance, even though this neoplasm occurs among non-exposed smokers as well? In the individual case, would the smoking worker have developed lung cancer anyway?

Published epidemiologic information is often accepted unquestionably by "expert witnesses." An expert in a specific medical field is not necessarily medically competent to render judgment on an entire case, but only that portion which is within his area of expertise. For example, the pulmonologist or pathologist, who may be expert in the clinical and pathologic aspects of chest disease, respectively, may be unfamiliar with the work history and exposure of the employee and may not have the background to integrate toxicologic, epidemiologic, and industrial hygiene data. Physicians with relatively narrow specialty backgrounds have been known to testify over a wide range of topics outside of their area of expertise. Unfortunately, the validity of their testimony is not always questioned. Wisconsin law does not recognize any "gradation" of experts based on specialized training or practice. As long as the physician qualifies as an "expert" the weight to be accorded to his testimony is for the trier of the fact.

Drawing inferences from available epidemiologic data can lead to honest disagreements about causality even among equally knowledgeable and objective physicians. Although this does occur on occasion, more commonly, physicians do achieve a concensus regarding the probable relationship between a given disease process and a particular exposure. This is probably because such physicians consciously or unconsciously judge causal hypotheses according to certain criteria (Table 2). Detailed consideration of these criteria is beyond the scope of this paper, and physicians involved in worker's compensation are urged to read the original reference in its entirety.[2]

For the practicing physician, a methodical diagnostic approach in occupational disease cases has been recommended[3] and summarized in Table 3.

If this procedure is used conscientiously by physicians, both the underdiagnosis and overdiagnosis of occupational disease will become less common. This diagnostic approach (Table 3) and criteria for judging causality (Table 2) have been integrated into the accompanying Guidelines (Table 1).

Aggravation of a preexisting condition. In addition to being directly caused by a workplace exposure, a disease or injury may be regarded as work-related if there is aggravation of a preexisting condition. Aggravation of a preexisting condition is defined as, "Any occupational occurrence, act, or exposure that will make worse, intensify, or increase the severity of any physical or mental problem known to exist before the occupational exposure."[3] The State Supreme Court in a 1968 decision (Lewellyn *vs* The Industrial Commission) held that aggravation is present if a definite "breakage" (letting go or structural change) occurs

Table 2—Judging a causal hypothesis

1. Strength
2. Consistency
3. Specificity
4. Temporality
5. Dose-response
6. Biological plausibility
7. Coherence
8. Analogy
9. Experimental evidence

Source: Hill ABH: *Environment and Disease: Association or Causation,* 1965.[2]

Table 3—Diagnostic approach in occupational disease

1. Has a disease condition been clearly established?
2. Has it been shown that the disease can result from the suspected agent(s)?
3. Has exposure to the agent been demonstrated? (by work history, sampling data, expert opinion)
4. Has exposure to the agent been shown to be of sufficient degree and/or duration to result in the disease condition? (by scientific literature, epidemiologic studies, special sampling, replication of work conditions)
5. Has nonoccupational exposure to the agent been ruled out as a causative factor?
6. Have all special circumstances been weighed?

Source: Kusnetz S, Hutchison M K: *A Guide to the Work-Relatedness of Disease.*[3]

while the employee is engaged in his usual or normal work activity. The condition is therefore compensible even if there was a preexisting weakness or condition. However, if the employee was engaged in normal exertive activity, and there was no definite "breakage" or "demonstrable physical change" but only a manifestation of a definitely preexisting condition of a progressively deteriorating nature, aggravation does not exist in a legal sense.

This concept of "breakage" is not readily applicable to slowly degenerative disease states. However, the Court did go on to indicate that if the work activity precipitates, aggravates *and* accelerates beyond normal progression a progressively deteriorating or degenerative condition, it is an accident-caused disease or injury. In addition, the most recently revised version of the WC-16-B form asks the physician, "If the patient suffers from a disease, is it probable that the work

Table 4— Classes of respiratory impairment

	Class 1	Class 2	Class 3	Class 4**
	0% No Impairment	10-25% Mild Impairment	30-45% Moderate Impairment	50-100% Severe Impairment
Dyspnea	The subject may or may not have dyspnea. If dyspnea is present, it is for non-respiratory reasons or it is consistent with the circumstances of activity.	Dyspnea with fast walking on level ground or when walking up a hill; patient can keep pace with persons of same age and body build on level ground but not on hills or stairs.	Dyspnea while walking on level ground with person of the same age or walking up one flight of stairs. Patient can walk a mile at own pace without dyspnea, but cannot keep pace on level ground with others of same age and body build.	Dyspnea after walking more than 100 meters at own pace on level ground. Patient sometimes is dyspneic with less exertion or even at rest.
Tests of Ventilatory Function* FVC FEV_1 FEV_1/FVC ratio (as percent)	Above the lower limit of normal for the predicted value as defined by the 95% confidence interval.	Below the 95% confidence interval but greater than 60% predicted for FVC, FEV_1 and FEV_1/FVC ratio.	Less than 60% predicted but greater than: 50% predicted for FVC 40% predicted for FEV_1 40% actual value for FEV_1/FVC ratio.	Less than: 50% predicted for FVC 40% predicted for FEV_1 40% actual value for FEV_1/FVC ratio 40% predicted for D_{LCO}
$\dot{V}O_2$Max+	Greater than 25 ml/(kg-min)	Between 20-25 ml/(kg-min)	Between 15-20 ml/(kg-min)	Less than 15 ml/(kg-min)

*FVC is Forced Vital Capacity. FEV_1 is Forced Expiratory Volume in the first second. At least one of the three tests should be abnormal to the degree described for Classes 2, 3, and 4.

**An asthmatic patient who, despite optimum medical therapy, has had attacks of severe bronchospasm requiring emergency room or hospital care on the average of six times per year is considered to be severely impaired.

+$\dot{V}O_2$ max. is the maximum oxygen consumption per minute predicted by heart rate or measured during maximum exercise.

Source: Adapted from American Medical Association[7]

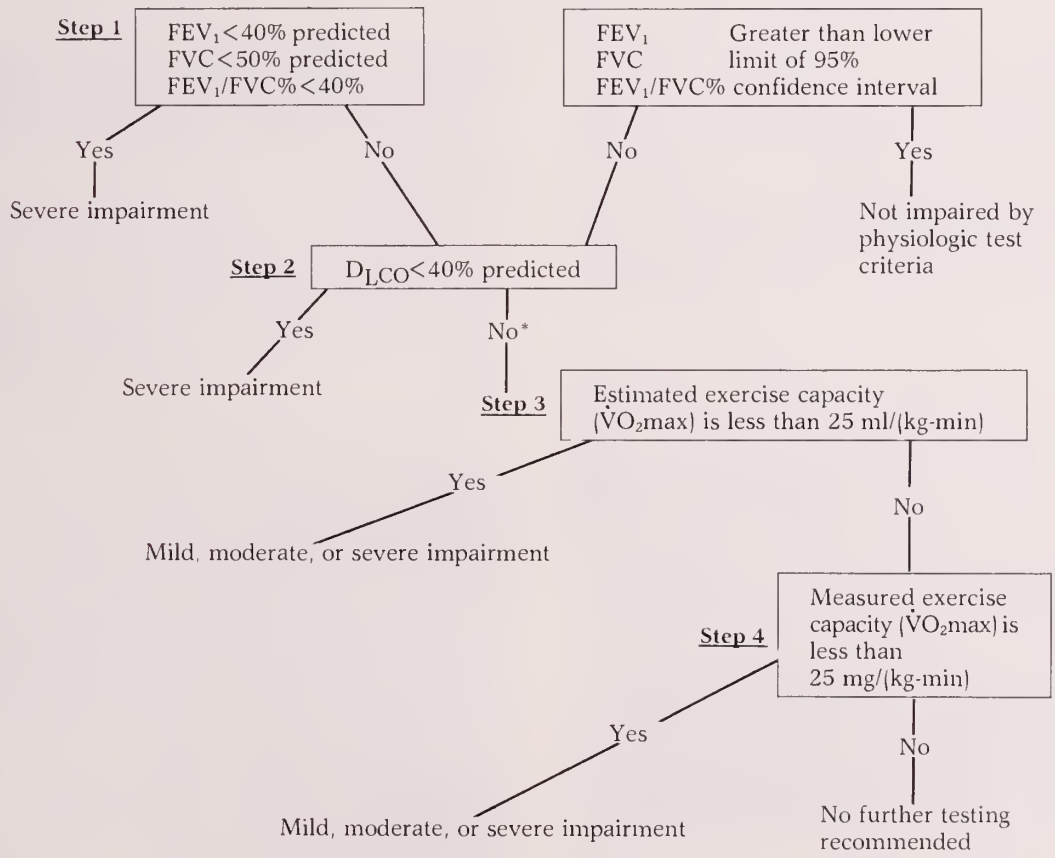
exposure caused the disease or to some appreciable extent furthered its progress?" Other salient concepts of aggravation include whether or not the workplace exposure was a "substantial cause" or "material factor" in the development or acceleration of the patient's disease process.

The application of these legal terms to decision-making in occupational disease is fraught with obvious hazards. Knowing that an exposure or work environment accelerated a condition "beyond normal progression" is based on the oftentimes erroneous assumption that the natural history (clinical course and eventual outcome) in an individual patient is always predictable. The variable prognosis of patients with adult onset or intrinsic asthma underscores the unpredictability of many common disease conditions.

Also, aggravation cases frequently involve concurrent factors, the most common of which is cigarette smoking. Perhaps no other issue has generated so much controversy as the relative roles of cigarette smoke and occupational exposures in the development of lung disease. For example, what does the physician say about the elderly patient with chronic obstructive pulmonary disease and an 80-pack-year history of cigarette smoking who is also chronically exposed to low levels of sulfur dioxide in a paper mill? There can be little doubt that cigarette smoking was the overwhelming factor in the genesis of his emphysema, but what role, if any, did sulfur dioxide play in the pathogenesis of the disease? Would his present pulmonary impairment/disability be essentially the same if he had not worked in the paper in-

Figure 1—Determination of impairment by physiologic testing

Test Schema. The following test schema is proposed for determining whether an individual is impaired by respiratory disease. The reader should refer to the text for an explanation of the use of these tests.



*If FEV_1, FVC, FEV_1/FVC% and D_{LCO} are above the lower cut-off limits and the patient continues to have complaints of breathlessness, continue to Steps 3 and 4.

Adapted from American Thoracic Society: Evaluation of Impairment/disability secondary to respiratory disease.[8] Copyright 1982, American Lung Association.

dustry? Is there any merit in attempting to weigh the percent contribution of various factors in a particular case? The tendency in the State of Wisconsin is to award 100% disability in such cases, even if most of the disease was due to smoking.

Existence of pulmonary impairment. The basic symptom of possible pulmonary impairment has been classically that of dyspnea. A subjective feeling, the degree of dyspnea can be classified as indicated in Table 4. However, the degree of dyspnea does not necessarily correlate with the severity of measured physiological impairment. The perception of dypsnea has been shown to be greater in patients seeking compensation than in those with similar physiologic impairment where compensible causation is not an issue. Accordingly, complaints of dyspnea need to be evaluated objectively according to accepted methods of physiologic assessment.[4] Results of physical examination and facts from the medical, occupational, and smoking history need to be considered along with physiologic measurements. It is imperative that physiologic impairment be demonstrated to make plausible the alleged fact of impairment.

The determination of impairment requires that the measurement of a forced expiratory maneuver be done in accordance with American Thoracic Society recommendations.[5] The appropriate technical standards must be met in regard to instrument specifications and calibration, and the maneuver should be guided by qualified technicians trained to elicit maximum responses from the subject.[6] Adherence to these standards should be verified by the interpreting physician.

Severe impairment is thought to exist if the FEV_1 is less than 40% of predicted, the FVC less than 50% of predicted, or the FEV_1/FVC ratio less than 40%[7] (Fig 1). If, on the other hand, that degree of severity is not found and the patient still feels he is totally impaired, further evaluation with the single breath diffusing capacity test is indicated. If the diffusing capacity is less than 40% of predicted, severe impairment is present and no further evaluation need be performed. Further evaluation, if necessary, should include the measurement of oxygen consumption (predicted or actual) during exercise. A maximum oxygen consumption capability (VO2 max) of less than 15 ml/kg-min is indicative of severe impairment. The American Medical Association (AMA) tables also show ranges for moderate, mild, and no significant impairment.

The AMA impairment guidelines utilize the concept of a calculated 95% confidence interval for determining "normality" as well as the more familiar percent of predicted. Either system is currently acceptable, but the 95% confidence interval more accurately defines the lower limit of normal in older age groups. Table 4 and Figure 1 summarize these guidelines.

Additional assessment is required in the determination of impairment from asthma. Circumstances exist where asthma may be induced by a causal agent, but may not be permanent. In this situation, the observation period may need to be extended for 12-24 months prior to making final determinations as to permanency and degree of impairment. Special considerations are also in order for such conditions as lung cancer, bronchiectasis, and active tuberculosis where actual impairment may be greater than that indicated by objective measures of function.[7]

Other types of pulmonary laboratory investigation are less useful in the evaluation of impairment. Measurement of resting arterial blood gases, maximum voluntary ventilation (MVV), terminal flow portions of the maximal flow curve, and other parameters of small airways dysfunction do play an appropriate role in certain circumstances in the evaluation of the presence of disease, but seldom in the evaluation of impairment.

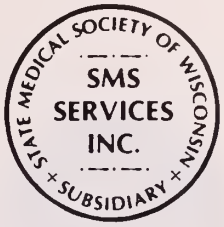
Reports. The physician's report should include the subjective complaint, alleged causation, supporting data for the establishment of the diagnosis, the methods and results of physiologic testing, and the physician's final opinion as to causality and impairment.

In conclusion, the aforementioned guidelines are recommended to Wisconsin physicians for determination of causality and pulmonary impairment in worker's compensation cases. It is hoped their consistent application will enhance the efficiency and validity of the decision-making process.

REFERENCES

1. Department of Industry, Labor, and Human Relations: Worker's Compensation Act of Wisconsin (State of Wisconsin, DILHR, Revised, 1983).
2. Hill, ABH: Environment and disease: association or causation, *Proc Roy Soc Med* 1965; 58:295-300.
3. Kusnetz S, Hutchison MK: *A Guide to the Work-Relatedness of Disease.* (US Department of HEW, N10SH, Revised, 1979).
4. Lindesmith LA: Establishing causation and evaluating pulmonary impairment. In *Occupational Medicine Principles and Practical Applications* (Zenz C [ed] Yearbook Medical Publishers, Chicago, 2nd ed, in press).
5. American Thoracic Society: Snowbird workshop on the standardization of spirometry. *Am Rev Respir Dis* 1979; 119:831-838.
6. Horvath Jr EP (ed): National Institute for Occupational Safety and Health: *Manual of Spirometry in Occupational Medicine.* (Atlanta Centers for Disease Control, 1981).
7. *AMA Guide to Evaluation of Permanent Impairment,* 2nd ed. The Respiratory System, Chap 3, pp 85-101, (American Medical Association, Chicago, 1984).
8. American Thoracic Society: Evaluation of impairment/disability secondary to respiratory disease. *Amer Rev Respir Dis* 1982; 126:945-951.■

WISCONSIN UNIFORM INSURANCE CLAIM FORM can be ordered direct from SMS Services



- Claim form approved by DHSS and EDS Federal for Wisconsin Medical Assistance Program (WMAP) claims.
- Accepted by all major insurance carriers.
- Available in one- or two-part continuous form.
- Forms will be shipped to you within 48 hours after order received.

Place your order with SMS Services, Inc, 330 East Lakeside Street, PO Box 1109, Madison, Wisconsin 53701; or phone (608) 257-6781 or toll-free in Wisconsin (800) 362-9080.

WORKER'S COMPENSATION AND THE PHYSICIAN

MOST WISCONSIN PHYSICIANS become involved with treatment of patients covered by Worker's Compensation, which provides payment of compensation for disability, and for medical expenses necessary because of injury or illness arising out of employment.

The State Medical Society's Committee on Environmental and Occupational Health, which maintains liaison with the Worker's Compensation Division, offers the following helpful information:

Filing reports. Filing reports is a direct responsibility of any physician who treats patients under the Worker's Compensation Program. WC-16 Medical Report on Industrial Injury is to be completed on a work-related injury or illness when the disability exceeds three weeks or when any permanent disability results therefrom. WC-16 is available from the insurance carrier or from WC Division. Information reported is used by the WC Division to determine the amount of compensation payable to the disabled worker.

Estimating disability. Learn to estimate disability according to standards set up by the WC Division. Other standards or schedules are fine for physicians' own information, but only the WC Division's standards are authoritative in Wisconsin (see "New Rules Established for Estimating Disabilities in Workmen's Compensation Cases" which appeared in the June 1975 BLUE BOOK, pp 43–45).

Completing reports. Complete report forms carefully and fully. Learn terminology of the statutes concerning compensable employment disability.

Submitting reports. Submit reports promptly. Delay may mean withholding of compensation to the injured employe and professional fees to the physician. An unexpected misfortune may place the employe in urgent need of compensation.

Payment for reports. Occasionally physicians request reimbursement for preparing and filing reports. The Committee on Environmental and Occupational Health wishes to restate the following principles:

—Simplified reports including initial reports, progress reports, and final reports: No charge.
—WC-16 Report: No charge.
—When a special report, such as the WC-16B, is requested by the WC Division, or the insurance carrier requires an extensive or extra-ordinary report in lieu of a simplified report, a reasonable charge for preparation and filing is appropriate.

Don't be afraid to ask questions. Contact either the State Medical Society or the Worker's Compensation Division, 201 East Washington Ave, Box 7901, Madison, Wis 53707 (tel 608/266-1340).■

STATE MEDICAL SOCIETY OF WISCONSIN

Accreditation Program

for Continuing Medical Education

INFORMATION IS AVAILABLE in printed form from either Bill Wendle, Scientific Affairs Coordinator, or Arlene Meyer, Administrative Assistant, Continuing Medical Education, State Medical Society of Wisconsin, PO Box 1109, Madison, Wis 53701; or telephone toll-free in Wisconsin 1-800-362-9080 (Madison area: 257-6781).

Representatives of the American Medical Association took the initiative to bring about the unification of a body responsible for accreditation of continuing medical education. This effort resulted in the adoption by the AMA House of Delegates at its Interim Meeting in December 1980 of the report of the Board of Trustees recommending the creation of the Accreditation Council for Continuing Medical Education (ACCME) and the bylaws for this new organization (which became operational January 1, 1981) and assumed the responsibility for national accreditation of organizations, institutions, and agencies offering continuing medical education. The state medical associations will retain the responsibility for accreditation of intrastate continuing medical education in accordance with the agreements reached in the creation of ACCME as stated in its bylaws.

The State Medical Society of Wisconsin's accreditation program functions under the authority of the AMA's newly created Accreditation Council for Continuing Medical Education (ACCME). Representatives from state medical societies, national medical specialty societies, AMA Section on Medical Schools and Resident Physician's Section, National Medical Association, American Hospital Association, Association for Hospital Medical Education, Federation of State Medical Boards, and medical specialty boards comprise the ACCME.

CATEGORY 1—CME activities with accredited sponsorship . . . Education activities that are a part of a planned program of continuing medical education and sponsored by an accredited organization . . . (including)

- Grand rounds
- Teaching rounds
- Departmental scientific meetings
- Seminars and Workshops
- Clinical Traineeships
- Mini-residencies
- Scientific sessions of medical specialty societies
- Visiting lecture programs
- Continuing medical education courses
- Audiovisual materials (under specified conditions).

CAREGORY 2—CME activities with non-accredited sponsorship (same activities as in Category 1, offered by a non-accredited medical organization. No formal approval is necessary for an organization to offer Category 2 credit).

CATEGORY 3—Medical teaching.

CATEGORY 4—Papers, publications, books, presentations, and exhibits.

CATEGORY 5—Non-supervised individual . . . activities (includes) self-learning, consultations, patient care review, self-assessment, specialty board preparation.

CATEGORY 6—Other meritorious learning experiences. *continued on opposite page*

CME Accreditation Program*/continued*

WISCONSIN INSTITUTIONS AND ORGANIZATIONS ACCREDITED *by SMSW and ACCME for continuing medical education programming at January 1, 1986*

Appleton Memorial & St Elizabeth Hospitals, Appleton
Bellin Memorial Hospital, Green Bay
Beloit Memorial Hospital, Beloit
Berlin Memorial Hospital, Berlin
Columbia Hospital, Milwaukee
Community Memorial Hospital, Menomonee Falls
Eagle River Memorial Hospital, Eagle River
Family Hospital, Milwaukee
Ft Atkinson Memorial Hospital, Ft Atkinson
Good Samaritan Medical Center, Milwaukee
Gundersen Medical Foundation Ltd and La Crosse Lutheran Hospital, La Crosse
Hartford Memorial Hospital, Hartford
Howard Young Medical Center, Woodruff
Kenosha Memorial Hospital, Kenosha
Lakeland Hospital, Elkhorn
Langlade County Memorial Hospital, Antigo
Luther Hospital, Eau Claire
Madison General Hospital, Madison
Memorial Hospital of Iowa County, Dodgeville
Memorial Hospital of Oconomowoc, Oconomowoc
Mercy Hospital, Janesville
Mercy Medical Center, Oshkosh
Methodist Hospital, Madison
Mount Sinai Medical Center, Milwaukee
Osseo Area Municipal Hospital, Osseo
Reedsburg Memorial Hospital, Reedsburg
Riverside Community Hospital, Waupaca
Sacred Heart Hospital, Eau Claire
Sacred Heart/St Mary's Hospitals, Inc, Rhinelander
Sauk Prairie Memorial Hospital, Prairie du Sac
Shawano Community Hospital, Shawano
Sheboygan Memorial & St Nicholas Hospitals, Sheboygan
St Agnes Hospital, Fond du Lac
St Alphonsus Hospital, Port Washington
St Catherine's Hospital, Kenosha
St Clare Hospital, Baraboo
St Clare Hospital, Monroe
St Francis Hospital, Milwaukee
St Francis Hospital, La Crosse
St Joseph's Hospital, Chippewa Falls
St Joseph's Hospital & Marshfield Clinic, Marshfield
St Joseph's Hospital. Milwaukee
St. Joseph's Community Hospital, West Bend
St Luke's Hospital, Milwaukee
St Marys Hospital Medical Center, Madison
St Mary's Hospital, Milwaukee
St Mary's Hospital, Rhinelander
St Michael Hospital, Milwaukee
St Michael's Hospital, Stevens Point
St Vincent Hospital, Green Bay
Stoughton Hospital Association, Stoughton
Theda Clark Memorial Hospital, Neenah
Trinity Memorial Hospital, Cudahy
Veterans Administration Medical Center, Tomah
Watertown Memorial Hospital, Watertown
Waukesha Memorial Hospital, Waukesha
Wausau Medical Center, Wausau
West Allis Memorial Hospital, West Allis
Winnebago Mental Health Institute, Winnebago

* * *

American Cancer Society, Wisconsin Affiliate
American Heart Association, Wisconsin Affiliate
Arthritis Foundation: Wisconsin Chapter
Fox Valley Academy of Medicine
Madison Academy of Internal Medicine
Milwaukee Academy of Medicine
The Milwaukee Academy of Surgery
The Milwaukee Gynecological Society
Milwaukee Ophthalmological Society
Milwaukee Orthopaedic Society
The Racine Academy of Medicine
Wisconsin Academy of Family Physicians
Wisconsin Academy of Ophthalmology
Wisconsin Allergy Society
Wisconsin Association for Perinatal Care
Wisconsin Dermatological Society
Wisconsin Neurological Society
Wisconsin Psychiatric Association
Wisconsin Surgical Society
Wisconsin Urological Society
Wisconsin Society of Obstetrics and Gynecology
Wisconsin Society of Otolaryngology —Head and Neck Surgery
Wisconsin Society of Pathologists
Wisconsin Society of Plastic Surgeons
The Wisconsin Society of Radiation Oncologists

* * *

Marinette-Florence County Medical Society

* * *

ACCME Accredited

Dept CME, Medical College of Wisconsin
Dept CME, UW Center for Health Sciences
Interstate Postgraduate Medical Association
State Medical Society of Wisconsin
Wisconsin Society of Anesthesiologists

Life is short . . . Art is long . . . Experience is difficult

The Charitable, Educational and Scientific Foundation was established by the State Medical Society in 1955 to enable physicians and other friends of the profession to support, through gifts and grants, projects vitally affecting scientific medicine and public health. The Foundation's scope of interest has grown with increased volume of financial contributions to support a broad spectrum of programs affecting medical and health care needs in the State of Wisconsin.

Student Loans. The student loan program helps students finance their preparation for careers in medicine, nursing, dentistry, pharmacy, and allied health fields. Needy and deserving students may apply for and obtain loans carrying no interest until graduation. Since the program began nearly 860 students have received over one million dollars in long-term, low-interest loans. Of these, nearly 600 students have completed their repayments.

Continuing Medical Education. Postgraduate teaching programs are a major thrust of the Foundation. Among these are a Speakers Service to county medical societies, the Wilson Cunningham, MD Memorial Lecture for public health, the Elvehjem Memorial Lecture for scientific speakers at the Annual Meeting, the Barbara Scott Maroney Memorial Fund for papers and lectures on diabetes, and the William D Stovall MD Memorial Fund and the Beaumont Memorial Lecture for general education and scientific medicine. Since 1975 the Foundation has been the vehicle for implementation of the accreditation of CME programming of Wisconsin hospitals and specialty groups. To date, 57 hospitals, 25 specialty groups, and one county society have been accredited for Category I CME.

Research and Education. The Foundation plans, administers, and funds educational and research efforts of a scientific or medical-socioeconomic nature. One of these is the annual Wisconsin Workshop on Health aimed at health education of high school students and teachers, now in its 24th year. The Foundation also supports the Wisconsin Science Congress, promotion of infant car seats, and the Postgraduate Workshop in the Basic Sciences. In addition, its E E Bryant, Jr Memorial Fund promotes educational activity involving law, engineering and medicine, and the C H and J G Crownhart Memorial Fund supports activities involving medical-legal issues.

Charitable Assistance. Through the Foundation there is an opportunity for professional persons to assist their colleagues in need. Personal hardship strikes at physicians and their families as well as others.

Medical History. The Foundation, through a subsidiary group known as the Aesculapian Society, owns and operates the restored Fort Crawford Military Hospital and Medical Museum at Prairie du Chien. It is one of the unique educational and cultural institutions in the midwest—a tribute to all Wisconsin physicians and their role in securing good health for the people of the state. This three-building medical museum complex pays special tribute to William Beaumont, MD, who during the 1830s conducted experiments on the digestive process. More than one-half million persons have visited the museum, which is a national historic landmark. Open from May through October, the museum depicts military and Indian medicine, important events in the history of medicine, replicas of physician and dental offices and pharmacies, and provides an array of health education exhibits including the transparent twins, health fads and fallacies, drug abuse, immunization, nutrition, emergency medicine, poisons in the home, safe driving, and the birth of a baby.

Opportunities for Giving. Gifts to the Foundation may take a number of forms: cash, life insurance, securities, land, books, instruments, stamp and coin collections, works of art, and other artifacts. Gifts may be unrestricted, restricted, or earmarked for specific purposes of interest to the donor. In addition, service can be provided to those who wish to establish a Living Trust by naming the Foundation as trustee. Use of this mechanism can result in an immediate tax advantage for the donor while providing a guaranteed income for life. The principal would revert to the Foundation upon death of the donor.

All types of contributions to this Foundation are tax-deductible.

CHARITABLE, EDUCATIONAL AND SCIENTIFIC FOUNDATION
OF THE STATE MEDICAL SOCIETY OF WISCONSIN

THE FOUNDATION is a non-profit, non-stock corporation under Wisconsin statutes. Governing power is vested in a Board of Trustees composed of the Board of Directors and Officers of the State Medical Society of Wisconsin and up to 10 elected nonmedical persons. In addition each of the 55 component county societies may elect a representative who is considered a corporate member of the Board of Trustees. Although the membership of the Board of Trustees numbers over 90, the Officers and Executive Committee constitute an efficient working body in governing the routine affairs of the Foundation. The Officers of the State Medical Society, the Officers of the Foundation, and certain elected trustees constitute the Executive Committee of the Board of Trustees. A meeting of the entire Board is held at least annually. Officers are elected at that time. The Executive and other committees meet periodically throughout the year. The Foundation's organization ensures continuing liaison at the county medical society level throughout Wisconsin and an integration with the governing body of the State Medical Society itself. Such an arrangement assures a personal and realistic approach to Foundation activities.

OFFICERS

R T Cooney, MD, Portage—1986
President
S B Webster, MD, La Crosse—1986
Vice President
R W Edwards, MD, Richland Center—1986
Treasurer
E R Thayer, MD, Madison—1986
Secretary
K L Bjurstrom, Madison
Executive Director

BOARD OF TRUSTEES

Officers and Directors of the State Medical Society of Wisconsin

J P Mullooly, MD, Milwaukee—1987
K M Viste, Jr, MD, Oshkosh—1987
J K Scott, MD, Madison—1987
E R Thayer, Madison—1987
J J Foley, MD, Menomonee Falls—1987
D W Taebel, MD, La Crosse—1987
V M Griffin, MD, Mauston—1987
R E Laubenheimer, MD, Milwaukee—1989
H L Ericson, MD, Racine—1987
T A Reminga, MD, Milwaukee—1989
R D Fritz, MD, Milwaukee—1987
L B Glicklich, Milwaukee—1987
T A Hofbauer, Menomonee Falls—1987
W H Konetzki, Waukesha—1987
W J Listwan, MD, West Bend—1987
W L Treacy, MD, Milwaukee—1987
H M Kauffman, Elm Grove—1989
J W Fons, Greenfield—1988
G H Franke, Milwaukee—1988
A E Schultz, Madison—1987
K I Gold, Beloit—1988
C M Hetsko, Madison—1988
J D Kabler, Madison—1988
J D Wegenke, MD, Madison—1989
J J Tydrich, MD, Richland Center—1988
P M Jackson, MD, La Crosse—1989
W E Raduege, MD, Woodruff—1989
R H Ulmer, MD, Marshfield—1989
J K Park, MD, Wisconsin Rapids—1988
J L Basiliere, MD, Oshkosh—1989
C W Freeby, MD, Appleton—1987
D A Treffert, MD, Fond du Lac—1988
R L von Heimburg, MD, Green Bay—1989
J E Kraus, MD, Marinette—1989
J C DiRaimondo, Manitowoc—1988
M E Wegner, MD, St Croix Falls—1989
P J Happe, MD, Eau Claire—1988
J M Jauquet, MD, Ashland—1987

NONMEDICAL TRUSTEES

Mrs Audrey Baird, Wauwatosa—1987
Mrs Nancy McDowell, Milwaukee—1988
Mrs Catherine McCormick, Shawano—1988
Mr George Kress, Green Bay—1986
Mr Robert B Murphy, Madison—1986
Mrs Suzanne O'Regan, Neenah—1989
Mr Ronald W Lewis, Madison—1987
Mrs Mary Hoard, Fort Atkinson—1986
Mr James Bittner, Prairie du Chien—1987

CORPORATE MEMBERS

Representing Component County Medical Societies

Ashland-Bayfield-Iron: Vacancy—1989
Barron-Washburn-Burnett:
D E Riemer, MD—1988
Brown: J A Killins, MD—1989
Calumet: W E Hannon, MD—1988
Chippewa: J J Sazama, MD—1988
Clark: V J Reddy, MD—1987
Columbia-Marquette-Adams:
R T Cooney, MD—1989
Crawford: E M Dessloch, MD—1989
Dane: R A Graf, MD—1989
Dodge: Vacancy—1987
Door-Kewaunee: H R Patience, MD—1989
Douglas: C J Picard, MD—1989
Eau Claire-Dunn-Pepin:
G E Wahl, MD—1988
Fond du Lac: W G Sybesma, MD—1988
Forest: B S Rathert, MD—1988
Grant: C L Steidinger, MD—1989
Green: C A Jaramillo, MD—1988
Green Lake-Waushara:
B L Rogers, MD—1988
Iowa: H P Brier, MD—1989
Jefferson: J S Garman, MD—1987
Juneau: L P Radant, MD—1987
Kenosha: H P Rafferty, MD—1988
La Crosse: L J Logan, MD—1987
Lafayette: L L Olson, MD—1989
Langlade: E J Roth, MD—1988
Lincoln: J F Bigalow, MD—1988
Manitowoc: J R Larsen, MD—1988
Marathon: G H Schroeder, MD—1988
Marinette-Florence: C E Koepp, MD—1989
Milwaukee: J D Levin, MD—1989
Monroe: Vacancy—1987
Oconto: J S Honish, MD—1989
Oneida-Vilas: J J Kief, MD—1988
Outagamie: Vacancy—1989
Ozaukee: R F Henkle, MD—1988
Pierce-St Croix: D M Woeste, MD—1988
Polk: J O Simenstad, MD—1988
Portage: Vacancy—1987
Price-Taylor: J R Keuer, MD—1988
Racine: D J Kontra, MD—1988
Richland: R W Edwards, MD—1989
Rock: C P Benedict, MD—1989
Rusk: J S Bachir, MD—1988
Sauk: H P Baker, MD—1989
Sawyer: Vacancy—1988
Shawano: J J Albright, MD—1989
Sheboygan: J R Pawlak, MD—1988
Trempealeau-Jackson-Buffalo:
R N Yray, MD—1987
Vernon: T J Devitt, MD—1987
Walworth: Vacancy—1988
Washington: J E Albrecht, MD—1988
Waukesha: Vacancy—1987
Waupaca: Vacancy—1987
Winnebago: G W Arndt, MD—1989
Wood: Vacancy—1987■

"The Beaumont 500"

One of the most unique educational and cultural institutions in the midwest if not the nation, is the Fort Crawford Medical Museum. It is far more than a museum, it is a tribute to all Wisconsin physicians and their role in securing the good health of the people of the State of Wisconsin. It represents a unique concept in the public education for prevention and treatment of injury and disease, the nature of medical care, the importance of the strong physician-patient relationship, and emphasis on obtaining and keeping good health.

The restored Fort Crawford military hospital and its related museum in Prairie du Chien, is a tribute to Dr William Beaumont; it is also a modern expression of his 1830s philosophy of the search for truth and improvement in health. The museum has had more than 35,000 visitors since 1979, making it one of the most popular attractions in the area. Yet the museum continues to face financial hardships as well as some physical problems.

To this end, the MMP Endowment Fund was established in late 1981. This Fund has a goal of raising at least $500,000, the corpus of which cannot be used for any purpose other than to produce income earmarked for operation and maintenance of this unique National Historic Landmark.

The first 500 physicians or others who contribute $1,000 or more to the Museum Endowment Fund will join a select group known as the "Beaumont 500." Such contributors will receive a specially-designed Beaumont Medallion. In addition to being a member of the prestigious "Beaumont 500," those who contribute $10,000 or more will receive a first edition copy of Dr William Beaumont's famous book: *Experiments and Observations on the Gastric Juice and Physiology of Digestion*, written while Doctor Beaumont was stationed in Prairie du Chien, 1829-1832, and published in 1833.

To date, 34 individuals have contributed $1,000 each to the Museum Endowment Fund and several more have pledged support. Through the continued generosity of Wisconsin physicians and their spouses, the Fort Crawford Medical Museum can continue to familiarize our citizens—young and old—with the fascinating people and events that have helped shape Wisconsin medicine.

MEDICAL MUSEUM ENDOWMENT FUND

Name _____

Address _____

City/State/Zip _____

☐ Yes, I (we) would like to be a member of The Beaumont 500. Enclosed is my (our) contribution of $1,000 or more.

☐ Yes, I (we) would like to be a member of The Beaumont 500 and receive a first edition copy of Dr. Beaumont's book. Enclosed is my (our) contribution of $10,000 or more.

☐ Yes, I (we) would like to support medical history by contributing to the Medical Museum Endowment Fund.

The ultimate in appreciation of medical history

"The Beaumont 500"

Donations of $1,000 or more made payable to:

Charitable, Educational and Scientific Foundation
PO Box 1109
Madison, Wisconsin 53701

608/257-6781

FACTS . . .
about the CES Foundation Student Loan Program

THE CHARITABLE, Educational and Scientific Foundation of the State Medical Society of Wisconsin is a nonprofit, nonstock Wisconsin corporation, which was chartered in June 1955. Its purpose is to "engage in, assist, and contribute to the support of charitable, educational, and scientific activities and projects and to contribute to the support of, and to create and maintain, charitable, educational, and scientific institutions, organizations, and funds of any and every kind.

Management: The Foundation's governing power is vested in a Board of Trustees composed of the Directors and Officers of the State Medical Society of Wisconsin and up to ten elected nonmedical persons. In addition, each of the 54 component county medical societies may elect a representative who is considered a corporate member of the Board. The Board meets at least annually. Routine affairs of the Foundation are directed by an Executive Committee consisting of the Officers of the State Medical Society, the Officers of the Foundation and certain elected Trustees.

Registration: The Foundation is registered with the Secretary of State as a charitable organization for purposes of contributions and fund-raising under Sec. 440.41 (2) Wis. Stats.

Tax Information: Contributions to the CES Foundation are deductible under both state and federal tax laws. The Foundation is a 501 (c) (3) corporation.

THE GENERAL STUDENT LOAN FUND

One of the most important activities of the CES Foundation is the Student Loan Program. Established in 1955, the Foundation's General Student Loan Fund is designed to assist needy, deserving students preparing for careers in medicine, dentistry, pharmacy, nursing, and other allied health fields. These long-term loans are interest free until after the student's graduation. Personnel in the financial aids departments of Wisconsin's schools cooperate with the Foundation in identifying needy and deserving students. Students enrolled in Wisconsin schools are eligible for Foundation loans. The General Student Loan Fund is supported by general contributions earmarked for student loans.

SPECIAL STUDENT LOAN AND SCHOLARSHIP FUNDS

Although the Foundation's primary emphasis is on loans, some outright scholarships (grants) are made to fulfill the wishes of some donors. These special health career student loan and scholarship funds are administered by the Foundation according to the wishes of the individual or organization establishing and supporting the fund.

For example, a county medical society auxiliary may make an original endowment to the CES Foundation to establish a student loan or scholarship fund in the county auxiliary's name. The county auxiliary, as the benefactor, may decide what restrictions, if any, it wishes to place on the loans. Such restrictions may include:

- County residency requirements.
- Career specifications—medicine only or what other health careers to be included.
- Schools to which loans will be granted—you may wish to limit the fund to local university.
- Any limit or year of study—freshman only, upperclass only.
- Restrictions on amount of each loan.
- Amount of original endowment for the Fund.
- Additional requirements.

In establishing a special student loan or scholarship fund with the Charitable, Educational and Scientific Foundation, the following points should be considered:

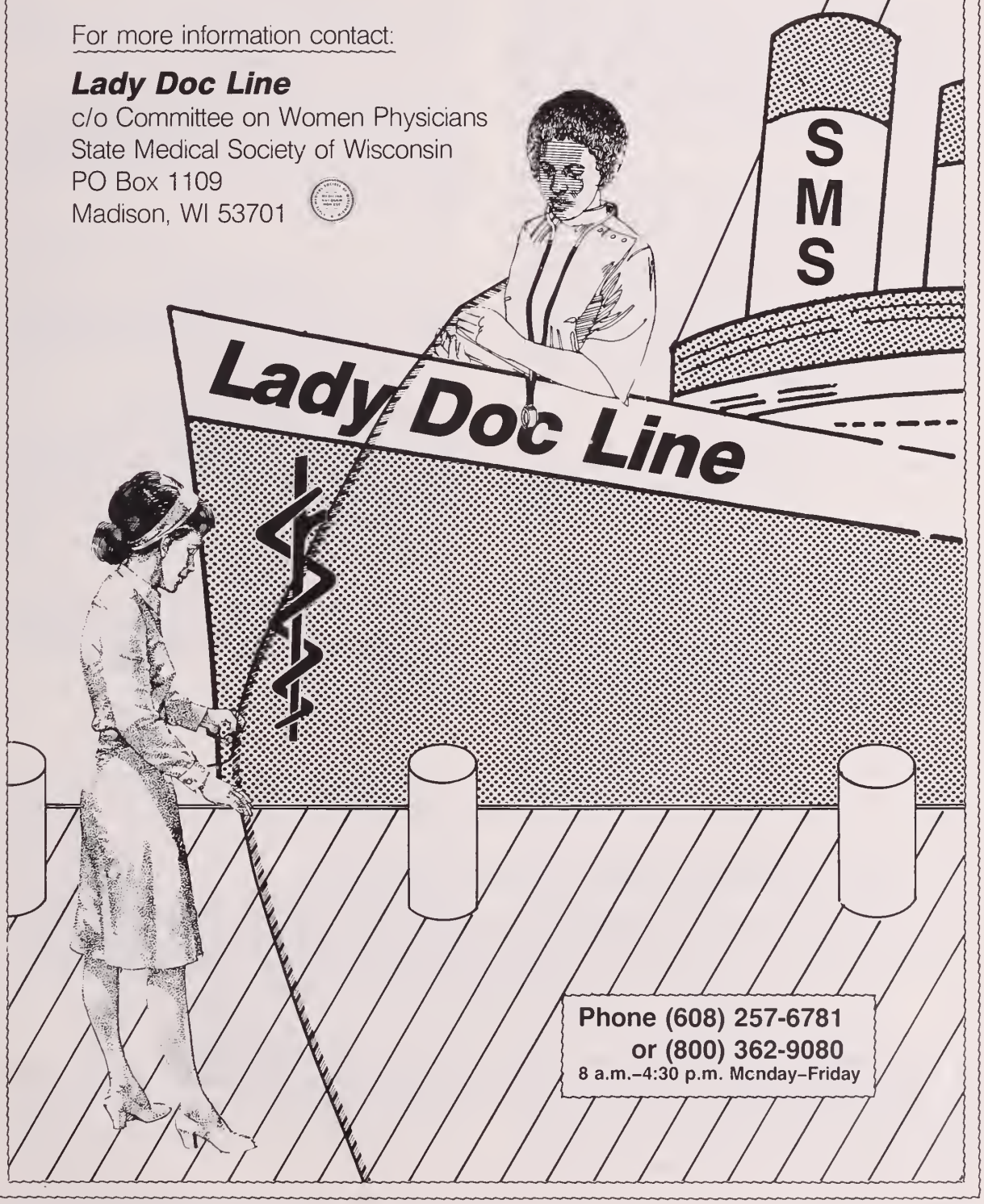
- The CES Foundation will furnish an accounting annually to the benefactor or sponsoring organization.
- Brochures, folders, or other literature concerning the Fund may be distributed by any interested organization or person.
- Application blanks may be procured from the CES Foundation, 330 East Lakeside Street, PO Box 1109, Madison, Wis 53701, the benefactor, or college financial aids office.
- Applications will be accepted and considered without regard to race, color, creed, or national origin.
- The decision to approve individual loan applications, amount of the loan, and terms of repayment will be made only by the CES Foundation and will be based on the need demonstrated and availability of funds.
- The Foundation may, at its discretion (a) accept additional contributions to the Fund, (b) accept accelerated payments of obligations to the Fund, (c) waive repayment in hardship cases, and (d) increase or decrease rates of interest as the demands for loans may dictate.
- The Foundation may invest and reinvest assets of the Fund in accordance with prudent investment policies, and any interest or appreciation earned by such investments will accrue to the Fund.
- Direct expenses incurred by the Foundation in administering the Fund will be charged to the Fund. (At the present time, by action of the Board of Directors of the State Medical Society of Wisconsin, all expenses incurred by the student loan funds administered by the CES Foundation are paid by the Society.)
- In the event it is mutually determined that the purpose for which the Special Loan or Scholarship Fund was established no longer exists, the remainder of the Fund will be turned over to the Board of Trustees of the CES Foundation to use for other charitable, educational, and scientific purposes.

To inquire how you or your organization can establish a Special Student Loan or Scholarship Fund, contact Kristin Bjurstrom, Executive Director, CES Foundation, 330 East Lakeside Street, PO Box 1109, Madison, Wisconsin 53701; or phone 608/257-6781; toll-free in Wisconsin 1-800-362-9080. ■

An informational resource for women physicians in Wisconsin, provided by the State Medical Society of Wisconsin in cooperation with established practicing women physicians.

For more information contact:

Lady Doc Line
c/o Committee on Women Physicians
State Medical Society of Wisconsin
PO Box 1109
Madison, WI 53701



Phone (608) 257-6781
or (800) 362-9080
8 a.m.–4:30 p.m. Mcnday–Friday

Charter Law of Medical Societies

Chapter 148

148.01 (1) State society. The state medical society of Wisconsin is continued with the general powers of a corporation. It may from time to time adopt, alter and enforce constitution, bylaws and regulations for admission and expulsion of members, election of officers, and management.

(2) A member expelled from a county medical society may appeal to the state society, whose decision shall be final.

148.02 (1) County societies. The physicians and surgeons, not less than five in number, of the several counties, except those wherein a county medical society exists may meet at such time and place at the county seat as a majority agree upon and organize a county medical society, and when so organized it shall be a body corporate by the name of the medical society of such county, shall have the general powers of a corporation, and may take by purchase or gift and hold real and personal property. County medical societies now existing are continued with the powers and privileges conferred by this chapter.

(2) Physicians and surgeons who, before April 20, 1897, received a diploma from an incorporated medical college or society of any of the United States or territories or of any foreign country, or who shall have received a license from the state board of medical examiners, shall be entitled to meet for organization or become members of the county medical society.

(3) If there be not a sufficient number of physicians and surgeons in any county to form a medical society they may associate with those of adjoining counties, and the physicians and surgeons of not more than fifteen adjoining counties may organize a medical society under this chapter, meeting at such time and place as a majority agree upon.

(4) A county medical society may from time to time adopt, alter and enforce constitution, bylaws and regulations for the admission and expulsion of members, election of officers, and management, not inconsistent with the constitution, bylaws and regulations of the state society.

148.03 Service insurance corporations for health care. The state medical society or, in a manner approved by the state society, a county society, may establish in one or more counties of this state a service insurance corporation for health care under ch. 613.

NOTE ON ss. 148.03, 447.13, 449.15 and 450.13; Chapter 613 provides in general terms for the creation, governance and regulation of service insurance corporations for any kind of health care, as well as for other types of services. All that is needed in each authorizing chapter for professional societies is a brief section giving the appropriate professional society the power to organize a ch. 613 corporation. Section 148.03 creates that section for health care.

One basic restriction results from the repeal of the old enabling sections: none of the professional societies will be able to organize a service insurance plan within its own corporate structure. It is a mistake to permit such a mixing of professional and insurance activities within the same corporation. The society can, of course, control the service insurance corporation it creates under ch. 613, but the service insurance corporation will be legally separate. This will lead to more effective (and appropriate) control by the insurance commissioner, who should neither be empowered nor compelled, as arguably he was under the old statutes, to have any concern about the purely professional activities of the societies, because of the impossibility of disentangling the insurance and professional activities carried on by a single corporation. ■

1841—The Society created by territorial legislation

The first statutory recognition of the State Medical Society was by act of the Legislative Assembly of the Territory of Wisconsin, in Act 53 of the Territorial Legislature of 1841. The organization of the Society was authorized, with the declaration that ". . .well regulated medical societies have been found to contribute to the advancement and diffusion of true science, and particularly of the healing art. . ."

The organization meeting was set for the second Monday in January, 1842, at Madison, for the purpose of forming ". . .a society under the name and style of the Medical Society of the Territory of Wisconsin. ." Drs. Bushnell B. Cary, M.C. Darling, Lucius L. Barber, Oliver E. Strong, Edward McSherry, E.W. Wolcott, J.C. Mills, David Walker, Horace White, Jonas P. Russell, David Ward, Jesse S. Hewett, B.O. Miller, and their associates, were authorized by statute to conduct the initial organization of the Society.

CONSTITUTION AND BYLAWS
of the State Medical Society of Wisconsin

CONSTITUTION

ARTICLE I
Name of the Association

The name and title of this organization shall be the State Medical Society of Wisconsin.

ARTICLE II
Purpose

The purpose of the Society is to bring together the physicians of the state of Wisconsin to advance the science and art of medicine and the better health of the people of Wisconsin, and to secure the enactment and enforcement of just medical laws. As used in the Constitution or Bylaws, "physician" means a doctor of medicine or a doctor of osteopathy licensed in Wisconsin.

ARTICLE III
Component Societies

Component societies shall consist of those county medical societies chartered by the House of Delegates of this Society.

ARTICLE IV
Composition of the Association

This Society shall consist of members who shall be the members of and certified by the component county medical societies; and whose dues and assessments for the current year have been received by the Society secretary in accordance with the schedule provided in the Bylaws.

ARTICLE V
House of Delegates

The House of Delegates shall be the legislative body of the Society, and shall consist of:

(1) delegates elected by the component county medical societies,
(2) one delegate representing each specialty section of the Society organized under the Bylaws,
(3) a speaker,
(4) a vice speaker.

The officers of the Society enumerated in Article IX of this Constitution, directors, and past presidents of the Society shall be ex officio members, but without the right to vote, except that if they have been duly seated as delegates, they shall have the right to vote.

The speaker and vice speaker shall be elected by and from the House of Delegates for two-year terms, and shall be limited to three consecutive full terms in their respective offices. While holding these offices, they shall be members of the House at large and shall not represent any component county society or specialty section.

ARTICLE VI
Board of Directors

The Board of Directors, hereinafter referred to as "Board," shall have full authority and power of the House of Delegates between sessions of the House. It shall consist of the directors, immediate past president, president, president-elect, speaker and vice speaker of the House of Delegates. The secretary and the treasurer shall be ex officio members of the Board, but without the right to vote. A majority of its voting members shall constitute a quorum.

Directors shall be elected from eight geographic districts whose boundaries shall be determined by the House of Delegates. There shall be elected one director from each district, except that in any district with 200 or more regular and special members, there shall be elected one additional director for each additional 200 members or majority fraction thereof. As nearly as possible, one-third of the members of the Board shall be elected each year.

Each director shall be nominated and elected only by the elected delegates of the county medical society or societies from the district in which the director's principal place of practice is located. Such election shall be subject to the approval and confirmation of the House of Delegates.

The terms of the directors shall be for three years. No individual shall be permitted to serve more than three consecutive three-year terms as director, and no more than a total of six terms of service as director shall be permitted.

ARTICLE VII
Specialty Sections

The House of Delegates shall provide for a division of the Society into specialty sections.

ARTICLE VIII
Meetings

Section 1. The Society shall hold an Annual Meeting, at which time the House of Delegates shall meet to conduct its business. The Annual Meeting may also include scientific sessions as determined by the Board.

Sec. 2. The place for holding each Annual Meeting shall be fixed by the House of Delegates, or, by failure to act, such authority is delegated to the Board. The time for holding each Annual Meeting shall be approved by the Board.

Sec. 3. Special meetings of the House of Delegates shall be called by the speaker on written request of twenty delegates representing at least 10% of the component county medical societies, or on request of a majority of the Board. When a special meeting is called, the speaker shall set the time and place. The secretary shall mail a notice to the last known address of each member of the House of Delegates at least twenty days before the date of the special meeting. The notice shall specify the time and place of the meeting and the purpose for which the meeting is called. The meeting shall consider no business except that for which it is called.

ARTICLE IX
Officers

Officers of this Society shall be a president, a president-elect, a secretary, and a treasurer. The president-elect and treasurer shall be elected annually by the House of Delegates. The secretary shall be elected annually by the Board. The president-elect shall automatically succeed to the office of president at the conclusion of the term as president-elect.

Adopted as amended by the House of Delegates April 17–18, 1986.

The treasurer shall be limited to nine consecutive terms.

No person shall hold more than one of the following offices concurrently: president, president-elect, secretary, treasurer, speaker, vice speaker, director. Incumbents shall serve until their successors are elected and installed.

ARTICLE X
Funds and Expenses

Funds may be raised by annual dues or by assessment on the members, or in any other manner approved by the House of Delegates. The House may establish regular and special classifications of membership. Dues, if any, shall be applied equitably to all members in each class.

All resolutions adopted by the House of Delegates providing for appropriations shall be referred to the Board for implementation. All expenditures approved by the Board shall be included in the annual budget.

ARTICLE XI
Referendum

The House of Delegates may, by a two-thirds vote of those registered at that session, submit any question to the membership of the Society for its vote, except amendments to the Constitution. Such amendments are governed by Article XIII. The House shall determine prior to submission whether a referendum shall be advisory or binding, and so advise the membership at the time of submission. A majority vote of all the members of the Society shall determine the question on a binding referendum.

ARTICLE XII
Seal

The Society shall have a common seal. The power to change or renew the seal shall rest with the House of Delegates.

ARTICLE XIII
Amendments

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the members of the House present at any Annual Meeting, provided that such amendment shall have been introduced in the form of a constitutional amendment in open session at the previous Annual Meeting, and that it shall have been published at least once during the year in the Journal of this Society, or sent to each member of the Society at least two months before the meeting at which final action is to be taken.

BYLAWS

CHAPTER 1
Membership

Section 1. The name of a physician on the official roster of this Society, after it has been properly reported by the secretary of the county society, shall be *prima facie* evidence of membership and of the right to benefits.

Sec. 2. No person whose name has been dropped from the roll of members of a component society or this Society shall be entitled to any of the rights or benefits of this Society, except that such rights and benefits shall continue during the period of an appeal by such person to the Board of Directors.

Sec. 3. Every physician who holds a license to practice medicine and surgery in Wisconsin shall be eligible to apply for membership. Each county society shall be the judge of the initial and continuing qualifications of its members, as well as the appropriate membership classification, subject to review and final decision by the Board of this Society. Members will conduct themselves in a manner which is not in conflict with the purposes for which the Society is organized and is operating.

Sec. 4. By provision of its constitution or bylaws, a county society may require that an applicant shall have practiced within its jurisdiction for a period of one year as a condition for election to membership; or that an applicant may first be elected to membership for a term of one year only, then resubmit to election by vote of the county society without limitations as to term.

Sec. 5. A member of a component society whose license has been revoked, suspended, nonrenewed, or voluntarily surrendered, shall be immediately and automatically suspended from membership as of the date of revocation, suspension, nonrenewal, or voluntary surrender, pending definitive action by the Board.

Sec. 6. A physician's county society membership must be held in that county in which the physician's principal practice is located. However, a physician living near a county line may hold membership in that county most convenient for attending meetings, with concurrence of the component society in which the principal place of practice is maintained.

Sec. 7. A member whose principal practice is moved from within the territorial limits of a component medical society to the territory of another component of the State Society shall not be eligible to continue membership in the first such society after the expiration of the calendar year in which such move shall have occurred. Such member shall, however, be eligible to apply for membership anew, or by transfer to the society into whose jurisdiction the principal practice has been moved. The member shall be given a written certificate of transfer for transmission to the secretary of the society in the county to which he has moved. Pending acceptance or rejection by the society in the county to which he has moved, such member shall be considered to be in good standing in the first society and in the State Society until the end of the period for which dues have been paid.

Sec. 8. When the principal practice of a member in good standing in a component society is moved outside the borders of this state, active membership in such component society and in the State Society may be continued by fulfilling all requirements of membership except residence pending acceptance as a new or transfer member by the society of the area to which the practice has been transferred. The period of such continuing membership in this state shall cease upon acceptance by a society in the new area of practice, and shall in no event continue beyond two full calendar years after that in which the practice location has been transferred.

Sec. 9. *Membership Classifications.* Members defined in this section, except Affiliates, shall have all the rights and privileges of the Society and shall pay dues and assessments, as indicated, as a requirement of continued membership.

A. *Regular.* Regular members of this Society consist of all the regular members in good standing of the component county societies.

B. *Special.* Included in this classification are the following categories of members who by virtue of their special circumstances are entitled to reduced dues or waiver thereof:

(1) *Part-time practice.* Any physician, regardless of age, who practices 1,000 hours or less during a calendar year, but does not qualify under section 9.B. (5), may upon application, recommendation by the

county medical society, and approval by this Society, be placed in this special category.

(2) *Resident.* Physicians in approved training programs as hospital residents or as research fellows who are licensed to practice medicine and surgery in Wisconsin. Such special membership category can be maintained for a maximum of five (5) consecutive years.

(3) *Temporary Military Service.* Members who are inducted into the United States Military or Public Health Service and serve in such capacity for not more than five (5) years.

(4) *Associate.* Members who suffer a disability preventing them from practicing medicine with resulting serious financial reverses which would make the payment of dues a matter of personal hardship. Such membership shall be on an annual basis, upon recommendation of the county society and approval by the Board of this Society.

(5) *Retired.* Members who have retired completely from the practice of medicine, or who practice 240 hours or less during a calendar year, upon recommendation of the county society and approval by this Society.

(6) *Life.* Those members of the State Medical Society of Wisconsin who have been members of this or other state medical societies for fifty (50) years, or are past presidents of the State Medical Society of Wisconsin. They shall receive a certificate of Life Membership.

(7) *Honorary.* Members who have been elected to a similar classification by their county society because of outstanding contributions to the medical profession, upon approval by the Board of this Society.

(8) *Over Age 70.* Members who are age 70 effective January 1 of the following year.

C. *Affiliate.* Persons who are not otherwise eligible for membership may become affiliated with this Society in one of the following categories. Their dues or assessments, as well as rights and privileges as affiliate members, shall be determined by the Board.

(1) *Candidate.* Upon application, a county medical society or this Society may confer upon any person then attending a medical school in Wisconsin or fulfilling a postgraduate obligation prior to eligibility for licensure the status of Candidate Member.

(2) *Scientific Fellow.* The Board may by invitation and unanimous consent confer upon any person engaged in teaching of or research in one or more of the basic sciences at an accredited college or university, and not holding the degree of Doctor of Medicine or Osteopathy, the status of Scientific Fellow.

(3) *Emeritus.* Retired members who have chosen not to renew their license, at the discretion of the Board.

Sec. 10. *Dues and Assessments.* Members shall pay dues and assessments as follows:

A. *Regular members:* full dues and assessments.

B. *Physicians in part-time practice or over age 70:* one-half of regular member dues and assessments.

C. *Physicians in residency or fellowship training:* one-tenth of regular member dues and assessments.

Dues and assessments for all other categories shall be waived, except as may be determined by the Board for affiliate members.

CHAPTER II
House of Delegates

Section 1. Each component county society shall be entitled to send one delegate and one alternate to the House of Delegates for each forty regular and special members or majority fraction thereof in this Society, provided, however, that each county society shall be entitled to at least one delegate and one alternate from that county society.

For purposes of this section, the number of members as of the close of the calendar year preceding the first session of the House of Delegates at the Annual Meeting shall determine the number of delegates to which a county society shall be entitled.

The secretary of each county society will send a list of such delegates and alternates to the secretary of this Society by the end of each calendar year preceding the year in which such delegates are elected to serve.

Sec. 2. One-fourth of the members of the House of Delegates registered, representing one-fourth of the county medical societies in the state, shall constitute a quorum of the House of Delegates. All meetings of the House of Delegates shall be open to members of the Society.

Sec. 3. The speaker shall preside at the meetings of the House of Delegates.

Sec. 4. The vice speaker shall officiate for the speaker in the latter's absence or at his request. In case of death, resignation, or removal of the speaker, the vice speaker shall officiate during the unexpired term.

Sec. 5. The speaker shall appoint members of reference committees from among the members of the House of Delegates. These committees shall consider and make recommendations to the House relative to resolutions, reports of officers, reports of commissions and committees, financial and other matters germane to the business of the House. The speaker shall also appoint a credentials committee and such other committees as deemed necessary.

Sec. 6. The House of Delegates shall elect delegates to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body.

Sec. 7. The House of Delegates shall have authority to create committees for special purposes and to appoint members of the Society who need not be members of the House of Delegates. Such committees shall report to the House of Delegates, and their members may be present to participate in the debate on their reports.

Sec. 8. It shall receive for appropriate action the annual reports of the treasurer, secretary, and chairman of the Board of Directors.

Sec. 9. Unanimous consent of the House of Delegates shall be required for the introduction of any new resolution or business not filed in proper form with the secretary's office of the Society two months before the first session of the House of Delegates. This section shall not apply to new business or resolutions presented by the Board of Directors or any member thereof, the constitutional officers, committees of the Society or of the House of Delegates, or officers of the House of Delegates.

Sec. 10. All questions of an ethical nature brought before the House of Delegates shall be referred to the Board of Directors without discussion.

CHAPTER III
Annual Election

Section 1. The House of Delegates, at its first session of the Annual Meeting, shall elect a Committee on Nominations consisting of one (1) delegate for each district, except

that in any district having five hundred (500) or more regular and special members, there shall be elected one (1) additional delegate for each additional five hundred (500) members or majority fraction thereof. One (1) delegate representing the specialty sections shall also be appointed. This committee shall become operative at the close of the final session of that Annual Meeting and shall function until the close of the final session of the following year's Annual Meeting. The incoming committee shall meet with the existent committee but without vote during the overlapping days of the Annual Meeting. Any vacancy occurring in the Committee on Nominations between the date of its formation and the time of its reporting shall be filled by appointment by the director or directors of the district in which the vacancy occurs, provided that if the vacancy occurs in the representation from the specialty sections, such vacancy shall be filled by ballot from among the section delegates.

The Committee on Nominations shall convene at least two (2) months prior to the Annual Meeting of the House of Delegates to prepare a slate of candidates. This meeting, to be held at a time, date and location published to the general membership at least two (2) months before this meeting, shall include an open session of not less than one (1) hour to allow individual nomination of candidates. The Committee shall report the result of its deliberations to the House of Delegates in the form of a ticket containing the names of one or more members for each of the positions to be filled.

Sec. 2. The report of the Committee on Nominations and elections shall be the first order of business of the House of Delegates at the third session of the Annual Meeting.

Sec. 3. The House of Delegates shall elect the president-elect, the treasurer, the speaker and vice speaker of the House of Delegates, and the delegates and alternates to the American Medical Association. Where there is no contest, a majority vote without ballot shall elect. All other elections shall be by separate ballot for each individual position, and a majority of the votes cast shall be necessary to elect. If no nominee receives a majority of the votes on the first ballot, the nominee receiving the lowest number of votes shall be dropped, except where there is a tie, and a new ballot taken. This procedure shall be continued until one of the nominees receives a majority of the votes cast.

Sec. 4. Nothing in this chapter shall be construed to prevent additional nominations being made from the floor by members of the House of Delegates.

CHAPTER IV
Duties of Officers

Section 1. The president is the chief constitutional officer of the Society. Within the limits of the Constitution, Bylaws, and policies of the House of Delegates and Board of Directors, the president shall have the following responsibilities and commensurate authority:

a. Deliver an annual address to the House;
b. Serve as a member with right to vote on the Board;
c. Preside at meetings of the Executive Committee of the Board;
d. Participate, ex officio and without the right to vote, in sessions of the House;
e. Initiate and propose policies and programs that will further the goals and objectives of the Society for consideration by the House, Board, commissions and committees;
f. Support and articulate policies and programs adopted by the Board and the House;
g. Promote physician interest and active participation in the Society.

Sec. 2. The president-elect shall act for the president in his absence or disability. If the office of president should become vacant, the president-elect shall succeed to the presidency. In case of vacancy in the office of both president and president-elect, the Board shall appoint one of its members as acting president until the next meeting of the House of Delegates.

Sec. 3. The treasurer shall be responsible to the Board of Directors, and shall advise and assist it in making decisions on investment policy and financial matters. The duties of the treasurer shall include the following:

a. Be responsible for all funds due the Society, together with bequests and donations;
b. Pay money out of the treasury only on written order of the secretary;
c. Subject the treasurer's accounts to such examination as the House of Delegates may order;
d. Annually report on the financial standing of the Society, including a balance sheet and income and expense report;
e. Give bond in such amount as the Board may provide.

Sec. 4. The secretary is the chief executive officer of the Society charged with the execution of policy as created and defined by the House of Delegates and the Board of Directors. Duties of the secretary shall include being secretary of and responsible to the Board; assisting the officers in making decisions and implementing actions; sharing convictions and arguing their merits as requested. Duties as chief executive officer shall be:

a. Assume the general managerial duties of all Society divisons, activities, and personnel;
b. Be custodian of all records and papers belonging to the Society, except such as properly belong to the treasurer;
c. Keep account of and promptly turn over to the treasurer all funds of the Society which come into the secretary;
d. Maintain current copies of each component county society's constitution and bylaws;
e. Conduct the official correspondence, notifying members of meetings, officers of their election and committees of their appointments and duties;
f. With the approval of the Board, employ such assistants as are needed to effectively execute the policies of the Society;
g. Make an annual report to the House of Delegates.

CHAPTER V
Board of Directors

Section 1. The Board of Directors shall be the executive body of the Society. Between meetings of the House of Delegates it shall exercise the power conferred on the House of Delegates by the Constitution and Bylaws.

Sec. 2. The Board shall meet during the Annual Meeting and at such other times as necessity may require, subject to the call of the chairman or on petition of three directors. It shall hold an annual meeting for purposes of organization and other business.

Sec. 3. The Board shall elect a chairman and a vice chairman from among its voting members. It may create such further offices or combine or abolish them as it sees fit in the management of its affairs and in the discharge of its responsibilities. Its chairman shall submit an annual report to the

House of Delegates including all major actions and policy decisions of the preceding year.

Sec. 4. Each director shall be the organizer and mediator for the district. Directors shall visit each county in their district as needed for the purpose of organizing component societies where none exist, for inquiring into the condition of the profession, and to keep informed of the activities of the component societies in the district. Each director shall arrange for an annual conference or caucus with the societies or their delegates within the district, at which time information shall be disseminated concerning the activities of the State Medical Society and component societies within the district. Each director shall report as necessary to the Board. The necessary traveling expenses incurred by each director in the line of duties herein imposed may be allowed on a proper itemized statement, but this shall not be construed to include the expense of attending the Annual Meeting of the Society.

Sec. 5. The Board of Directors shall be the judicial body of the Society. It may decide any questions of conduct or discipline of members, or any questions involving the rights and standing of members, whether in relation to other members, to the component societies, or to this Society. It shall develop and publish procedures for discipline, including denial of initial or continuing membership, for those physicians who fail to provide quality health care, failure to pay dues, loss of license to practice, or other cause. Its decisions in all cases shall be final, including the right to expel a member should a component society fail to do so after being so requested by the Board.

The Board's right to original jurisdiction includes but is not limited to the right to decide cases when:

a. the affected parties reside within the boundaries of a single county medical society and that society does not wish to assume jurisdiction;
b. the affected parties reside in two or more component medical society jurisdictions.

The Board also has within its authority the right to appoint a commission or commissions to which any or all such matters may be referred for investigation, evaluation and decision to acquit, admonish, or otherwise discipline as appropriate. A member may appeal to the Board the decision of such commission or the action of a county society as provided in Chapter X, Section 3. If the recommendation is for suspension or expulsion of a physician from Society membership, final action must be taken by the Board.

Sec. 6. Charters shall be issued to county societies only on approval of the Board, with ratification by the House of Delegates, and shall be signed by the president and secretary of this Society. Upon the recommendation of the Board, the House of Delegates may revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and Bylaws.

Sec. 7. In sparsely settled sections, the Board shall have authority to organize the physicians of two or more counties into societies. These societies, when organized and chartered, shall be entitled to all rights and privileges provided for component societies until such counties shall be organized separately.

Sec. 8. The Board shall provide for and superintend the issuance of all publications of the Society including proceedings, transactions and memoirs, and shall have the authority to appoint an editor of the Journal and such assistants as it deems necessary.

Sec. 9. The Board shall select a qualified independent accounting firm and receive an annual audit of all accounts of this Society. With the treasurer, it shall supervise the investment of funds. The Board shall adopt an annual budget providing for the necessary expenses of the Society.

Sec. 10. The Board may, by interim appointment, fill any vacancy in office not otherwise provided for which may occur during the interval between Annual Meetings of the House of Delegates. The appointee shall serve until a successor has been elected and has qualified.

When a district initially qualifies for an additional director, such position shall be considered new and not a vacancy to which the Board is authorized to make an interim appointment. Such new position shall be filled by election at the next meeting of the House of Delegates in the manner provided by Article VI of the Constitution. The initial term shall be so established as to maintain the election of substantially one-third of the directors each year.

Sec. 11. The Board may elect as secretary one who need not be a physician or a member of the Society.

Sec. 12. The formation of salary schedules of all employees of the Society shall be the responsibility of the Board.

Sec. 13. The Board shall provide such facilities for the Society as may be required to properly conduct its business.

CHAPTER VI
Commissions and Committees

Section 1. The Board shall appoint such commissions and committees, either permanent or ad hoc, as it deems necessary to properly conduct the affairs of the Society. Membership on such committees and commissions shall be limited to members of the Society and its Auxiliary. Nonmembers of the Society or its Auxiliary may be appointed as special representatives should their expertise and knowledge be of benefit to the goals of such commissions or committees. Such individuals shall not have the right to vote or hold office.

Each commission and committee shall have the duty of being informed on matters within the area of its special interest. They shall represent the Society's interests by continual contacts with voluntary and governmental agencies having related concerns with the intention of coordinating efforts to serve the health interests of the people of Wisconsin. They shall develop recommendations from their studies and activities for action by the Board or House of Delegates.

Sec. 2. Specialty sections shall be regarded as special committees of the Society from which the Board or any commission or committee may seek advice and assistance on matters of special or general concern to the profession and the health of the people of Wisconsin. The specialty sections will be expected to give special requests prompt consideration and response so as to enable the Society to make maximum use of their resources.

CHAPTER VII
Dues and Assessments

Section 1. The annual dues and assessments of this Society shall be determined by the House of Delegates and shall be levied per capita on the members. Dues and assessments shall be payable as determined by the Board of Directors. Any member whose current year's dues have not been received by the Secretary on or before the dues payment deadline, as established by the Board of Directors, shall be deemed in arrears and shall be removed from the membership rolls of the county society and this Society until such time as full dues for the current year have been received.

Sec. 2. The record of payment of dues and assessments on file in the offices of this Society shall be final as to the fact of payment by a member and to the right to participate in the business and proceedings of the Society or the House of

Delegates and to any other benefits and privileges of membership.

CHAPTER VIII

The Board of Directors shall adopt ethical guidelines for the members of this Society.

COMMENT: On July 18, 1981 the Board of Directors adopted the Principles of Medical Ethics of the AMA as the ethical guidelines of the Society.

CHAPTER IX

The current edition of Sturgis Standard Code of Parliamentary Procedure governs this organization in all parliamentary situations that are not provided for in the law or in its charter, constitution, bylaws, or adopted rules.

CHAPTER X
County Societies

Section 1. All present county societies or those that may hereafter be organized in this state shall, upon application to the Board of Directors, receive charters from this Society, provided that their constitutions and bylaws have been submitted to the Board and found in conformity with the Constitution and Bylaws of the State Medical Society. All revisions shall be submitted to the Society, approved by the Board, and filed with the secretary. Where a county society has lost or misplaced its constitution and bylaws, the model constitution and bylaws for county medical societies, as last approved by the Board, shall be deemed to apply.

Sec. 2. Only one component medical society shall be chartered in each county.

Sec. 3. Any physician who may feel aggrieved by the action of the society of his county in suspending or expelling him shall have the right to appeal to the Board of Directors of the State Society. Its decision shall be final. A county society shall at all times be permitted to appeal or refer questions involving membership to the Board of the State Society for final determination. The mechanisms and procedures which apply to the appeal process shall be those adopted by the Board.

Sec. 4. Each component county society shall elect one or more delegates and may elect an equal number of alternates to substitute for any absent delegates from that component society, for a term of two calendar years, to represent it in the House of Delegates of this Society, in accordance with Chapter II, Section 1, of these Bylaws. The term of office shall begin on January 1 of the year succeeding the election of such delegates and alternates.

Sec. 5. The secretary of each county society shall keep a roster of its members.

CHAPTER XI
Specialty Sections

Section 1. The House of Delegates shall establish specialty and special sections within the Society. It shall have the power to combine, enlarge, or discontinue any or all of such sections so established using the following guidelines:

a. For specialty section to be designated it must represent a specialty which is represented in the American Medical Association House of Delegates and
b. Have at least twenty (20) members of the specialty who are members of this Society.
c. If no representative from the specialty section registers as a representative of that section for three (3) consecutive Annual Meetings, the specialty section will be dropped with the option of reapplying after one year, provided the above criteria are met.
d. From time to time special sections not meeting the above criteria may be established by the House of Delegates.

Sec. 2. Such sections so established shall be based upon those divisions of medicine in which the various members possess a special interest. Qualifications for membership in any section shall be established by the members of such section, subject to approval of the Board of Directors. Scientific meetings of a section shall be open to all members in good standing of the State Medical Society.

Sec. 3. The officers of each section shall be elected by and from its membership. The terms of such officers shall be for one year, but any officer may be reelected.

Sec. 4. No section shall have the power to bind the State Medical Society by any resolution or other action. No such resolution or action shall be publicized unless it shall first have been approved by the House of Delegates, or by a majority of the Board when the House is not in session. No resolution adopted by any section shall be effective until likewise so approved.

Sec. 5. Each section shall elect a delegate and an alternate to the House of Delegates. The term shall be for two calendar years without limitation on number of terms.

Sec. 6. The specialty sections of the Society shall be considered an integral part of the working committee structure of the Society as outlined in Chapter VI of these Bylaws.

CHAPTER XII
Amendments

These Bylaws may be amended at any Annual Meeting by a majority vote of the delegates present, if the proposed amendment has been properly submitted to the House of Delegates and has laid over for one session of that Annual Meeting. ■

Expense reimbursement policy and procedure for physicians on State Medical Society business

IT IS THE POLICY of the State Medical Society of Wisconsin to offer reimbursement of out-of-pocket expense incurred by its officers, directors, committee chairmen and members, AMA delegates and alternates and other designated physicians when such expense is incurred in the course of the conduct of business on behalf of the Society. The Society recognizes that any such leadership role requires a substantial contribution in personal time on the part of the physician. It is traditional that this be accepted as a contribution to the profession and the health of the public. However, out-of-pocket expenses in the discharge of official functions of the Society are reimbursable as set forth below, except that district directors are not reimbursed for the expense of attending the Annual Meeting of the Society (Bylaws, Chapter V, Sec. 4).

Officers, Directors, Committee Chairmen and Members, and Other Designated Persons

Reimbursable expenses include the cost of:

1. All meals, including normal tips, incurred while away from the physician's home city on SMS business.
2. All meals in the home city of the physician when these are in relation to an SMS business meeting.
3. Entertainment expenses where such expense is clearly a proper and necessary adjunct to the conduct of the physician's business function for the Society.
4. Valet and laundry services when the physician is away from the home city on SMS business continuously for four (4) days or more.
5. Lodging for those days (nights) reasonably associated with the dates of a meeting for which expenses are claimed.
6. Transportation from home city to meeting site and return as follows:

   Air—Cost of round trip coach airfare, plus necessary ground transportation.

   Bus/Train—Cost of round trip fare, plus necessary ground transportation.

   Auto—Mileage at the current Society rate (now 20¢) to and from the meeting site, plus necessary parking fees and highway tolls.

   Miscellaneous Ground Transportation—Local bus and cab fares as necessary.

   Auto Rental—All or some portion of such cost may be reimbursed as a substitute for other ground transport when this is the most feasible alternative following initial air, bus or train travel. Example, remote resort meeting site.
7. Telephone and telegraph communications relative to SMS business.

   Note: Use of least costly means of telephone communication is encouraged. Examples: In calling SMS Headquarters use toll-free number 1-800-362-9080 whenever possible. Similarly, use direct dial rather than credit card, whenever feasible.
8. Secretarial and copying services, postage and stationery used for SMS business.

   Note: SMS Headquarters is prepared to handle most official correspondence and reproduction work for officers and committee members. However, physicians may be reimbursed for personal or office costs relating to secretarial, copying, postage and stationery utilized in conducting SMS business.

   Note: Copies of all official correspondence should be sent to the appropriate committee staff person at SMS so as to assure proper coordination and recordkeeping.
9. Expenses, as described in 1-8 above, incurred by the physician's spouse when accompanying him/her in an official capacity or when the spouse is "expected" to be in attendance are reimbursable.

Procedure for Claiming Expenses

1. To obtain reimbursement the physician must submit a statement of expenses incurred.
2. Attach copies of bills or receipts for all lodging, travel, and meals over $25.
3. Itemize separately costs for Item 8 above.
4. Mail to SMS, Attn: Accounting Department, PO Box 1109, Madison, Wis 53701.

Reimbursement will be made within two weeks following receipt and approval of the expense report.

AMA Delegates and Alternates

AMA Delegates and Alternates from Wisconsin receive reimbursement as follows for each meeting of the AMA House of Delegates they attend:

Round Trip Coach Airfare, or up to equivalent in auto mileage at the current SMS mileage rate (now 20¢).

$600 cash to cover out-of-pocket expense.

When such delegates and alternates are conducting SMS business not in conjunction with meetings of the AMA House of Delegates, their expenses may be reimbursed in the same manner as outlined for Officers, Directors, etc.

Out-of-State Trips

With the exception of AMA House of Delegates meetings and travel by the President/President-Elect, all out-of-state trips must have prior approval by the Executive Committee to be reimbursable. Contact the Secretary and General Manager. ■

Approved by Board of Directors, July 18, 1981

THE HIPPOCRATIC OATH and the DECLARATION OF GENEVA are reproduced below for the convenience of physicians and others who may have need of them from time to time.

THE OATH OF HIPPOCRATES

I SWEAR BY APOLLO, THE PHYSICIAN, AND AESCULAPIUS AND HEALTH AND ALL-HEAL AND ALL THE GODS AND GODDESSES THAT, ACCORDING TO MY ABILITY AND JUDGMENT, I WILL KEEP THIS OATH AND STIPULATION:

TO RECKON him who taught me this art equally dear to me as my parents, to share my substance with him and relieve his necessities if required; to regard his offspring as on the same footing with my own brothers, and to teach them this art if they should wish to learn it, without fee or stipulation, and that by precept, lecture and every other mode of instruction, I will impart a knowledge of the art to my own sons and to those of my teachers, and to disciples bound by a stipulation and oath, according to the law of medicine, but to none others.

I WILL FOLLOW that method of treatment which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest any such counsel; furthermore, I will not give to a woman an instrument to produce abortion.

WITH PURITY AND WITH HOLINESS I will pass my life and practice my art. I will not cut a person who is suffering with a stone, but will leave this to be done by practitioners of this work. Into whatever houses I enter I will go into them for the benefit of the sick and will abstain from every voluntary art of mischief and corruption; and further from the seduction of females or males, bond or free.

WHATEVER, in connection with my professional practice, or not in connection with it, I may see or hear in the lives of men which ought not to be spoken abroad, I will not divulge, as reckoning that all such should be kept secret.

WHILE I CONTINUE to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men at all times; but should I trespass and violate this oath, may the reverse be my lot.

DECLARATION OF GENEVA

Adopted by the General Assembly of the World Medical Association at Geneva, Switerland, September, 1948

AT THE TIME OF BEING ADMITTED AS MEMBER OF THE MEDICAL PROFESSION:

I SOLEMNLY PLEDGE myself to consecrate my life to the service of humanity.

I WILL GIVE to my teachers the respect and gratitude which is their due.

I WILL PRACTICE my profession with conscience and dignity.

THE HEALTH OF MY PATIENT will be my first consideration.

I WILL RESPECT the secrets which are confided in me.

I WILL MAINTAIN by all means in my power, the honor and the noble traditions of the medical profession.

MY COLLEAGUES will be my brothers.

I WILL NOT PERMIT considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.

I WILL MAINTAIN the utmost respect for human life, from the time of conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity.

I MAKE THESE PROMISES solemnly, freely, and upon my honor.

MEDICAL ETHICS

CURRENT OPINIONS OF THE JUDICIAL COUNCIL OF THE American Medical Association, 1984. This new edition, originally compiled in 1958 and revised annually, is intended as an adjunct to the revised Principles of Medical Ethics that were adopted at the AMA Annual Convention in 1980. The opinions are intended as guides to responsible professional behavior, but they are not presented as the sole or only route to medical morality. Behavior relating to medical etiquette, custom or usage is not included.

The following topics are included in the booklet:

- **Opinions on Social Policy Issues**
  - Abortion
  - Abuse of Children, Elderly Persons, and Others at Risk
  - Allocation of Health Resources
  - Artificial Insemination
  - Artificial Insemination by Donor
  - Capital Punishment
  - Clinical Investigation
  - Costs
  - Fetal Research Guidelines
  - Genetic Counseling
  - Genetic Engineering
  - In Vitro Fertilization
  - Organ Transplantation Guidelines
  - Quality of Life
  - Terminal Illness
  - Unnecessary Services
  - Worthless Services
- **Opinions on Confidentiality, Advertising and Communications Media Relations**
  - Advertising and Publicity
  - Advertising and HMOs
  - Communications Media: Press Relations
  - Communications Media: Standards of Professional Responsibility
  - Confidentiality
  - Confidentiality: Attorney-Physician Relation
  - Confidentiality: Computers
  - Confidentiality: Insurance Company Representative
- **Opinions on Practice Matters**
  - Appointment Charges
  - Clinics
  - Consultation
  - Contingent Physician Fees
  - Contractual Relationship
  - Drugs and Devices: Prescribing
  - Informed Consent
  - Laboratory Services
  - Lien Laws
  - Neglect of Patient
  - Patient Information
  - Substitution of Surgeon Without Patient's Knowledge or Consent
- **Opinions on Hospital Relations**
  - Admission Fee
  - Assessments, Compulsory
  - Billing for Housestaff Services
  - Health Facility Ownership by Physician
  - Organized Medical Staff
  - Physician-Hospital Contractual Relations
  - Staff Privileges
- **Opinions on Physician Records**
  - Records of Physicians: Availability of Information to Other Physicians
  - Records of Physicians: Information and Patients
  - Records of Physicians on Retirement
  - Sale of a Medical Practice
- **Opinions on Professional Rights and Responsibilities**
  - Accreditation
  - Agreements Restricting the Practice of Medicine
  - Civil Rights and Professional Responsibility
  - Discipline and Medicine
  - Due Process
  - Free Choice
  - Patent for Surgical or Diagnostic Instrument
  - Peer Review
- **Opinions on Interprofessional Relations**
  - Nonscientific Practitioners
  - Nurses
  - Optometry
  - Referral of Patients
  - Specialists
  - Sports Medicine
  - Teaching
- **Opinions on Fees and Charges**
  - Fees for Medical Services
  - Fees: Group Practice
  - Fee Splitting
  - Fee Splitting: Clinic or Laboratory Referrals
  - Fee Splitting: Drug Prescription Rebates
  - Insurance Form Completion Charge
  - Interest Charges and Finance Charges
  - Laboratory Bill
  - Surgical Assistant's Fee
  - Competition

The State Medical Society of Wisconsin Board of Directors has adopted the AMA Principles of Medical Ethics as the ethical guidelines of the Society. The Society may refer to the Judicial Council Opinions for further guidance.

Copies of the *Opinions* are available by direct order to: Current Opinions (OP-122), American Medical Association, PO Box 10946, Chicago, IL 60610 (the distribution location of AMA publications).

The price is $6.00 each for 1-9 copies; $5.40 each for 10-49 copies; and $4.80 each for 50 copies or more. Prices include charges for handling and shipping. Residents of Illinois and New York, please add appropriate state sales tax to total. ■

BOARD DISTRICTS AND DIRECTORS: 1986–1987

District **Director**

1—Glenn H Franke, MD, Milwaukee
Lucille B Glicklich, MD, Milwaukee
Wayne H Konetzki, MD, Waukesha
Jerome W Fons Jr, MD, Cudahy
Richard D Fritz, MD, Milwaukee
William J Listwan, MD, West Bend
Thomas A Hofbauer, MD, Menomonee Falls
William L Treacy, MD, Milwaukee
Huron L Ericson, MD, Racine
H Myron Kauffman, MD, Elm Grove
Roger E Laubenheimer, MD, Milwaukee
Thomas A Reminga, MD, Milwaukee

2—J D Kabler, MD, Madison
James J Tydrich, MD, Richland Center
Alwin E Schultz, MD, Madison
Kenneth I Gold, MD, Beloit
Cyril M Hetsko, MD, Madison
John D Wegenke, MD, Madison

3—Pauline M Jackson, MD, La Crosse

4—William E Raduege, MD, Woodruff
Jung K Park, MD, Wisconsin Rapids
Richard H Ulmer, MD, Marshfield

5—Darold A Treffert, MD, Fond du Lac
James L Basiliere, MD, Oshkosh
C William Freeby, MD, Appleton

6—Roger L von Heimburg, MD, Green Bay
Joseph C DiRaimondo, MD, Manitowoc
John E Kraus, MD, Marinette

7—Marwood E Wegner, MD, St Croix Falls
Philip J Happe, MD, Eau Claire

8—Joseph M Jauquet, MD, Ashland

AMERICAN MEDICAL ASSOCIATION—PRINCIPLES OF MEDICAL ETHICS

PREAMBLE: The Medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

I. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.

II. A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.

III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

IV. A physician shall respect the rights of patients, of colleagues and of other health professionals, and shall safeguard patient confidences, within the constraints of the law.

V. A physician shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues and the public, obtain consultation, and use the talents of other health professionals when indicated.

VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.

VII. A physician shall recognize a responsibility to participate in activities contributing to an improved community.

OFFICERS AND DIRECTORS: 1986–1987

Officers of the Society

President (1986–1987)
John P Mullooly, MD, 8430 W Capitol Dr, Milwaukee 53222

President-elect (1986–1987)
Kenneth M Viste Jr, MD, 100 Stoney Beach Rd, Oshkosh 54901

Secretary/General Manager (1986–1987)
Earl R Thayer, 330 E Lakeside St, PO Box 1109, Madison 53701

Treasurer (1986–1987)
John J Foley, MD, PO Box 427, Menomonee Falls 53501

Board of Directors

Chairman: *Darold A Treffert, MD*
Vice Chairman: *Roger L von Heimburg, MD*

Directors (by districts*)

FIRST: Kenosha, Milwaukee, Ozaukee, Racine; Walworth, Washington, Waukesha Counties

Glenn H Franke, MD (1985–1988): 324 E Wisconsin Ave, Milwaukee 53202
Jerome W Fons Jr, MD (1985–1988): 3533 E Ramsey Ave, Cudahy 53110
H Myron Kauffman, MD (1986–1989): 14405 Juneau Blvd, Elm Grove 53122
Roger E Laubenheimer, MD (1986–1989): 324 E Wisconsin Ave, #935, Milwaukee 53202
Thomas A Reminga, MD (1986–1989): 2025 E Newport Ave, Milwaukee 53211
Thomas A Hofbauer, MD (1984–1987): PO Box 427, Menomonee Falls 53051
Wayne H Konetzki, MD (1984–1987): 403 N Grand Ave, Waukesha 53186
Lucille B Glicklich, MD (1985–1987): 3431 N Lake Dr, Milwaukee 53211
Richard D Fritz, MD (1984–1987): 788 N Jefferson St, Milwaukee 53202
William J Listwan, MD (1984–1987): 279 S 17th Ave, West Bend 53095
Huron L Ericson, MD (1986–1987): 2405 Northwestern Ave, Racine 53404
William L Treacy, MD (1984–1987): 10125 W North Ave, Milwaukee 53226

SECOND: Adams, Columbia, Dane, Dodge, Grant, Green, Iowa, Jefferson, Lafayette, Marquette, Richland, Rock, Sauk Counties

J D Kabler, MD (1985–1988): 1522 University Ave, Madison 53706
Cyril M Hetsko, MD (1985–1988): 1313 Fish Hatchery Rd, Madison 53715
James J Tydrich, MD (1985–1988): 1313 W Seminary St, Richland Center 53581
Alwin E Schultz, MD (1984–1987): 222 N Midvale Blvd, Madison 53705
Kenneth I Gold, MD (1985–1988): 1905 Huebbe Parkway, Beloit 53511
John D Wegenke, MD (1986–1989): 345 W Washington Ave, Madison 53703

THIRD: Buffalo, Crawford, Jackson, Juneau, La Crosse, Monroe, Trempealeau, Vernon Counties

Pauline M Jackson, MD (1986–1989): 1836 South Ave, La Crosse 54601

FOURTH: Clark, Florence, Forest, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Taylor, Vilas, Wood Counties

William E Raduege, MD (1986–1989): PO Box 549, Woodruff 54568
Jung K Park, MD (1985–1988): 410 Dewey St, Wisconsin Rapids 54494
Richard H Ulmer, MD (1986–1989): 1000 North Oak Ave, Marshfield 54449

FIFTH: Calumet, Fond du Lac, Green Lake, Outagamie, Waupaca, Waushara, Winnebago Counties

Darold A Treffert, MD (1985–1988): 459 E First St, Fond du lac 54935
James L Basiliere, MD (1986–1989): 414 Doctors Court, Oshkosh 54901
C William Freeby, MD (1984–1987): 1818 N Meade St, Appleton 54911

SIXTH: Brown, Door, Kewaunee, Manitowoc, Marinette, Menominee, Oconto, Shawano, Sheboygan Counties

Roger L von Heimberg, MD (1986–1989): 900 S Webster, Green Bay 54301
Joseph C DiRaimondo, MD (1985–1988): 501 N 10th St, Manitowoc 54220
John E Kraus, MD (1986–1989): 1510 Main St, Marinette 54143

SEVENTH: Barron, Chippewa, Dunn, Eau Claire, Pepin, Pierce, Polk, Rusk, St Croix, Burnett, Washburn Counties

Marwood E Wegner, MD (1986–1989): 208 Adams St S, St Croix Falls 54024
Philip J Happe, MD (1985–1988): 733 W Clairemont Ave, Eau Claire 54701

EIGHTH: Ashland, Bayfield, Douglas, Iron, Sawyer Counties

Joseph M Jauquet, MD (1984–1987): 200 7th Ave West, Ashland 54806

• • •

PRESIDENT: *John P Mullooly, MD* (1986–1987), 8430 W Capitol Dr, Milwaukee 53222
PRESIDENT-ELECT: *Kenneth M Viste Jr, MD* (1986–1987), 631 Hazel St, Oshkosh 54901
PAST PRESIDENT: *John K Scott, MD* (1986–1987), 20 South Park St, #350, Madison 53715
SPEAKER: *Duane W Taebel, MD* (1985–1987), 1836 South Ave, La Crosse 54601
VICE SPEAKER: *Vernon M Griffin, MD* (1986–1988), 767 Elm St, Mauston 53948

Ex officio, without vote
Secretary *Thayer,* Treasurer *Foley*
John Keggi, Medical Student, UW-Madison
Joseph Zastrow, Medical Student, MCW-Milwaukee

Delegates to the American Medical Association

DeLore Williams, MD (1986/1987–1988), 8501 W Lincoln Ave, West Allis 53227
Patricia J Stuff, MD (1986/1987–1988), PO Box 366, Bonduel 54107
John K Scott, MD (1986/1987–1988), 20 South Park St, #350, Madison 53715
Henry F Twelmeyer, MD (1985/1986–1987), 1174 Pilgrim Parkway, Elm Grove 53122
Richard W Edwards, MD (1985/1986–1987), 1313 W Seminary St, Richland Center 53581
Cornelius A Natoli, MD (1985/1986–1987), 2760 Hagen Rd, La Crosse 54601

Alternate Delegates to the AMA

John D Riesch, MD (1986/1987–1988), PO Box 427, Menomonee Falls 53051
Cyril M Hetsko, MD (1986/1987–1988), 1313 Fish Hatchery Rd, Madison 53715
John P Mullooly, MD (1986/1987–1988), 8430 W Capitol Dr, Milwaukee 53222
J D Kabler, MD (1985/1986–1987), 1551 University Ave, Madison 53706
Kenneth M Viste Jr, MD (1985/1986–1987), 100 Stoney Beach Rd, Oshkosh 54901
Richard H Ulmer, MD (1985/1986–1987), 1000 N Oak Ave, Marshfield 54449■

*Map indicating location of districts appears on opposite page.

NOTE: Officers, directors, delegates, alternate delegates, and members of commissions and committees are elected at the Annual Meeting (April 1986). Dates in parentheses indicate beginning and expiration of term of office. AMA delegates and alternate delegates' terms of office are on a calendar basis, although elected at the Annual Meeting.

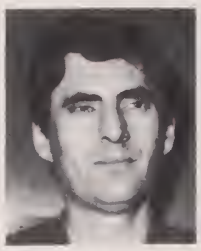
Officers and Directors: 1986–1987

State Medical Society of Wisconsin

J P Mullooly MD
President

K M Viste Jr MD
President-elect

E R Thayer
Secretary

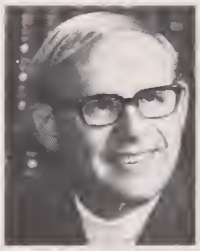


J J Foley MD
Treasurer

J K Scott MD
Past President

D W Taebel MD
Speaker

V M Griffin MD
Vice Speaker



D A Treffert MD
Board Chairman
Director, Dist 5

R L von Heimburg MD
Board V-Chairman
Director, Dist 6

L B Glicklich MD
Director, Dist 1

J W Fons Jr MD
Director, Dist 1

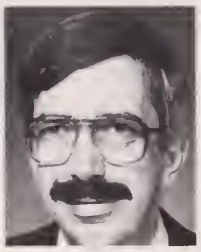
T A Hofbauer MD
Director, Dist 1

W H Konetzki MD
Director, Dist 1

W L Treacy MD
Director, Dist 1

G H Franke MD
Director, Dist 1

R D Fritz MD
Director, Dist 1



W J Listwan MD
Director Dist 1

H L Ericson MD
Director, Dist 1

H M Kauffman MD
Director, Dist 1

R E Laubenheimer MD
Director, Dist 1

T A Reminga MD
Director, Dist 1

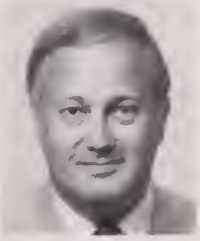
K I Gold MD
Director, Dist 2

C M Hetsko MD
Director, Dist 2

J D Kabler MD
Director, Dist 2

J J Tydrich MD
Director, Dist 2

A E Schultz MD
Director, Dist 2



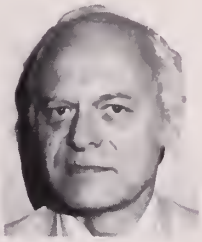
J D Wegenke MD
Director, Dist 2

P M Jackson MD
Director, Dist 3

J K Park MD
Director, Dist 4

W E Raduege MD
Director, Dist 4

R H Ulmer, MD
Director, Dist 4



C W Freeby MD
Director, Dist 5

J L Basiliere MD
Director, Dist 5

J C DiRaimondo MD
Director, Dist 6

J E Kraus MD
Director, Dist 6

P J Happe MD
Director, Dist 7

M E Wegner MD
Director, Dist 7

J M Jauquet MD
Director, Dist 8

BOARD OF DIRECTORS COMMITTEES: 1986–1987

Executive Committee of the Board

John P Mullooly, MD, Milwaukee—*Chairman*
President of the Society
Kenneth M Viste Jr, MD, Oshkosh
President-elect of the Society
John K Scott, MD, Madison
Immediate Past President of the Society
Darold A Treffert, MD, Fond du Lac
Chairman of the Board
Roger L von Heimburg, MD, Green Bay
Vice Chairman of the Board
Duane W Taebel, MD, La Crosse
Speaker of the House of Delegates
Cyril M Hetsko, MD, Madison
Chairman, Finance Committee
Richard D Fritz, MD, Milwaukee
Director-at-large
Ex Officio nonvoting members
President and President-elect of SMS Auxiliary

Finance Committee of the Board

Cyril M Hetsko, MD, Madison, 1988
Chairman
Jung K Park, MD, Wisconsin Rapids, 1988
Philip J Happe, MD, Eau Claire, 1988
Jerome W Fons Jr, MD, Cudahy, 1988
Richard D Fritz, MD, Milwaukee, 1987
Joseph M Jauquet, MD, Ashland, 1987
James J Tydrich, MD, Richland Center, 1988
John J Foley, MD, Menomonee Falls
Treasurer, ex officio ■

SMS AUXILIARY: 1986–1987

ELECTED OFFICERS

President: Mrs Charles Dungar, 410 West Prospect Avenue, Appleton 54911
President-Elect: Mrs Kermit Newcomer, 2222 Wedgewood Drive, La Crosse 54601
Vice President: Mrs Robert Phillips, 1410 North Broadway, Marshfield 54449
Secretary: Mrs William Westley, 8650 West Midland, Greendale 53129
Treasurer: Mrs W E Rosenkranz, W254 S3896 Oakdale Drive, Waukesha 53186
Immediate Past President: Mrs Daniel W Shea, 711 North Webster Avenue, De Pere 54115

DIRECTORS

Gateway: Mrs Paul Liss, 1316 North Wood, Marshfield 54449
Kettle Moraine: Mrs William Davies, 205 Windsor Drive, Waukesha 53186
Lakeshore: Mrs James Kuplic, 161 Valley Road, Sheboygan Falls 53085
North Woods: Mrs Charles Longstreth, Route 1, Box 163J, Maple Ridge Road, Ashland 54806
Rib Mountain: Mrs Thomas Starkey, 1803 Stark Street, Wausau 54401
Bay: Mrs Herbert Sandmire, 201 St Mary's Boulevard, Green Bay 54301
Bluff: Mrs Steven Immerman, 413 Third Avenue, Eau Claire 54701
Capital: Mrs William Funcke, Route 1, Heritage Hill Road, Beaver Dam 53916
Fox Valley: Mrs David Lawrence, PO Box 1514, Fond du Lac 54935
River: Mrs Stephen Webster, 2250 Wedgewood Drive, East, La Crosse 54601

APPOINTED OFFICERS

Historian: Mrs George Behnke, 1406 Riverview Lane, Appleton 54915
Parliamentarian: Mrs Robert E Johnston, 3825 Waubenoor Drive, Green Bay 54301

EXECUTIVE SECRETARY

Mrs La Verne Bartel, 330 East Lakeside Street, Madison 53713 ■

SMS Services, Inc: 1986

BOARD OF DIRECTORS

William P Crowley Jr MD, Madison, 1986, *President*
John P Mullooly MD, Milwaukee, 1987, *Vice President*
Richard W Edwards MD, Richland Center, 1988, *Treasurer*
Earl R Thayer, Madison, 1987, *Secretary*
Timothy T Flaherty MD, Neenah, 1988
William A Nielsen MD, West Bend, 1988
Jerome W Fons Jr MD, Cudahy, 1986
Allen O Tuftee MD, Beloit, 1986
John J Foley MD, Menomonee Falls, 1987

SPECIAL OFFICERS

H B Maroney II, Madison, *Assistant Secretary*
LeRoy A Johnson, Madison, *Executive Vice President* ■

CHARITABLE, EDUCATIONAL AND SCIENTIFIC FOUNDATION: 1985–1986

(See listing elsewhere in this issue.) ■

PAST PRESIDENTS OF THE STATE MEDICAL SOCIETY OF WISCONSIN: 1961–1986

This is a partial listing. The complete listing from 1841 to 1972 appeared in the January 1973 issue.

Leif H Lokvam, MD, Kenosha 1961–1962
Nels A Hill, MD, Madison 1962–1963
†William J Egan, MD, Milwaukee 1963–1964
William P Curran, MD, Antigo 1964–1965
†John H Houghton, MD, Wisconsin Dells 1965–1966
†Frank E Drew, MD, Milwaukee 1966–1977
Harold J Kief, MD, Fond du Lac 1967–1968
†William D James, MD, Oconomowoc 1968–1969
Robert E Callan, MD, Milwaukee 1969–1970
†Jerry W McRoberts, MD, Sheboygan 1970–1971
George A Behnke, MD, Kaukauna 1971–1972
Robert F Purtell, MD, Milwaukee 1972–1973
†Deceased

Gerald J Derus, MD, Madison 1973–1974
John E Dettmann, MD, Green Bay 1974–1975
Howard L Correll, MD, Arena 1975–1976
Charles J Picard, MD, Superior 1976–1977
Roy B Larsen, MD, Wausau 1977–1978
Jules D Levin, MD, Milwaukee 1978–1979
Darold A Treffert, MD, Fond du Lac 1979–1980
Russell F Lewis, MD, Marshfield 1980–1981
Albert J Motzel Jr, MD, Waukesha 1981–1982
Gerald C Kempthorne, MD, Spring Green 1982–1983
Chesley P Erwin, MD, Milwaukee 1983–1984
Timothy T Flaherty, MD, Neenah 1984–1985
John K Scott, MD, Madison ..... 1985–1986 ■

COMMISSIONS AND COMMITTEES: 1986–1987

STATE MEDICAL SOCIETY OF WISCONSIN
330 East Lakeside St (PO Box 1109), Madison, Wisconsin 53701
Telephone: 608/257-6781 (toll-free in Wisconsin 1-800-362-9080)

COMMISSIONS

Continuing Medical Education

This commission shall consist of up to 20 appointed members and the deans of the two medical schools in Wisconsin, or their designees, with vote. It shall be responsible for all matters relating to the whole continuum of medical education, i.e., medical school and residency training as well as lifetime medical learning (continuing medical education). In addition, it shall be responsible for liaison with the medical schools in Wisconsin, their students, residents, fellows and departments of continuing medical education; liaison with specialty societies in the achievement of these goals; liaison with the Commission on Mediation and Peer Review and the Ad Hoc Committee on Health Planning for purposes of implementing continuing medical education programs related to responsibilities and activities of these two groups; and the scientific program of the Annual Meeting. It shall be responsible for accreditation of continuing medical education in hospitals and other institutions or organizations within the state, but shall not be responsible for accreditation of continued medical education within the state's medical schools.

Charles L Junkerman, MD, Milwaukee, 1987
Charles E Holmburg, MD, Waukesha, 1987
Benson L Richardson, MD, Green Bay, 1987
Kay A Heggestad, MD, Madison, 1987
Edward Zupanc, MD, Monroe, 1987
C William Freeby, MD, Appleton, 1988
Bradley G Garber, MD, Osseo, 1988
Kenneth I Gold, MD, Beloit, 1988, V-Chrmn
Edwin L Overholt, MD, La Crosse, 1988, Chairman
Thomas P Simerson, MD, Merrill, 1988
Bernard B Poeschel, MD, Eau Claire, 1988
J David Lewis, MD, West Bend, 1989
Joseph J Mazza, MD, Marshfield, 1989
Kathy P Belgea, MD, Wausau, 1989
Victor S Ejercito, MD, Marshfield, 1989
Lori Lynn Neumann, MD, Darlington, 1989
William M Toyama, MD, Marshfield, 1989
Susan E Waraczynski, MD, Green Bay, 1989
Joseph F Zastrow, Medical Student, MCW, West Allis

Medical School Deans' designees:
Thomas C Meyer, MD, UW-Madison
Willard Duff, PhD, Medical College of Wisconsin

Subcommittee on Accreditation

Bradley G Garber, MD, Osseo, Chairman
William Card, MD, Madison
John A Palese, MD, Milwaukee
Melvin F Huth, MD, Baraboo
Warren J Holtey, MD, Marshfield
Joseph J Mazza, MD, Marshfield
Jerold J Beerends, MD, West Bend
Eugene Musser, MD, Madison
Arnold Effron, MD, Oconomowoc
Philip H Utz, MD, La Crosse
Richard D Lindgren, MD, Madison
Fevzi Pamukcu, MD, Kenosha
Edward F Banaszak, MD, Milwaukee

Expiration of term at Annual Meeting of the year designated appears following member's name. Chairmen and vice chairmen of commissions and committees are elected at the first meeting following the Annual Meeting; therefore, most of the chairmen and vice chairmen listed here are subject to change. The BLUE BOOK is prepared prior to most of these elections; therefore, some commissions and committees will not include these designations.

Mediation and Peer Review

This commission shall receive, investigate, and seek to resolve differences between physicians and patients or other complainants, or between physicians, on matters relating to quality of care, professional ethics, and fees. When necessary, it shall initiate disciplinary or other action as appropriate. It shall serve as the Society's advisory body to private or governmental organizations on matters affecting medical peer review including utilization review, appropriateness of care, fees, and quality assurance. It shall advise and consult with component societies on issues of peer review, mediation, ethics, and discipline in concert with members of the Board of Directors. It shall serve as the initial appellate body for peer review and mediation issues that are appealed from local committees of component societies. It shall coordinate the impaired physician program.

Sharon L Elias, MD, Milwaukee, 1987
Joseph B Grace, MD, Green Bay, 1987
James M Huffer, MD, Madison, 1987
Thomas F Jennings, MD, West Allis, 1987
John B McAndrew, MD, Oshkosh, 1987
Robert E Phillips, MD, Marshfield, 1987
William E Radnege, MD, Woodruff, 1987
Richard C Zimmerman, MD, Waukesha, 1987
C Robert Kaftan, MD, Green Bay, 1987
Albert H Adams, MD, Milwaukee, 1988
Domenick S Bruno, MD, Milwaukee, 1988
Ronald J Darling, MD, Waukesha, 1988
John A DeGiovanni, MD, Prairie du Sac, 1988
Richard W Edwards, MD, Richland Center, 1988
Charles S Geiger Jr, MD, West Bend, 1988, Chairman
Michael R McCormick, MD, Waukesha, 1988
Dorothy V Skye, MD, Rhinelander, 1988
William V Dovenbarger, MD, Marshfield, 1988
John Wm Faber, MD, Neenah, 1989
James E Gutenberger, MD, Madison, 1989
David R LeCloux, MD, Racine, 1989
Leonard R Worden, MD, Marinette, 1989
Michael E Nesemann, MD, La Crosse, 1989
Robert T Cooney, MD, Portage, 1989
Melvin F Huth, MD, Baraboo, 1989
Lyle L Olson, MD, Darlington, 1989

Coordinating Council on Physician Impairment

Gerald C Kempthorne, MD, Spring Green
Roland E Herrington, MD, Milwaukee
Arthur G Norris, MD, Milwaukee (State Medical Society)
Ms Gwen Jackson, Milwaukee
Joseph L Ousley, MD, Marshfield
Patricia R Raftery, DO, Sparta (Medical Examining Board)

Managing Committee, Statewide Impaired Physician Program

Roland E Herrington, MD, Milwaukee
Gerald C Kempthorne, MD, Spring Green
Fred H Koenecke Jr, MD, Madison
Arthur G Norris, MD, Milwaukee
William P McDaniel, MD, Milwaukee
Michael M Miller, MD, Eau Claire

Medicaid Medical Audit Committee

R Marshall Colburn, MD, Oregon
John A DeGiovanni, MD, Prairie du Sac
Richard W Edwards, MD, Richland Center
Charles S Geiger Jr, MD, West Bend
Leo R Grinney, MD, Racine
John P Hartwick, MD, Milwaukee
Gerald C Kempthorne, MD, Spring Green
John J Kief, MD, Rhinelander
D Mark Lochner, MD, Waupaca
Virgil L Sharp, DO, Waterloo
G John Weir Jr, MD, Marshfield
David E Westgard, MD, La Crosse
Alfred D Dally, MD, Madison

Physicians Alliance

This commission shall plan, organize, and implement programs to protect and preserve the legislative, socioeconomic, and political interests of the members of the State Medical Society of Wisconsin. The commission shall analyze state and federal legislation and administrative rules and policies, and recommend to the Board of Directors specific actions and positions designed to carry out this responsibility. The commission shall also inform the membership of the Society regarding proposed legislation and other public policy initiatives, seek the enactment of legislation for the best interests of the public, scientific medicine, and the medical profession, and promote and encourage Society members to be politically active individually and collectively. This commission shall act to protect the socioeconomic interests of the Society membership in public and private health care delivery systems and recommend to the Board of Directors specific strategies and efforts to achieve this purpose. This commission shall consist of members appointed by the Board of Directors in a number deemed sufficient to execute the responsibilities delegated to the commission. Membership on the commission shall also include a representative from each of the specialty sections of the Society, subject to approval by the Board of Directors. These representatives shall be appointed by the sections annually, and shall have the right to vote on all matters before the commission. The President, President-elect, Immediate Past President, and Chairman of the Board of the Society shall serve as ex-officio members of the commission with vote.

Joseph C DiRaimondo, MD, Manitowoc, 1987
Vernon Dodson, MD, Madison, 1987
Gerald A Gehl, MD, Neenah, 1987
Ronald L Harms, MD, Shawano, 1987
C Robert Jackson, MD, Madison, 1987
Dennis J Kontra, MD, Racine, 1987
DeLore Williams, MD, West Allis, 1987
H Myron Kauffman, MD, Wauwatosa, 1987
John C Oujiri, MD, Ashland, 1988
Peter J Parthum, MD, MPH, Muskego, 1988
Michael C Reineck, MD, West Bend, 1988
John O Simenstad, MD, Osceola, 1988
Charles L Steidinger, MD, Platteville, 1988
Joseph L Teresi, MD, Brookfield, 1988
John E Thompson, MD, Nekoosa, 1988
Robert F Purtell Jr, MD, Milwaukee, Chairman, 1989
Charles E Pechous, MD, Kenosha, V-Chrmn, 1989
W Gregory Von Roenn, MD, Milwaukee, 1989
Carl S Eisenberg, MD, Milwaukee, 1989
Raymond C Zastrow, MD, Milwaukee, 1989
Jack M Lockhart, MD, La Crosse, 1989
Michael P Mehr, MD, Marshfield, 1989
Christina C Keppel, MD, Milwaukee, 1989
James P Ketterhagen, MD, Wauwatosa, 1989
Bernard F Micke, MD, Madison, 1989

continued next page

Paul Grege, Medical Student, MCW, Milwaukee
Mark A Weiner, Medical Student, UW, Madison

Ex Officio Voting Members:

President: *John P Mullooly, MD,* Milwaukee
President-elect: *Kenneth M Viste Jr, MD,* Oshkosh
Immediate Past President: *John K Scott, MD,* Madison
Chairman of the Board: *Darold A Treffert, MD,* Fond du Lac

Section Representatives:

Allergy Section: *Robert J Kriz, MD,* Madison
Anesthesiology Section: *John F Kreul, MD,* Madison
Dermatology Section: *Carla A Skibba, MD,* Hales Corners
Emergency Medicine Section: *Mark Olsky, MD,* Madison
Family Physicians Section: *Terry L Hankey, MD,* Wausau
Internal Medicine Section: *Susan L Turney, MD,* Marshfield
Neurology Section: *Gamber F Tegtmeyer Jr, MD,* Madison
Neurosurgery Section: *S Marshall Cushman, MD,* Racine; *Mohammed Rafiullah, MD,* Racine
Ophthalmology Section: *M Thomas Chemotti, MD,* Cedarburg
Otolaryngology Section: *William W Finch, MD,* Madison
Pathology Section: *Harry J Zemel, MD,* Fond du Lac
Pediatrics Section: *Ferrin C Holmes, MD,* Sturgeon Bay
Physical Medicine & Rehabilitation Section: *Donna D Davidoff, MD,* Mequon
Preventive Medicine Section: *Constantine Panagis, MD,* Milwaukee
Radiology Section: *George F Roggensack, MD,* Madison

(Other Section Representatives to be appointed)

Public Information

This commission shall be concerned about the members of this Society and their image with the public. It shall plan and execute programs of effective public information and health education, assist component societies in the conduct of similar programs, develop effective media relations, and recruit and retain physician members of the Society and encourage their active participation in the affairs of the county and state societies and the American Medical Association.

Carl R Poley, MD, Green Bay, 1987
Arthur G Barbier, MD, La Crosse, 1987
Paul D Nelsen, MD, Ripon, 1987
William H Annesley Jr, MD, Milwaukee, 1988
Cindy L Barron, MD, Madison, 1988
Vinoo Cameron, MD, Medford, 1988
Jefferson F Ray III, MD, Marshfield, 1988
Irwin J Bruhn, MD, Walworth, 1989, Chairman
Alan H Cherkasky, MD, Kaukauna, 1989, V-Chrmn
Douglas G Devan, MD, Kenosha, 1989
Timothy T Flaherty, MD, Neenah, 1989
Larry Bertram, Medical Student, UW, Madison
Robert R Stumpf, Medical Student, MCW
Mrs David (Jean) Lawrence, Fond du Lac, Auxiliary

Wisconsin Medical Journal

The *Wisconsin Medical Journal* shall be the official journal of the Society. An editorial board consisting of the medical editor as chairman and six additional members shall be responsible for all scientific, editorial, and business affairs of the Journal. An editorial director, serving as chairman of a group of no less than five editorial associates, shall be responsible for regularly providing items of editorial opinion for publication in the editorial pages of the Journal.

Victor S Falk, MD, Edgerton, 1989
Chairman and Medical Editor
Richard D Sautter, MD, Marshfield, 1987
Associate Medical Editor
Charles H Raine, MD, Racine, 1987
M C F Lindert, MD, Milwaukee, 1987
George W Kindschi, MD, Monroe 1988
Andrew B Crummy Jr, MD, Madison, 1988
Dean M Connors, MD, Madison, 1989
Melvin F Huth, MD, Baraboo, 1989
Garrett A Cooper, MD, Madison, Emeritus

Editorial Associates

(appointed annually by Board of Directors)

Wayne J Boulanger, MD, Milwaukee
Chairman and Editorial Director
Victor S Falk, MD, Edgerton, Medical Editor
Richard D Sautter, MD, Marshfield
Associate Medical Editor
Russell F Lewis, MD, Marshfield
R Buckland Thomas, MD, Monroe
Thomas H Cogbill, MD, La Crosse

COMMITTEES

Aging, Extended Care Facilities, and Home Health Care

This committee shall be concerned about the process of aging and means to achieve the best possible health care for the aged, including nursing home care and home care.

Robert E Phillips, MD, Marshfield, 1987
Terrence N Hart, MD, Brookfield, 1987
Richard J Hendricks, MD, Madison, 1987
Wilbur E Rosenkranz, MD, Mukwonago, 1987
Edward R Winga, MD, La Crosse, 1987
Roland R Liebenow, MD, Lake Mills, 1988
Elston L Belknap Jr, MD, Madison, 1988
Edward L Perry, MD, La Crosse, 1988
William T Russell, MD, Sun Prairie, 1988
Curt Hancock, MD, Sheboygan, 1988
Paul E Hankwitz, MD, Milwaukee, 1988
Kay E Jewell, MD, Madison, 1989, Chairman
Ricardo M Rustia, MD, Kenosha, 1989
Nunilo L Bugarin, MD, Tomahawk, 1989
Sailendra N Basu, MD, Wausau, 1989
William C Nietert, MD, Mosinee, 1989
Mrs William C (Joan) Janssen, Mequon, Auxiliary

Alcoholism and Other Drug Abuse

This committee shall be concerned about prevention, treatment, and rehabilitation for persons affected by alcoholism and any other type of drug abuse.

Herbert White, DO, Genesee Depot, 1987
Nunilo L Bugarin, MD, Tomahawk, 1987
Fred H Koenecke, MD, Madison, 1987
Warren H Williamson, MD, Racine 1987
Daniel S Thearle, MD, Neenah, 1987
Roland E Herrington, MD, Milwaukee, 1988, Chairman
David L Nelson, MD, Stoughton, 1988
Charles Goodell, MD, Tomahawk, 1988
David Benzer, DO, Wauwatosa, 1988
Edward O Lukasek, MD, Sparta, 1988
Edward J Johnson, MD, Green Bay, 1988
Pauline M Jackson, MD, La Crosse, 1989
David R Downs, MD, Dodgeville, 1989
David D Darcy, MD, Marinette, 1989
Samuel R McCreadie, MD, Milwaukee, 1989
Mrs K Alan (Sherry) Stormo, Fond du Lac, Auxiliary

Child Abuse and Neglect (ad hoc)

This committee shall take the lead in educating physicians of the signs of abuse and neglect and their responsibility in diagnosing and reporting abuse and neglect. This committee reports to the Committee on Mental Health.

Richard G Roberts, MD, JD, Darlington, Chairman
Richard W Edwards, MD, Richland Center
Pauline M Jackson, MD, La Crosse
Martin B Fliegel, MD, Madison
June M Dobbs, MD, Milwaukee
Sandra L Osborn, MD, Madison
Victoria A Vollrath, MD, Madison
Fred Devett, MA, Wausau
Elaine Olson, Madison, Children's Trust Fund
Mary Dibble, Madison, Office of Children, Youth and Families
Mrs Curtis R (Margaret) Weatherhogg, Madison, Auxiliary
Mrs John K (Louise) Scott, Madison, Auxiliary

Environmental and Occupational Health

This committee shall be concerned with the health and safety of persons in relation to their environment, including matters relating to occupational and rural health.

John S Moore, MD, Milwaukee, 1987
Henry A Anderson III, MD, Madison, 1987
John J Beck, MD, Sturgeon Bay, 1987
Erwin S Huston, MD, Milwaukee, 1987
John T Schmitz, MD, Milwaukee, 1987
Raymond Johnson, MD, Milwaukee, 1987
Lawrence Smith, MD, Racine, 1987
Vernon N Dodson, MD, Madison, 1988, Chairman
Larry A Lindesmith, MD, La Crosse, 1988
Charles W Fishburn, MD, New Berlin, 1988
Susan M Wester, MD, La Crosse, 1988
Paul F Durkee, MD, Janesville, 1988
James T Paloucek, MD, Milwaukee, 1988
Charles A Capasso, MD, Neenah, 1988
Melvin S Blumenthal, MD, Monroe, 1989, V-Chrmn
Jacob Martens, MD, Wausau, 1989
Robert W Page, MD, Marshfield, 1989
Wendelin W Schaefer, MD, Sheboygan, 1989
Ruth R Schuh, MD, Watertown, 1989
Carl Zenz, MD, West Allis, 1989
William W Greaves, MD, Milwaukee, 1989
Kurt Hegmann, Medical Student, MCW, Milwaukee, 1989
Mrs W W (Jane) Schaefer, Sheboygan, Auxiliary

continued next page

Health Care Costs Liaison

This committee shall be concerned with promoting an ongoing dialogue with business, industry, and labor. As part of this dialogue special emphasis will be placed on issues relating to the rapidly escalating costs of health care.

Russell F Lewis, MD, Marshfield, 1987, Chairman
Gerald C Kempthorne, MD, Spring Green, 1987
William C Miller, MD, Wausau, 1987
Rosanna M Ranieri, MD, Kenosha, 1987
Albert J Motzel Jr, MD, Waukesha, 1988, V-Chrmn
Raymond R Johnson, MD, Milwaukee, 1988
Ann C Beecher, MD, Mequon, 1988
Richard H Christenson, MD, Milwaukee, 1988
Carleton B Davis Jr, MD, Monroe, 1988
James V Seegers, MD, Elkhorn, 1989
Stephen Hathway, MD, Green Bay, 1989
Jeremy R Green, MD, Green Bay, 1989
Warren H Williamson, MD, Racine, 1989

Health Care for Uninsured/Indigent in Wisconsin (ad hoc)

This committee shall study and prepare findings and recommendations concerning means of providing health care for the uninsured, underinsured, and indigent in Wisconsin. It was appointed by and reports to the Physicians Alliance Commission.

DeLore Williams, MD, West Allis, Chairman
Russell F Lewis, MD, Marshfield
Roland R Liebenow, MD, Lake Mills
Peter J Parthum, MD, MPH, Muskego
Charles E Pechons Jr, MD, Kenosha
John O Simenstad, MD, Osceola
Charles L Steidinger, MD, Platteville
John E Thompson, MD, Nekoosa
Richard Matthews, Baraboo, Medical Associates
James Lube, Janesville, Janesville Medical Clinic

Health Planning (ad hoc)

This ad hoc committee shall be concerned about planning for health care, including facilities and services and their organization to assure availability, access and quality of care; standards, guidelines and regulations affecting health care; distribution of medical services; relationships with allied health personnel; and matters pertaining to the Joint Commission on Accreditation of Hospitals.

This ad hoc committee also includes representatives of specialty sections/societies with voting rights when present, provided they are SMS members, such appointments subject to approval by the Board of Directors.

Fredric L Hildebrand, MD, Neenah, Chairman
Kermit L Newcomer, MD, La Crosse, V-Chrmn
Clarence R Hart, MD, Lake Geneva
Marvin G Parker, MD, Racine
Sigurd E Siverston, MD, Madison
Vernette M Carlson, MD, Waukesha
James G Caya, MD, Burlington
Peter L Eichman, MD, Madison
Jan E Erlandson, MD, Monroe
D Joseph Freeman, MD, Wausau
Guenther P Pohlmann, MD, Milwaukee
Lee M Tyne, MD, Brookfield
Ann Bardeen, MD, Oconomowoc
Joseph B Durst, MD, La Crosse
Bradley J Sullivan, MD, Marshfield
Philip J Dougherty, MD, Menomonee Falls
Thomas F Garland, MD, Milwaukee
Michael E Tieman, MD, Berlin

SPECIALTY REPRESENTATIVES

Society

Allergy: ***J Brent Kooistra, MD,*** Madison
Internal Medicine: ***Kenneth R Kubsch, MD,*** Green Bay
Neurological: ***Gamber F Tegtmeyer, MD,*** Madison
Obstetrics and Gynecology: ***Norman J Schroeder, MD,*** Beaver Dam
Pathology: ***Edward A Burg Jr, MD,*** Milwaukee
Pediatrics (Wisconsin Chapter): ***Gary R Gutcher, MD,*** Madison
Physical Medicine and Rehabilitation: ***Albert M Cohen, MD,*** Milwaukee
Radiological: ***Robert E Durnin, MD,*** Madison
Surgeons (Wisconsin Chapter): ***John T Mendenhall, MD,*** Madison
Surgical: ***P Richard Sholl, MD,*** Janesville
Clinic Managers: ***Joseph Jepsen,*** Eau Claire

SMS Section

Dermatology: ***Hal Ridgway, MD,*** Madison
Emergency Medicine: ***Thomas A Reminga, MD,*** Milwaukee
Ophthalmology: ***James C Allen, MD,*** Madison
Otolaryngology: ***Timothy J Donovan, MD,*** Madison
Pathology: ***Charles P Nichols, MD,*** La Crosse
Physical Medicine and Rehabilitation: ***John L Melvin, MD,*** Milwaukee

Maternal and Child Health

This committee shall be concerned about all aspects of health in pregnancy, childbirth and children, with special emphasis on the reduction of maternal mortality and the prevention of disease or disability in children.

Gloria M Halverson, MD, Waukesha, 1987
Daniel F Johnson, MD, Eau Claire, 1987
Sharon L Maby, MD, Marshfield, 1987
Walter R Schwartz, MD, Wauwatosa, 1987
Robert J Jaeger, MD, Stevens Point, 1987
Stephen C Ragatz, MD, Milwaukee, 1988
Charles Hammond, MD, Neenah, 1988
Perry A Henderson, MD, Madison, 1988
John D Swanson, MD, Neenah, 1988
Gary R Gutcher, MD, Madison, 1989, Chairman
Joanne Selkurt, MD, Whitehall, 1989, V-Chrmn
John E Inman, MD, Monroe, 1989
Laura Mueller, MD, Racine, 1989
Stephen C Caselton, MD, Marinette, 1989
Shellie A Trentlage, Medical Student, MCW, Milwaukee
Mrs Robert (Roberta) Baldwin, Watertown, Auxiliary

Study Committee on Maternal Mortality Survey

Gloria M Halverson, MD, Waukesha, Chairman
Perry A Henderson, MD, Madison
Frederick J Hofmeister, MD, Wauwatosa
Stanley A Korducki, MD, Milwaukee
Ronald W Olson, MD, Madison
Herbert F Sandmire, MD, Green Bay
Albert H Stahmer, MD, Wausau
Everett A Beguin, MD, La Crosse
John E Inman, MD, Monroe
Dan F Johnson, MD, Eau Claire
Richard F Mattingly, MD, Milwaukee
Bernard Poeschel, MD, Eau Claire
E Howard Theis, MD, Fond du Lac
Richard C Brown, MD (Emeritus), Eau Claire
Thomas A Leonard, MD (Emeritus), Middleton

Medicine and Religion

This committee shall be concerned about the medical-spiritual values of health care and the development of closer relationships between physicians and clergy to permit discussion of common problems in the total treatment and care of patients.

Frank J Cerny, MD, Fond du Lac, 1987
William O Myers, MD, Marshfield, 1987
Milo G Durst, MD, Milwaukee, 1987
John C Jordan, MD, Richland Center, 1987
Gilbert J Nock Jr, MD, Milwaukee, 1987
John O Simenstad, MD, Osceola, 1988, Chairman
John P Mullooly, MD, Milwaukee, 1988, V-Chrmn
James V Seegers, MD, Elkhorn, 1988
John B Weeth, MD, La Crosse, 1988
Maureen Murphy, SSM, MD, Wisconsin Dells, 1988
John W Faber, MD, Neenah, 1989
E Basil Jackson, MD, Milwaukee, 1989
G Daniel Miller, MD, Oconomowoc, 1989
John K Scott, MD, Madison, 1989
Maxwell H S Weingarten, MD, Milwaukee, 1989
Carl R Poley, MD, Green Bay, 1989
Gregory S Blaschke, Medical Student, MCW, Wauwatosa
Mrs Glenn M (Lila) Seager, Stoddard, Auxiliary

Membership (ad hoc)

This committee shall function as a sounding board for programs, plans, strategies to address expansion of SMS membership, as well as to evaluate membership campaigns and existing SMS programs. It reports to the Board of Directors.

Timothy T Flaherty, MD, Neenah, Chairman
Richard D Fritz, MD, Milwaukee
Allen O Tuftee, MD, Beloit

Mental Health

This committee shall be concerned with all aspects of mental health as an equal part of the patient's total well-being.

Beth Walter Jones, MD, Reedsburg, 1987
Robert D Miller, MD, Madison, 1987
Frederick Fosdal, MD, Madison, 1987
Robert B Shapiro, MD, Madison, 1987
Clarence E Moore, MD, Fond du Lac, 1987
Pauline M Jackson, MD, La Crosse, 1988, Chairman
William W Garitano, MD, Marshfield, 1988
Donald L Feinsilver, MD, Milwaukee, 1988
Bruce C Rhoades, MD, Wausau, 1988
Wess R Vogt, MD, Milwaukee, 1988
Margaret J Seay, MD, Oshkosh, 1989
Barry Blackwell, MD, Milwaukee, 1989
Peter L Eichman, MD, Madison, 1989
Rudolf W Link, MD, Madison, 1989
Kevin Kallas, Medical Student, MCW, Milwaukee
Mrs C A (Marla) Natoli, La Crosse, Auxiliary

continued next page

Nurse Physician Liaison

In 1986 the Joint Practice and SMS/Wisconsin Nurses Association Committee was merged with the Physician-Nurse Liaison Committee with the new title of Nurse Physician Liaison Committee.

This committee shall be concerned with developing recommendations, as appropriate, regarding education, legislation, practice arrangements and delivery patterns; shall facilitate understanding and acceptance by the professions and the public of changing medical and nursing relationships, roles and practices; shall serve as a consultation resource in matters that relate to joint practice.

Ilse Hecht, RN, Madison, 1987
Judy Ellington, RN, Baraboo, 1987
Carl S Eisenberg, MD, Milwaukee, 1987
Norma Lang, RN, Milwaukee, 1987
Robert T Cooney, MD, Portage, 1988
Leona Vandevusse, RN, Milwaukee, 1988
Albert J Motzel Jr, MD, Waukesha, 1988
Michael P Mehr, MD, Marshfield, 1988
Marc F Hansen, MD, Madison, 1989
Rosellen Crow, RN, Middleton, 1989
Philip H Utz, MD, La Crosse, 1989

Public Health Consequences of Nuclear Armaments (ad hoc)

This committee shall educate physicians as to health implications of nuclear armaments. This ad hoc committee reports to the Committee on Environmental and Occupational Health.

Susan M Wester, MD, La Crosse, Chairman
Marc F Hansen, MD, Madison
Ben R Lawton, MD, Marshfield
Melvin S Blumenthal, MD, Monroe
Allen F Meyer, MD, Eau Claire
William A Morgan, MD, La Crosse
Jeffrey J Patterson, DO, Madison
Mrs Arthur (Laeh) Grant, Racine, Auxiliary
Mrs Richard (Marge) Brown, Racine, Auxiliary

Safe Transportation

This committee shall be concerned about the health and safety of all who may be affected by the use of vehicles of transportation on land, water, or in the air.

Glenn C Hillery, MD, Lancaster, 1987
Kathryn P Nichol, MD, Madison, 1987
James L Weygandt, MD, Kohler, 1987, Chairman
Ralph F Hudson, MD, Eau Claire, 1988
Walter F Smejkal, MD, Manitowoc, 1988
Stephen W Hargarten, MD, Milwaukee, 1988
Susan Kinast-Porter, MD, Monroe, 1988
James M Huffer, MD, Madison, 1989
John C Heffelfinger, MD, Watertown, 1989
Edward J Johnson, MD, Green Bay, 1989
Richard D Lindgren, MD, Madison, 1989
Thomas J Luetzow, MD, Larsen, 1989
Thomas J Stormont, Medical Student, MCW, Wauwatosa
Mrs Donald A (Audrey) Peterson, Madison, Auxiliary

School Health

This committee shall be concerned about protecting and improving the health of those attending the public or private schools of this state, including matters related to athletics.

Carol A Blum, MD, Ashland, 1987
Rolf L Simonson, MD, Sheboygan, 1987
Horace K Tenney III, MD, Madison, 1987
James C H Russell, MD, Ft Atkinson, 1988, Chairman
Conrad L Andringa, MD, Madison, 1988
James S Janowiak, MD, Merrill, 1988
Roy E Buck, MD, Oshkosh, 1989
Natalie L Gehringer, MD, Menasha, 1989
Mrs Kenneth (Mary) Smigielski, Milwaukee, Auxiliary
Mrs K Alan (Sherry) Stormo, Fond du Lac, Auxiliary

WIAA Medical Advisory Committee

James C H Russell, MD, Fort Atkinson, Chairman
Conrad L Andringa, MD, Madison
James H DeWeerd Jr, MD, Stevens Point
Frederick W Gissal, MD, Wisconsin Rapids
Ronald L Harms, MD, Shawano
Kermit L Newcomer, MD, La Crosse
Kenneth M Sachtjen, MD, Madison
Elizabeth A Steffen, MD, Racine
Phillips T Bland, MD, Westby

Women Physicians

This committee shall serve as liaison and women's advocate with other commissions and committees of the State Medical Society. It shall encourage state, county, and specialty societies to make special efforts to recruit women physicians to membership in organized medicine, subsequently to consider them for leadership positions based on their professional capabilities rather than as women physicians. It shall promote medical education that is sensitive and responsive to women's healthcare needs and enhance educational opportunities for women. It also shall serve as a resource to the State Medical Society, other groups, and individuals on women's health issues. It shall consist of nine members appointed by the Board of Directors.

Hansi R Patience, MD, Sturgeon Bay, 1987
Anne M Riendl, MD, Waukesha, 1987
Katherine A Shaffer, MD, Milwaukee, 1987
Patricia J Stuff, MD, Bonduel, 1988, Chairman
Carol Young, MD, Milwaukee, 1988
Kay E Jewell, MD, Madison, 1988
Gilbert J Nock Jr, MD, Milwaukee, 1988
Pauline M Jackson, MD, La Crosse, 1989
Sandra L Osborn, MD, Madison, 1989
Susan F Behrens, MD, Beloit, 1989
Sharon Smith, MD, Burlington, 1989
Varonica Barr, Medical Student, MCW, Wauwatosa

TASK FORCES

Health Care Data

This task force has been charged with the study and development of recommendations concerning the collection, analysis, and dissemination of medical care data in Wisconsin. It reports to the Board of Directors.

Henry F Twelmeyer, MD, Elm Grove, Chairman
Frederick G Dettmann, MD, Milwaukee
Sidney E Johnson, MD, Marshfield
John Chapin, Department of Health and Social Services
John J Kief, MD, Rhinelander
Robert Taylor, Madison, Wisconsin Hospital Association
Arlyn A Koeller, MD, Ashland
Alwin E Schultz, MD, Madison
Richard H Ulmer, MD, Marshfield
Martin Myse, Appleton, Aid Association for Lutherans
Thomas G Dehn, MD, Milwaukee
Professor Donald Hindle, Madison, Department of Industrial Engineering
Philip H Utz, MD, La Crosse
Roger L von Heimburg, MD, Green Bay
Robert Durkin, Madison
Daniel DeBaker, Kohler, Kohler Company
Representative John Robinson, Wausau
Dennis Kozich, Wisconsin Peer Review Organization

Medical Liability

The purpose of this task force shall be to monitor current liability developments and to examine a series of options and alternatives relative to a long-range solution of the medical liability problem, reporting to the Board of Directors.

William J Listwan, MD, West Bend, Chairman
Jerome W Fons Jr, MD, Cudahy
C Robert Jackson, MD, Madison
Sidney E Johnson, MD, Marshfield
Thomas M Kidder, MD, Milwaukee
Frederick C Kriss, MD, Madison
Walter D Moritz, MD, Fort Atkinson
Michael C Reineck, MD, West Bend
Richard G Roberts, MD, Darlington
Paul H Steingraeber, MD, La Crosse
W Stuart Sykes, BM, Madison
William L Treacy, MD, Milwaukee
Kenneth M Viste Jr, MD, Oshkosh
Timothy T Flaherty, MD, Neenah
Paul S Fox, MD, Waukesha
Lucille B Glicklich, MD, Milwaukee
Matthew A Meyer, MD, Brookfield
John P Mullooly, MD, Milwaukee
Eugene J Nordby, MD, Madison
John K Scott, MD, Madison
Edward Zupanc, MD, Monroe
John M Keggi, Medical Student, UW, Madison
Mrs Daniel (Ann) Shea, DePere, Auxiliary

Physician Review and Discipline

The purpose of this task force shall be to evaluate and make recommendations for the improvement of physician review and discipline in the State of Wisconsin. Its findings and recommendations shall be made to the Board of Directors as they are developed, and a final report to the Board and the House should be available no later than March 1, 1986.

Peter L Eichman, MD, Madison, Chairman
Rudolf W Link, MD, Madison, V-Chrmn
C William Freeby, MD, Appleton
Richard D Fritz, MD, Milwaukee
Lucille B Glicklich, MD, Milwaukee
Cyril M Hetsko, MD, Madison
John J Kief, MD, Rhinelander
Timothy T Flaherty, MD, Neenah
Russell F Lewis, MD, Marshfield
Gerald C Kempthorne, MD, Spring Green
Robert E Johnston, MD, Green Bay
Charles S Geiger, MD, West Bend
D Mark Lochner, MD, Waupaca
William L Baker, MD, Monroe
Adolf L Gundersen, MD, La Crosse
Philip H Utz, MD, La Crosse
Barry Blackwell, MD, Milwaukee
J D Kabler, MD, Madison
Susan F Behrens, MD, Beloit
Mr Otto Cox, Appleton ■

COUNTY MEDICAL SOCIETIES

President (P) and Secretary (S); Executive Secretary (ES), Treasurer (T); Executive Vice President (EVP); Executive Assistant (EA); Assistant Secretary (AS); and telephone numbers

ASHLAND-BAYFIELD-IRON
P—David M Saarinen, MD
2101 Beaser Avenue, #2
Ashland, WI 54806
(715) 682-2358
S—Thomas S Petry, MD
206 Sixth Avenue, West
Ashland, WI 54806

BARRON-WASHBURN-BURNETT
P—Donald E Riemer, MD
PO Box 127
Cumberland, WI 54829
(715) 822-2231
S—Roger F Macy, MD
PO Box 127
Cumberland, WI 54829
(715)822-2231

BROWN
P—Roger L von Heimburg, MD
900 South Webster Avenue
Green Bay, WI 54301
(414) 437-0431
S—Stephen D Hathway, MD
PO Box 1700
Green Bay, WI 54305
(414) 433-3653
T—Roger C Wargin, MD
613 Ridgeview Court
Green Bay, WI 54303
(414) 499-8859

CALUMET
P—Vacancy
S—William E Hannan, MD
614 Memorial Drive
Chilton, WI 53014

CHIPPEWA
P—Robert L Hendrickson, MD
PO Box 248
Cornell, WI 54732
(715) 239-6344
S—Peter W Holm, MD
2505 County Trk I
Chippewa Falls, WI 54729
(715) 723-9375

CLARK
P—Vangala J Reddy, MD
216 Sunset Place
Neillsville, WI 54456
(715) 743-3101
S—Rupa Chennamaneni, MD
216 Sunset Place
Neillsville, WI 54456
(715) 743-3231

COLUMBIA-MARQUETTE-ADAMS
P—Richard E Christianson, MD
916 Silver Lake Drive
Portage, WI 53901
(608) 742-7161
S—Paul J Slavik, MD
916 Silver Lake Drive
Portage, WI 53901
(608) 742-7161
ES—Mrs Elayne Hanson
PO Box 352
Portage, WI 53901
(608) 742-4131

CRAWFORD
P—Eli M Dessloch, MD
780 South Beaumont Road
PO Box 89
Prairie du Chien, WI 53821
(608) 326-6978
S—Michael S Garrity, MD
610 East Taylor Street
Prairie du Chien, WI 53821
(608) 326-6466

DANE
P—John D Wegenke, MD
345 W Washington Avenue
PO Box 222
Madison, WI 53701
(608) 252-8555
S—James P Speichinger, MD
20 South Park Street
Madison, WI 53715
(608) 257-4386

DODGE
P—Daniel R Erickson, MD
Rte 1, Hwy 28, PO Box 127
Horicon, WI 53032
(414) 485-4341
S—Charles W Frinak, MD
1200 North Center St
Beaver Dam, WI 53916
(414) 887-7101
EA—Ms Shirley Dinsch
1008 West Burnett Street
Beaver Dam, WI 53916
(414) 885-4726

DOOR-KEWAUNEE
P—Alfonso G Tamayo, MD
1623 Rhode Island
PO Box 107
Sturgeon Bay, WI 54235
(414) 743-3383
S—William Faller, MD
330 South 16th Place
PO Box 466
Sturgeon Bay, WI 54235

DOUGLAS
P—Jon C Stephenson, MD
318-21st Avenue, East
Superior, WI 54880
(715) 398-3561
S—Mohamed W Al-Azem, MD
14 Windsor Street
Superior, WI 54880
(715) 392-8281

EU CLAIRE-DUNN-PEPIN
P—Michael F Finkel, MD
733 West Clairemont Ave
PO Box 1510
Eau Claire, WI 54702
(715) 839-5203
S—Stanley G Norman, MD
714 South Hamilton Avenue
Eau Claire, WI 54701
(715) 834-3448

FOND DU LAC
P—William G Sybesma, MD
80 Sheboygan Street
Fond du Lac, WI 54935
(414) 923-7400
S—Jeffrey A Strong, MD
865 Americana Dr
Fond du Lac, WI 54935
T—Robert H House, MD
PO Box 96
Ripon, WI 54971
(414) 748-6400
ES—Ms Margaret Sperbeck
430 East Division Street
Fond du Lac, WI 54935
(414) 929-2300

FOREST
P—Enzo F Castaldo, MD
Laona, WI 54541
(715) 674-3131
S—Burton S Rathert, MD
101 West Washington
PO Box 278
Crandon, WI 54520
(715) 478-2413

GRANT
P—John M McKichan, MD
1370 North Water Street
Platteville, WI 53818
(608) 348-2455
S—Robert E Stader, MD
235 North Madison Street
Lancaster, WI 53813
(608) 723-2131

GREEN
P—Carlos A Jaramillo, MD
PO Box 786
Monroe, WI 53566
(608) 328-0429
S—George W Kindschi, MD
East Forest, Box 10
Monroe, WI 53566

GREEN LAKE-WAUSHARA
P—Alan L Taber, MD
261 Memorial Drive
Berlin, WI 54923
(414) 361-4366
S—Barry L Rogers, MD
PO Box 20
Berlin, WI 54923

IOWA
P—Vacancy
S—Harald P L Breier, MD
PO Box 185
Montfort, WI 53569
(608) 943-6308

JEFFERSON
P—Brigido C Calado, MD
123 Hospital Drive
Watertown, WI 53094
S—Mark C Dickmeyer, MD
128 North Tratt St
Whitewater, WI 53190

JUNEAU
P—D Keith Ness, MD
1040 Division Street
Mauston, WI 53948
(608) 847-5000
S—Nancy E B Ness, MD
1040 Division Street
Mauston, WI 53948
(608) 847-5000

KENOSHA
P—Nesim Halfon, MD
6121 Seventh Avenue
Kenosha, WI 53140
S—Aftab A Ansari, MD
3200 Sheridan Road
Kenosha, WI 53140
ES—Mr James Splitek
4109-67th Street
Kenosha, WI 53142
(414) 654-9166

LA CROSSE
P—Paul H Steingraeber, MD
815 South 10th Street
La Crosse, WI 54601
(608) 782-9760
S—Thomas P Lathrop, MD
1836 South Avenue
La Crosse, WI 54601
(608) 782-7300

LAFAYETTE
P—Lyle L Olson, MD
517 Park Place
Darlington, WI 53530
(608) 776-4497
S—Richard G Roberts, MD
517 Park Place
Darlington, WI 53530
(608) 776-4497

LANGLADE
P—Theodore C Fox, MD
213 Fifth Avenue
Antigo, WI 54409
(715) 623-2351
S—John R Myers, MD
1111 Langlade Road
Antigo, WI 54409
(715) 623-3761

LINCOLN
P—Charles E Goodell III, MD
216 North 7th Street
Tomahawk, WI 54487
(715) 453-2181
S—Nunilo L Bugarin, MD
221 East Washington Avenue
Tomahawk, WI 54487
(715) 453-2147

MANITOWOC
P—Henry M Katz, MD
600 York Street
Manitowoc, WI 54220
(414) 682-0181
S—Thomas L Finnigan, MD
600 York Street
Manitowoc, WI 54220
(414) 682-0181

MARATHON
P—Kathy P Belgea, MD
808 Third Street
Wausau, WI 54401
(715) 842-3375
S—Leonard H Wurman, MD
425 Pine Ridge Blvd, #305
Wausau, WI 54401
(715) 845-9634
ES—Ms Lorraine W Kordas
PO Box 569
Wausau, WI 54401
(715) 845-6231

MARINETTE-FLORENCE
P—Stephen C Caselton, MD
2500 Hall Avenue
Marinette, WI 54143
S—Leonard R Worden, MD
1510 Main Street
Marinette, WI 54143
(715) 735-7421

MILWAUKEE
P—Jerome W Fons Jr, MD
3734 West Coldspring Road
Greenfield, WI 53221
(414) 482-2348
S—Donald P Davis, MD
2015 East Newport Avenue
Milwaukee, WI 53211
(414) 961-0606
EVP—Mr William B Harlan
1020 North Broadway, #200
Milwaukee, WI 53202
(414) 271-9870

MONROE
P—Jameel S Mubarak, MD
105 West Milwaukee Street
Tomah, WI 54660
(608) 372-4111
S—Michael T Pace, MD
315 West Oak St
PO Box 250
Sparta, WI 54656

OCONTO
P—John S Honish, MD
PO Box 260
Oconto, WI 54153
S—Glen J Heinzl, MD
PO Box 170
Oconto, WI 54153
(414) 834-2201

ONEIDA-VILAS
P—Stephen R Peters, MD
PO Box 549
Woodruff, WI 54568
S—Robert J Aylsworth Jr, MD
2 East Ocala
PO Box 815
Rhinelander, WI 54501
(715) 369-4500
ES—Mrs Sally Christoffersen
1020 Kabel Avenue
Rhinelander, WI 54501
(715) 369-7758

OUTAGAMIE
P—Marvin L Hall, MD
612 East Longview Drive
Appleton, WI 54911
(414) 743-4438
S—David R Finch, MD
1611 South Madison Street
Appleton, WI 54915
(414) 739-3100
Asst Sec—Ms Dolores A Ebben
211 East Franklin Street
Appleton, WI 54911
(414) 734-5951

OZAUKEE
P—Thomas Wall, MD
326 West Pierre Lane
Port Washington, WI 53074
S—Peter W Messer, MD
3344 West Grace Avenue
Mequon, WI 53092
(414) 242-1116

PIERCE-ST CROIX
P—Terry G Domino, MD
220 Vine Street
Hudson, WI 54016
(715) 386-9381
S—Joseph E Powell, MD
441 East Seventh Street
New Richmond, WI 54017
(715) 246-6846

POLK
P—William W Young, MD
208 Adams Street South
PO Box 739
St Croix Falls, WI 54024
(715) 483-3221
S—Vacancy

PORTAGE
P—David J Hendrickson, MD
900 Illinois Avenue
Stevens Point, WI 54481
S—Edwin G May, MD
2501 Main Street
Stevens Point, WI 54481
(715) 344-4120

PRICE-TAYLOR
P—Michael A Haase, MD
101 N Gibson Avenue
Medford, WI 54451
(715) 748-2121
S—Walther W Meyer, MD
101 North Gibson Avenue
Medford, WI 54451
(715) 748-2121

RACINE
P—Mohammed Rafiullah, MD
3001 Michigan Blvd
Racine, WI 53402
(414) 637-6106
S—Santiago L Yllas, MD
3806 Spring Street, #306
Racine, WI 53405
(414) 633-3567
T—John W Linstroth, MD
1131 Sherwood Lane
Caledonia, WI 53108
ES—Mr John M Bjelajac
PO Box 592
Racine, WI 53401
(414) 634-0702

RICHLAND
P—Thomas L Richardson, MD
1313 West Seminary Street
Richland Center, WI 53581
(608) 647-6161
S—Robert P Smith, MD
1313 West Seminary Street
Richland Center, WI 53581
(608) 647-6161

ROCK
P—Kenneth I Gold, MD
1905 Huebbe Parkway
Beloit, WI 53511
(608) 364-2356
S—James P Long, MD
1904 Huebbe Parkway
Beloit, WI 53511

RUSK
P—Ron M Charipar, MD
1216 East River
Ladysmith, WI 54848
(715) 532-5561
S—Robert K De Mott, MD
906 College Avenue, West
Ladysmith, WI 54848
(715) 532-6651

SAUK
P—Thomas R Flygt, MD
1902 Jefferson Street
Baraboo, WI 53913
(608) 356-2145
S—Maureen A Murphy, MD
PO Box 325
Wisconsin Dells, WI 53965
(608) 253-1171

SAWYER
P—Lloyd M Baertsch, MD
Route 3, Box 3998
Hayward, WI 54843
S—Paul Strapon III, MD
Route 3, Box 3998
Hayward, WI 54843
(715) 634-2611

SHAWANO
P—Donald A Jeffries, MD
117 East Green Bay Avenue
Shawano, WI 54166
(715) 524-2161
S—Alois J Sebesta, MD
126-½ South Main Street
PO Box 360
Shawano, WI 54166
(715) 526-3313

SHEBOYGAN
P—Robert A Helminiak, MD
1011 North Eighth Street
Sheboygan, WI 53081
(414) 457-4461
S—Robert J Scott, MD
2809 North Seventh Street
Sheboygan, WI 53081
(414) 457-5033

TREMPEALEAU-JACKSON-BUFFALO
P—Stephen J Delventhal, MD
610 West Adams Street
Black River Falls, WI 54615
(715) 284-4311
S—James J Dickman II, MD
610 West Adams Street
Black River Falls, WI 54615
(715) 284-4311

VERNON
P—Timothy J Devitt, MD
RFD 1
Soldiers Grove, WI 54655
VP—Thomas M Ambelang, MD
PO Box 467
Viroqua, WI 54665
S—Deverne W Vig, MD
PO Box 72
Viroqua, WI 54665
(608) 637-3195

WALWORTH
P—James L Knavel, MD
PO Box B
Ten Peller Road
Lake Geneva, WI 53147
(414) 248-4467
S—Nestor C Alabarca, MD
255 Havenwood Drive
Lake Geneva, WI 53147
(414) 248-8527

WASHINGTON
P—J David Lewis, MD
279 South 17th Avenue
West Bend, WI 53095
(414) 338-1123
S—Mark T O'Meara Jr, MD
1201 Oak Street
West Bend, WI 53095
(414) 338-6641

WAUKESHA
P—John S Blackwood, MD
17050 West North Avenue
Brookfield, WI 53005
(414) 786-3722
S—Gerald L Harned, MD
223 Wisconsin Avenue
Waukesha, WI 53186
(414) 544-5311
T—Jay F Schamberg, MD
S47 W22060 Lawnsdale
Waukesha, WI 53186
(414) 546-6350
ES—Mr Robert Herzog
850 Elm Grove Road, #11
Elm Grove, WI 53122
(414) 784-3747

WAUPACA
P—Carlos C Yu, MD
1420 Algoma Street
New London, WI 54961
(414) 982-3606
S—Donn D Fuhrmann, MD
1420 Algoma Street
New London, WI 54961
(414) 982-3606

WINNEBAGO
P—John B McAndrew, MD
2136 White Swan Drive
Oshkosh, WI 54901
(414) 233-1773
S—Roy E Buck, MD
PO Box 165
Oshkosh, WI 54902
(414) 233-6000

WOOD
P—Richard H Ulmer, MD
1000 North Oak Avenue
Marshfield, WI 54449
S—Michael J Kryda, MD
1000 North Oak Avenue
Marshfield, WI 54449
(715) 387-5319■

ALL-IN-ONE • FOR THE SMALL MEDICAL PRACTICE

Computerized Accounting System

• HARDWARE • SOFTWARE • INSTALLATION
• 15 HOURS OF CONSULTING TIME IN SYSTEM SETUP AND CONVERSION

We write own software programs, making alterations easy. IBM-AT based hardware. Program helps establish fee schedules. Designed for Medicaid, Medicare, HMO, private, and accepting assignment functions. We design own forms.

REFERENCES CAN BE PROVIDED

R F LOFDAHL, CPA/President
3313 University Ave, Madison,
WI 53705
608/233-9404

TO: Lofdahl Leasing Company, 3313 University Ave, Madison, WI 53705
Please send me further information about your Computerized Accounting System

Name _____

Address _____

City _____ State _____ Zip _____

Phone for an appointment ( ) _____

608/233-9404

Officers of Specialty Sections of the State Medical Society

as of record May 15, 1986

Key: Chairman (C), Secretary-treasurer (ST), Delegate (D), and Alternate Delegate (AD). Expiration of term appears in parentheses.

Section on:

Allergy and Clinical Immunology

(November 1986)

C—Marshall E Cusic Jr, MD
345 W Washington Ave
PO Box 222
Madison, WI 53701

ST—Robert K Bush, MD
6618 Dumont Rd
Madison, WI 53711

D—Marshall E Cusic Jr, MD
345 W Washington Ave
PO Box 222
Madison, WI 53701

AD—Robert J Kriz, MD
1 South Park St
Madison, WI 53715

Anesthesiologists

(September 1986)

C—

ST—W Stuart Sykes, BM
1005 Columbia Rd
Madison, WI 53705

D—Warren J Holtey, MD
1000 N Oak Ave
Marshfield, WI 54449

AD—John F Kreul, MD
2500 Overlook Tr
Madison, WI 53705

Dermatology

(October 1986)

C—Carla Ann Folkers Skibba, MD
9033 W Grange Ave
Hales Corners, WI 53130

ST—James L Troy, MD
3003 W Good Hope Rd
Milwaukee, WI 53226

D—Joel Taxman, MD
1622 W Wisconsin Ave
Milwaukee, WI 53233

Emergency Medicine

(November 1986)

C—Albert S Yee, MD
9161 North Fielding Rd
Milwaukee, WI 53217

ST—M R McMillen, MD
1252 Cliffwood Lane
La Crosse, WI 54601

D—Albert S Yee, MD
9161 North Fielding Rd
Milwaukee, WI 53217

AD—Thomas J Luetzow, MD
5157 North Loop Rd
Larsen, WI 54947

Family Physicians

(June 1986)

C—Lief Erickson Sr, MD
440 South Perkins Blvd
Burlington, WI 53105

ST—David E Westgard, MD
815 South 10th St
La Crosse, WI 54601

D—Robert S Viel, MD
18735 Pleasant St
Brookfield, WI 53005

AD—Thomas H Peterson, MD
995 Campus Dr
Wausau, WI 54401-1898

Hospital Medical Staff

C—John J Beck, MD
345 S 18th Ave
Sturgeon Bay, WI 54235

ST—James L Algiers, MD
1004 E Sumner
Hartford, WI 53027

D—Stephen R Peters, MD
PO Box 549
Woodruff, WI 54568

AD—Louis R Pfeiffer, MD
315 First St
Nekoosa, WI 54457

Internal Medicine

(October 1986)

C—James R Mattson, MD
501 S Military Ave
Green Bay, WI 54303

ST—Cyril M Hetsko, MD
1313 Fish Hatchery Rd
Madison, WI 53715

D—James R Mattson, MD
501 S Military Ave
Green Bay, WI 54303

AD—Anthony Ziebert, MD
2400 South 90th St, #206
West Allis, WI 53227

Medical Faculties

C—

ST—

D—Mark J Ciccantelli, MD
1908 Forest St
Wauwatosa, WI 53213

AD—Manucher J Javid, MD
600 Highland Ave
Madison, WI 53792

Medical Students

D—

AD—John A Zernia (MCW Milwaukee)
2109-B South 7th
La Crosse, WI 54601

Neurology

(October 1986)

C—

ST—

D—R Clarke Danforth, MD
3070 N 51st St, #100
Milwaukee, WI 53210

AD—Gamber Tegtmeyer, MD
20 S Park St
Madison, WI 53715

Neurosurgery

(October 1986)

C—Bruce C Bressler, MD
704 S Webster Ave
Green Bay, WI 54301

ST—Patrick Walsh, MD
18170 Midland Pl
Brookfield, WI 53005

D—Glenn A Meyer, MD
16475 Shore Line Dr
Brookfield, WI 53005

AD—S Marshall Cushman, MD
312-7th St
Racine, WI 53403

Obstetrics-Gynecology

(July 1986)

C—John W Utrie, MD
1821 S Webster Ave
Green Bay, WI 54301

ST—William E Martens, MD
10425 West North Ave, #226
Wauwatosa, WI 53226

D—Charles Hammond, MD
411 Lincoln St
Neenah, WI 54956

AD—Joseph B Durst, MD
815 S 10th St
La Crosse, WI 54601

Ophthalmology

(April 1987)

C—John L Sella, MD
6114 W Capitol Dr
Milwaukee, WI 53216

ST—Gregory P Kwasny, MD
2300 North Mayfair Rd
Milwaukee, WI 53226

D—M Thomas Chemotti, MD
N94 W6539 Fieldcrest
Cedarburg, WI 53012

AD—

Orthopaedics

(April 1987)

C—James M Huffer, MD
2704 Marshall Court
Madison, WI 53705

ST—

D—Paul A Jacobs, MD
1218 W Kilbourn
Milwaukee, WI 53233

AD—David D Mellencamp, MD
3970 N Oakland Ave, #501
Milwaukee, WI 53211

Otolaryngology

(April 1987)

C—Glenn M Seager, MD
1836 South Ave
La Crosse, WI 54601

ST—Donald S Blatnik, MD
2400 S 90th St
West Allis, WI 53227

D—Glenn M Seager, MD
1836 South Ave
La Crosse, WI 54601

AD—Thomas W Grossman, MD
11945 W Pioneer Rd
Mequon, WI 53092

Pathology

(October 1986)

C—Raymond C Zastrow, MD
400 West Villard
Milwaukee, WI 53209

ST—Gerald A Hanson, MD
8700 W Wisconsin Ave
Milwaukee, WI 53226

D—Raymond C Zastrow, MD
2400 West Villard Ave
Milwaukee, WI 53209

AD—Jay F Schamberg, MD
8901 W Lincoln Ave
West Allis, WI 53227

Pediatrics

(May 1987)

C—Gerald E Porter, MD
1000 North Oak
Marshfield, WI 54449

ST—Joanne Selkurt, MD
1897 Lincoln St
Whitehall, WI 54773

D—Carl S Eisenberg, MD
3003 W Good Hope Rd
PO Box 17300
Milwaukee, WI 53209

AD—Ferrin C Holmes, MD
PO Box 447
Sturgeon Bay, WI 54235

continued next page

Physical Medicine and Rehabilitation

(March 1987)

C—Neal Taylor, MD
1836 South Ave
La Crosse, WI 54601

ST—Donna D Davidoff, MD
4200 W Rivers Edge Circle, #15
Milwaukee, WI 53209

D—William J La Joie, MD
S32 W2761 Daleview Dr
Waukesha, WI 53186

AD—Ram P Bhala, MD
2900 W Oklahoma Ave
Milwaukee, WI 53215

Plastic Surgery

(October 1986)

C—Harold L Ripple, MD
8105 W Lisbon Ave
Milwaukee, WI 53222

ST—Thomas J Schinabeck, MD
900 E Grant St
Appleton, WI 54911

D—John E Hamacher, MD
20 S Park St
Madison, WI 53715

AD—

Psychiatry

(May 1987)

C—Robert B Shapiro, MD
5534 Medical Circle
Madison, WI 53719

S—Steven V Hansen, MD
1220 Dewey Ave
Milwaukee, WI 53213

T—Warren Garitano, MD
1000 North Oak
Marshfield, WI 54449

D—Rudolf W Link, MD
5534 Medical Circle
Madison, WI 53711

AD—

Preventive Medicine

(March 1987)

C—Henry A Anderson III, MD
PO Box 309
Madison, WI 53701

ST—Constantine Panagis, MD
9609 W Hadley
Milwaukee, WI 53222

D—Paul R Ebling, MD
2500 Overlook Terr
Madison, WI 53705

AD—Henry A Anderson III, MD
PO Box 309, Madison, WI 53701

Radiology

(October 1986)

C—

ST—

D—Marcia Richards, MD
2315 N Lake Dr
PO Box 503
Milwaukee, WI 53201

AD—Bruce C Kirkham, MD
3737 Claymore Lane
Eau Claire, WI 54701

Resident Physicians

Surgery

(April 1987)

C—Gale L Mendeloff, MD
2015 E Newport Ave
Milwaukee, WI 53211

ST—George M Kroncke, MD
6006 Galley Ct
Madison, WI 53705

D—Louis C Bernhardt, MD
501 Shearwater Road
Madison, WI 53714

AD—

Therapeutic Radiology (Radiation Oncology)

(March 1987)

C—Robert Edland, MD
1836 South Ave
La Crosse, WI 54601

ST—Sally M Schlise, MD
1124 Cass St
Green Bay, WI 54301

D—Robert Greenlaw, MD
1000 North Oak
Marshfield, WI 54449

AD—Sally M Schlise, MD
1124 Cass St
Green Bay, WI 54301

Urology

(May 1987)

C—

ST—

D—Stuart W Fine, MD
2040 W Wisconsin Ave
Milwaukee, WI 53233

AD—Charles W Troup, MD
704 South Webster Ave
Green Bay, WI 54301■

ADVERTISEMENT

If you are a Wisconsin physician who graduated from the Medical College of Wisconsin (formerly Marquette School of Medicine) . . .

. . . you know us better than anyone. You know the kind of patients we see; patients referred to an academic medical center for the treatment of uncommon disorders, complications, or patients who require extremely complex procedures or follow-up care.

Just as you learned from us, we've learned from you. We've learned that a referring physician wants immediate access to our specialists. We've learned that your time is too valuable to be wasted by being put on "hold." We've learned that you want frequent updates on your patients and a number you can call for information without red tape. And we've learned the importance of returning your patients to your practice.

We've learned that you need PRN, the Physician Resource Network; around-the-clock access to Medical College of Wisconsin faculty through just one phone call. By calling **1-800-472-3660,** we'll make all the arrangements to refer your patient to one of our specialty programs. Our faculty will always be available to lend the kind of assistance you request.

Edward J Lennon MD

Edward J. Lennon, MD
President, Medical College of Wisconsin

Presidents and Secretaries, Wisconsin Specialty Societies

as of record May 15, 1986

Key: President (P), President-elect (PE), Secretary-treasurer (ST), Secretary (S), Vice President (VP), Chairman (C), Alternate Chairman (AC), Executive Secretary (ES), Executive Director (ED), Treasurer (T). Expiration of term appears in parentheses.

Wisconsin Allergy Society

(November 1986)

P—Sheldon R Forman, MD
9505 N Pheasant Lane
River Falls, WI 53217

PE—Robert K Bush, MD
6618 Dumont Rd
Madison, WI 53711

ST—Martin J Voss, MD
733 W Clairemont Ave
PO Box 1510
Eau Claire, WI 54701

Wisconsin Society of Anesthesiologists

(September 1986)

P—Young K Lee, MD
1836 South Avenue
La Crosse, WI 54601

PE—John H Barsch, MD
6300 N Port Washington Rd
Milwaukee, WI 53217

S—W Stuart Sykes, BM
1005 Columbia Rd
Madison, WI 53705

Wisconsin Dermatological Society

(October 1986)

P—Carla Ann Folkers Skibba, MD
9033 W Grange Ave
Hales Corners, WI 53130

PE—Marvin Kagen, MD
103 West College Ave
Appleton, WI 54911

S—James L Troy, MD
9200 W Wisconsin Ave
Milwaukee, WI 53226

Wisconsin Chapter, American College of Emergency Physicians

(October 1986)

P—Albert S Yee, MD
9161 North Fielding Rd
Milwaukee, WI 53217

S—John Whitcomb, MD
2095 Elm Tree Court
Elm Grove, WI 53122

Wisconsin Academy of Family Physicians

(June 1986)

P—Lief Erickson Sr, MD
440 South Perkins Blvd
Burlington, WI 53105

S—David E Westgard, MD
815 South 10th St
La Crosse, WI 54601

ES—Mr Robert H Herzog
850 Elm Grove Rd
Elm Grove, WI 53122

Wisconsin Society of Internal Medicine

(September 1986)

P—James R Mattson, MD
501 S Military Ave
Green Bay, WI 54303

S—Cyril M Hetsko, MD
1313 Fish Hatchery Rd
Madison, WI 53715

ED—Sandra M Koehler
611 E Wells St
Milwaukee, WI 53202

PE—Charles S Geiger Jr, MD
279 South 17th Ave
West Bend, WI 53095

Wisconsin Neurological Society

(October 1986)

P—Henry A Peters, MD
600 Highland Ave
Madison, WI 53792

VP—Ivan Stanko, MD
2727 Plaza Dr
Wausau, WI 54401

ST—Benjamin Brooks, MD
600 Highland Ave
Madison, WI 53792

PE—Michael Finkel, MD
733 W Clairemont Ave
PO Box 1510
Eau Claire, WI 54701

Wisconsin Neurosurgical Society

(October 1986)

P—Bruce C Bressler, MD
704 S Webster Ave
Green Bay, WI 54301

S—Marc A Letellier, MD
631 Hazel St
Oshkosh, WI 54901

Wisconsin Section, American College of Obstetricians and Gynecologists

(July 1986)

C—Walter R Schwartz, MD
10425 W North Ave, #226
Wauwatosa, WI 53226

VC—William J O'Leary, MD
815 S 10th St
La Crosse, WI 54601

Wisconsin Society of Obstetrics and Gynecology

(July 1986)

P—John W Utrie, MD
1821 S Webster Ave
Green Bay, WI 54301

PE—Thomas A Hofbauer, MD
W180 N7950 Town Hall Rd
Menomonee Falls, WI 53051

S—William E Martens, MD
10425 W North Ave
Wauwatosa, WI 53226

Wisconsin Academy of Ophthalmology

(April 1987)

P—Gregory P Kwasny, MD
2300 N Mayfair Rd, #1030
Wauwatosa, WI 53226

S—Jack L Hughes, MD
2500 N Mayfair Rd, #607
Wauwatosa, WI 53226

ES—Mr Robert H Herzog
850 Elm Grove Rd
Elm Grove, WI 53122

Wisconsin Orthopaedic Society

(April 1987)

P—Thomas J Flatley, MD
2040 W Wisconsin Ave
Milwaukee, WI 53226

S—William P McDevitt, MD
2323 N Mayfair Rd
Milwaukee, WI 53226

Wisconsin Society of Otolaryngology Head and Neck Surgery

(April 1987)

P—Glenn M Seager, MD
1836 South Ave
La Crosse, WI 54601

S—Donald S Blatnik, MD
2400 S 90th St
West Allis, WI 53227

Wisconsin Society of Pathologists

(November 1986)

P—K Alan Stormo, MD
430 E Division St
Fond du Lac, WI 54934

S—Gerald A Hanson, MD
8700 W Wisconsin Ave
Milwaukee, WI 53226

T—David J Rothwell, MD
2025 E Newport Ave
Milwaukee, WI 53211

ES—Mr Robert Herzog
850 Elm Grove Rd
Elm Grove, WI 53122

Wisconsin Chapter, American Academy of Pediatrics

(May 1987)

C—Gerald E Porter, MD
1000 N Oak Ave
Marshfield, WI 54449

AC—Ordean L Torstensen, MD
1313 Fish Hatchery Rd
Madison, WI 53715

S—Joanne A Selkurt, MD
1933 Park St
Whitehall, WI 54773

Wisconsin Society of Physical Medicine and Rehabilitation

(April 1987)

P—Neal Taylor, MD
1826 South Ave
La Crosse, WI 54601

S—Donna D Davidoff, MD
4200 W Rivers Edge Circle #15
Milwaukee, WI 53209

Wisconsin Chapter, American College of Physicians

(April 1987)

P—Paul Carbone, MD
600 Highland Ave
Madison, WI 53792

S—Thomas Nikolai, MD
1000 N Oak Ave
Marshfield, WI 54449

Wisconsin Society of Plastic Surgeons

(August 1986)

P—John E Hamacher, MD
20 S Park St
Madison, WI 53715

VP—Terrence J Wilkins, MD
2015 E Newport Ave
Milwaukee, WI 53211

ST—Sharon L Elias, MD
400 W Silver Spring Dr
Milwaukee, WI 53217

Wisconsin Psychiatric Association

(May 1987)

P—Robert B Shapiro, MD
5534 Medical Circle
Madison, WI 53719

S—Steven V Hansen, MD
1220 Dewey Ave
Milwaukee, WI 53213

ES—Mr Howard Brower
PO Box 1109
Madison, WI 53701

continued next page

Wisconsin Society for Preventive Medicine

(March 1987)

P—Henry A Anderson III, MD
PO Box 309
Madison, WI 53701

S—Constantine Panagis, MD
9609 W Hadley
Milwaukee, WI 53222

Wisconsin Society of Radiation Oncologists

(October 1986)

P—Stanton A Marks, MD
5000 West Chambers St
Milwaukee, WI 53210

PE—Alan B Fidler, MD
2900 W Oklahoma Ave
Milwaukee, WI 53215

S—Homer H Russ, MD
1000 N Oak
Marshfield, WI 54449

T—Sally M Schlise, MD
1124 Cass St
Green Bay, WI 54301

Wisconsin Radiological Society

(October 1986)

P—Mary Ellen Peters, MD
600 Highland Ave
Madison, WI 53792

PE—Roland A Locher, MD
121 South 13th St
La Crosse, WI 54601

S—Eric B Wilson, MD
4397 Country Club Rd
Oshkosh, WI 54901

Wisconsin Surgical Society

(May 1987)

P—Gale L Mendeloff, MD
2015 E Newport Ave
Milwaukee, WI 53211

PE—George F Pratt, MD
1020 Kabel Ave
Rhinelander, WI 54501

ST—George M Kroncke, MD
6006 Galley Ct
Madison, WI 53705

Wisconsin Chapter, American College of Surgeons

(December 1986)

P—Wayne J Boulanger, MD
2015 E Newport Ave, #406
Milwaukee, WI 53211

S—Paul S Fox, MD
1111 Delafield
Waukesha, WI 53186

Wisconsin Urological Society

(May 1987)

P—Gholam H Malek, MD
345 W Washington Ave
Madison, WI 53703

S—Clyde Lawnicki, MD
1836 South Ave
La Crosse, WI 54601

Wisconsin Society of Radiation Oncologists

(October 1986)

P—Stanton A Marks, MD
5000 W Chambers St
Milwaukee, WI 53210

PE—Alan B Fidler, MD
2900 W Oklahoma Ave
Milwaukee, WI 53215

S—Homer H Russ, MD
611 St Joseph Ave
Marshfield, WI 54449

T—Sally M Schlise, MD
126 Casse St
Green Bay, WI 54307■

ADVERTISEMENT

If you are a Wisconsin physician who did not graduate from the Medical College of Wisconsin (formerly Marquette School of Medicine) . . .

. . . we ask you to think back on your years in medical school. During your clinical rotations, you saw the complicated cases the faculty of your school were handling. For the most part, those patients were being treated in an academic setting because they were referred there by other physicians.

It's no different today at the Medical College of Wisconsin. Our medical students learn at the side of tertiary-care faculty physicians who gain patients primarily from you, the referring physician. Through the years, we educators learned a few things, too. We learned that you want immediate access to our specialists. We learned that you want frequent updates on your patients, a number you can call for information without red tape, and your patients returned to your practice.

We learned that you need PRN, the Physician Resource Network; around-the-clock access to Medical College of Wisconsin faculty through just one phone call. By calling **1-800-472-3660,** we'll make all the arrangements to refer your patient to one of our specialty programs. Our faculty will always be available to lend the kind of assistance you request.

Edward J Lennon MD

Edward J. Lennon, MD
President, Medical College of Wisconsin

SMS Placement Service aids physicians and communities

One of the many functions of the State Medical Society of Wisconsin is to assist physicians who are seeking a location to practice in Wisconsin and to assist communities seeking the services of physicians.

The Society's Placement Service maintains a continuous listing of names and biographical data on physicians who wish to locate in Wisconsin. Files are maintained on communities desiring physicians. Information is exchanged with interested physicians and communities, with the American Medical Association, and with the two Wisconsin medical schools. There is no charge to either physician or community for this service.

A list of openings is sent to physicians who contact Placement Service indicating a desire to locate in Wisconsin or to relocate within the state. A list of physicians is sent to communities requesting assistance in obtaining a physician. The physicians and communities may then contact one another. Physicians seeking associates also may request a listing of available physicians.

Experience of Placement Service shows that physicians seek locations on a long-range basis—some are available at once, while others are in residency for two or three years. One word of advice: Advise the Society's Placement Service of your needs as soon as possible. Overnight results occur but more time usually means better results.

It should be noted that Placement Service is not a recruiting effort. Its function is supported by membership in the State Medical Society of Wisconsin. The Society does, however, cooperate with the state-supported Office of Rural Health in its New Physicians for Wisconsin Program which provides placement services to communities and physicians on a fee basis determined by budgetary funds available.

Physicians and communities also may utilize the "Medical Yellow Pages" section of the *Wisconsin Medical Journal*. This classified advertising section is available to members of the State Medical Society, other physicians, communities, clinics, hospitals, recruitment firms, and others at reasonable rates.

Physicians using the Placement Service have described it as one of the most effective in the United States. *Journal* advertising, too, has proved highly successful.

Inquiries should be addressed to Placement Service, State Medical Society of Wisconsin, Box 1109, Madison, Wis 53701; tel 608/257-6781; and/or *Wisconsin Medical Journal*, Box 1109, Madison, Wis 53701.■

Wisconsin Physicians Political Action Committee (WISPAC)

The Wisconsin Physicians Political Action Committee is a voluntary, nonprofit organization whose membership consists of physicians and their spouses. Restricted from making political contributions, the State Medical Society created and administers WISPAC to provide the medical profession with an opportunity to assume a more active and effective role in the political process. WISPAC traditionally concentrates on state legislative races and cooperates with the American Medical Political Action Committee, AMPAC, on the national level.

1985–1987 WISPAC
Board of Directors

William L Treacy, MD, Chairman, Milwaukee
Michael P Mehr, MD, Vice Chairman, Marshfield
John K Scott, MD, Treasurer, Madison
Sandra L Osborn, MD, Assistant Treasurer, Madison

* * *

Jay F Schamberg, MD, Menomonee Falls
DeLore Williams, MD, West Allis
Christina C Keppel, MD, Milwaukee
Carl S Eisenberg, MD, Milwaukee
Dean D Miller, MD, Wauwatosa
Marcia J S Richards, MD, Milwaukee
William J Listwan, MD, West Bend
Walter E Gager, MD, Waukesha
Charles E Pechous, MD, Kenosha
Donald W Vangor, MD, Baraboo
Carlos A Jaramillo, MD, Monroe
Robert A McDonald, MD, Madison
Bea Kabler, Madison
Glenn M Seager, MD, La Crosse
Bruce F Hertel, MD, Rhinelander
Kenneth L Day, MD, Wausau
Henry Chessin, MD, Appleton
Darold A Treffert, MD, Fond du Lac
James R Mattson, MD, Green Bay
Paul S Haskins, MD, River Falls
Christopher A Graf, MD, Sheboygan
Philip J Happe, MD, Eau Claire
Kenneth M Viste Jr, MD, Oshkosh
John C Oujiri, MD, Ashland
John P Mullooly, MD, Milwaukee
Robert F Purtell Jr, MD, Milwaukee
Mrs Jeri Cushman, Racine
Mrs Barbara Newcomer, La Crosse
Mrs Jackie Dungar, Appleton

Membership—Membership contributions may be sent to:

WISPAC
PO Box 2595
Madison, WI 53701
(608) 257-6781

Suggested membership categories include:

$100 Sustaining Membership
$ 80 Family Membership (physician/spouse)
$ 40 Regular WISPAC/AMPAC
$ 20 Regular WISPAC■

STATE GOVERNMENT AGENCIES

A VALUABLE REFERENCE FOR PRACTICING PHYSICIANS AND ALLIED HEALTH PERSONNEL

AS OF MAY 15, 1986

Department of Health and Social Services

1 W Wilson St, Madison, Wis 53702 • Tel 608/266-3681

EXECUTIVE STAFF

SECRETARY
Linda Reivitz 266-3681

DEPUTY SECRETARY
John Torphy 266-3681

DIVISION ADMINISTRATORS

Peter Tropman 266-8402
Policy and Budget

Nate Harris 266-3173
Management Services

Walter Dickey 266-2471
Corrections

Michael Moore 266-8740
Care and Treatment Facilities

Kathryn Morrison 266-1511
Health

Gerald Berge 266-2701
Community Services

Patricia Kallsen 266-1281
Vocational Rehabilitation

DIVISION OF HEALTH

1 W Wilson St; Room 234
PO Box 309
Madison, Wis 53701
Tel 608/266-1511
Note: Use box number on First Class Mail for all bureaus.

ADMINISTRATOR
Kathryn Morrison

ASSISTANT ADMINISTRATOR for Public Health Services
William Schmidt

ASSISTANT ADMINISTRATOR for Health Administration
John Chapin

OFFICE OF MANAGEMENT AND POLICY
Dave Mills

BUREAUS

Planning & Development ... 266-2020
- Staffing of Health Policy Council and its committees
- Development of State Health Plan
- Liaison with Health Systems Agencies and review of their plans and budgets
- Coordination of categorical health planning process
- Review of categorical health plans
- Liaison with agencies (public and private) that implement the State Health Plan
- Service licensure
- Development of health facilities plan
- Review of categorical grants appeal

Health Care Financing 266-2522
- Administration of the Medical Assistance Program
- EPSDT—Early and periodic screening, diagnosis and treatment for children and other screening activities

Quality Compliance 266-8847
- Title 18 and Title 19 certification
- Hospital and nursing home standard setting and enforcement
- Patient care evaluation
- Construction and plan review
- Development of facilities standards

Community Health & Prevention 266-1251
- Development and promotion of prevention programs
- Standard epidemiology
- Environmental epidemiology
- Immunization activities
- Communicable diseases
- Chronic diseases
- Participation in preventive efforts within and outside the Department of Health and Social Services
- Promotion of research into major causes of illness and death and sponsorship of demonstration projects designed to reduce and eliminate root causes
- Laboratory certification
- Public health nursing
- Public health nutrition
- Dental health
- Maternal and child health
- Family planning

Correctional Health Services 266-5718
- Assurance of sufficient levels of physical health care for all inmates in correctional institutions and at Central State Hospital
- Management of the provision of such services to insure effectiveness and efficiency
- Recruitment and staffing of health care positions in the correctional institutions

Environmental Health 266-9377
(1400 E Washington Ave, Madison 53702)
- Certification of Grade A milk
- Inspection of hotels, restaurants and food vending services where not performed by local public health agencies
- General environmental sanitation
- Recreational inspection
- Radiation protection
- Occupational health services
- Development of emergency medical services systems

Health Statistics 266-1939
- Vital Statistics
- Resource data
- Demographic and special analysis
- Services data

REGIONAL OFFICES

MADISON 53704
3518 Memorial Dr, Bldg 4
Tel 608/249-8928
Long Term Care, 608/233-6343
5708 Odana Rd

MILWAUKEE 53203
819 North 6th St, Rm 860
Tel 414/224-4860
Long Term Care, 414/224-4860

GREEN BAY 54301
200 N Jefferson
Tel 414/436-3219
Long Term Care, 414/436-4100

EAU CLAIRE 54701
Eau Claire State Office Bldg
718 W Clairemont Ave
Tel 715/836-5362
Long Term Care, 715/836-4753

RHINELANDER 54501
1853 N Stevens St
Tel 715/362-7800

Note: Use box numbers on First Class Mail

continued next page

DIVISION OF COMMUNITY SERVICES

State Office: 1 W Wilson St
PO Box 7851
Madison, Wis 53707
Tel: 608/266-2701

ADMINISTRATOR'S OFFICE

Administrator 266-0554
Gerald Berge

Deputy Administrator 267-9059
Linda Dupont-Johnson

Public Information 266-1138
Peggy Schmitt

Assistant Administrator 266-9879
Gerald Born

BUREAUS

Community Aids Administration 266-9707
John Bauer

Community Programs 266-3719
Phil McCullough, Acting

- Alcohol and Other Drug Abuse 266-3442
  Drug Abuse 266-3719
  Larry Monson
- Developmental Disabilities . . 266-2862
  Kary Hyre
- Hearing Impaired 267-7802
  Herbert Pickell
- Mental Health 266-3249
  Vacant
- Coordinator for Blind and Vision Impaired 266-5600
  Michael Nelipovich
- Office of Physical Disabilities 267-9582
  Dan Johnson

Economic Assistance 266-3035
John Erickson

- Planning and Implementation 266-2850
  Mary Ann Cook
- Program Compliance 266-2693
  Vacant
- Child Support 266-1178
  Ada Skyles

Human Resources 266-3443
Severa Austin

- Aging 266-2536
  Donna McDowell
- Children, Youth and Families 266-6946
  Michael Becker
- Wisconsin Resettlement 266-8354
  Susan Levy
- Coordinator for Indian Affairs 266-5862
  Nancie Young
- Coordinator for Hispanic/Migrants 414/224-1877
  John Enriquez
- Coordinator for Economic Opportunity 266-0073
  Robert Neal Smith

Social Security Disability Insurance 266-1981
William Griffin

continued next page

Controlled Substances Board 266-7586

June L Dahl, PhD, Chairman, Professor of Pharmacology, University of Wisconsin-Madison

David P Donarski, MD, Green Bay

Bronson C LaFollette, Attorney General, State of Wisconsin, Madison

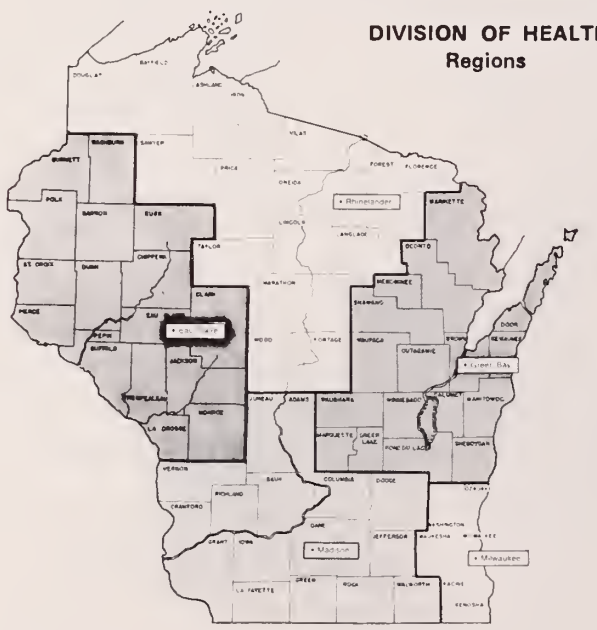
Linda Reivitz, Secretary, Dept of Health and Social Services, Madison

Pamela Ploetz, RPh, Chairman, Pharmacy Examining Board, Madison

Howard Richards, Secretary, Dept of Agriculture, Trade and Consumer Protection, Madison

* * *

STAFF: David E Joranson, Controlled Substances Policy Specialist, Controlled Substances Board, Bureau of Community Programs, Department of Health and Social Services, 1 West Wilson St, PO Box 7851, Madison, Wis 53707 (ph 608/266-7586)



Center for Health Statistics Division of Health

The Center is the custodian of birth, death, marriage, and divorce records for the State (ss. Chapter 69). Also, the Center has a contract with the National Center for Health Statistics for collection of vital statistics and partial funding from the Health Care Financing Administration for the collection of data on hospital discharge and health facilities. Several other activities are being carried out in areas such as cancer reporting, blood alcohol reporting, public health service data, and sample ambulatory medical care and household interview health status data. Another of the Center's activities is the production of annual population estimates for Wisconsin counties, a part of the Federal-State Cooperative Program of the Bureau of the Census. Inquiries may be made to: R D Nashold, Director, Center for Health Statistics, PO Box 309, Madison, WI 53701.

DIVISON OF COMMUNITY SERVICES
continued

OFFICES

Internal Operations 266-3782
Mark Hoover

Management Information 266-7936
Richard Pedersen

Program Initiatives 266-9304
Thomas Hamilton

REGIONAL OFFICES

WESTERN
Marjorie Kelly, Director
Box 228, 718 West Clairmont Ave,
Eau Claire 54702
Tel 715/836-2157

EASTERN
Lewis McCauley, Director
200 North Jefferson #411
Green Bay 54301
Tel 414/436-3043

SOUTHERN
Mary Southwick, Director
3601 Memorial Dr, Madison 53704
Tel 608/249-0441

MILWAUKEE
Silvia Jackson, Director
819 North 6th St, Milwaukee 53203
Tel 414/224-4563

SOUTHEASTERN
Charles Holton, Director
Box 1258, 141 NW Barstow
Waukesha 53187
Tel 414/548-6059

NORTHERN
Barbara Voltz, Director
1853 N Stevens St
PO Box 697
Rhinelander 54501
Tel 715/362-7800

DISTRICT OFFICES

FOND DU LAC 54935
485 South Military Road, Box 1069
Tel 414/929-2985

ASHLAND 54806
601 2nd St, West, Box 72
Tel 715/682-3405

WISCONSIN RAPIDS 54494
1681 Second Ave, South, Box 636
Tel 715/423-4305

LaCROSSE 54601
3550 Mormon Coulee Road, Box 743
Tel 608/785-9453

* * *

DIVISION OF VOCATIONAL REHABILITATION

State Office: 1 W Wilson, Rm 830
POB 7852, Madison, Wis 53707
Tel: 608/266-1281

Administrator 266-5466
Patricia G Kallsen

Deputy Administrator 266-2168
Kenneth T McClarnon

BUREAUS

Client Services

John H Biddick, Regional Administrator 266-1283

Olaf Brekke, Regional Administrator 266-2380

R F Truesdell, Regional Administrator 266-0589

R R VanDeventer, Regional Administrator 266-0605

Operations and Planning

Patrick Mommaerts, Director 266-2956

Robert Cohen, Assistant Bureau Director 267-5222

- Planning and Program Support Vacant 267-2083
- Facilities and Community Programs, *Susan Kidder* ... 267-7840
- Wiscraft (Special Services Unit) *John Baumgart*, Director 414/778-5807

Governor's Committee for People with Disabilities
Ellen Daly, Director 266-5378

FIELD OFFICES

L E Opheim, Supervisor
517 Walker Ave
Eau Claire 54701
Tel 715/836-4263

Paul Monzel, Supervisor
820 S Main St
POB 1438
Fond du Lac 54935
Tel 414/921-5883

Roger Siegworth, Supervisor
200 N Jefferson St
Green Bay 54301
Tel 414/497-3417

Wayne Olson, Supervisor
514 South Main St
Janesville 53545
Tel 608/755-2780

Willie Riley, Supervisor
712-55th St
Kenosha 53140
Tel 414/656-6453

John Purcell, Supervisor
333 Buchner Pl
La Crosse 54601
Tel 608/785-9500

Manuel Lugo, Supervisor
160 Westgate Mall
Madison 53711
Tel 608/266-3655

William R Newberry, Supervisor
120 E Capitol
Milwaukee 53212
Tel 414/963-2440

Noreen Ryan, Supervisor
6815 W Capital Dr
Milwaukee 53216
Tel 414/438-4881

Frank Broder, Supervisor
3501 S Howell St
Milwaukee 53207
Tel 414/769-2600

Jeanne Leland, Supervisor
9401 W Beloit Rd, Rm 408
Milwaukee 53227
Tel 414/546-8340

James Mather, Supervisor
1000 Oregon St
Oshkosh 54901
Tel 414/424-2028

Martin J Eft, Supervisor
311 E Wisconsin
Portage 53901
Tel 608/742-8594

Sharlene Hatcher, Supervisor
5200 Washington Ave
Racine 53406
Tel 414/636-3388

Roger Tooke, Supervisor
158 S Anderson St
Rhinelander 54501
Tel 715/369-3930

Michael Schroeder, Supervisor
11 E Eau Claire
Rice Lake 54868
Tel 715/234-6806

George Herrmann, Supervisor
1428 N 5th
Sheboygan 53081
Tel 414/459-3883

Leroy Forshund, Supervisor
917 Tower Ave
Superior 54880
Tel 715/392-8171

K F Krumnow, Supervisor
141 NW Barstow
Waukesha 53187
Tel 414/548-5850

Kenneth Crass, Supervisor
2416 Stewart Sq
Wausau 54401
Tel 715/845-9261

John Roemer, Supervisor
1810-9th St, S
Wisconsin Rapids 54494
Tel 715/424-1100

* * *

continued next page

DIVISION OF CARE AND TREATMENT FACILITIES

State Office: 1 W Wilson St
PO Box 7851
Madison, Wis 53707
Tel: 608/266-8740

Administrator 266-8740
Michael J Moore

Deputy Administrator 267-7921
Gerald E Dymond

Program Support 267-2254

- Forensics Services 266-1856
  Marvin Chapman, MD
- Client Advocacy 266-2713
  Joy Schwert
  Barbara LaFollette
- Management Services 267-2254
  Donald Pahnke
- Affirmative Action / Civil Rights Compliance 266-3993
  Pickens Winters Jr
- Wisconsin Resource Center ..... 414 / 426-4310
  Vacant
- Northern Wisconsin Center ..... 715 / 723-5542
  Terry Willkom
- Central Wisconsin Center . 249-2151
  Richard C Scheerenberger PhD
- Southern Wisconsin Center ..... 414 / 878-2411
  Nancy Gettelfinger
- Mendota Mental Health Institute 241-2411
  Terence Schnapp
- Winnebago Mental Health Institute ..... 414 / 235-4910
  H David Goers ■

Department of Regulation and Licensing

1400 E Washington Ave
PO Box 8936
Madison, Wis 53708
Tel 608/266-2112

Barbara Nichols, Secretary 266-8609
Bernard F Mrazik, Deputy Secretary
Darl E Drummond, Executive Assistant

BUREAU OF HEALTH PROFESSIONS (Partial listing)

General Number 267-7211

Medical Examining Board

Gwen Jackson (1988), Milwaukee
Chairman
William E Walker, MD (1987), Whitefish Bay
Vice-chairman
G Thomas Pfaehler, MD (1989), Madison
Secretary
Susan F Behrens, MD (1985), Beloit
William J Hisgen, MD (1986), Madison
Patricia R Raftery, DO (1986), Sparta
Sara J Pratt, MD (1987), Sheboygan
Joseph L Ousley, MD (1988), Marshfield
Helen H Alin, MD (1988), Tomah
Judy Crain (1988), Green Bay

EXECUTIVE STAFF
Barbara Livingston, Madison .. 266-0483
Bureau Director
Deanna Zychowski, Madison ... 266-2811
Administrative Assistant

* * *

Physical Therapist Examining Council
Council on Physician's Assistants
Podiatry Examining Council

Dentistry Examining Board

Tel 608/266-1396

Gerard Schmidtke ..... Amherst
Chairman
Diane Bergschneider, RDH .. Milwaukee
Vice-chairman
Kathleen Kelly, DDS ..... Madison
Secretary
Helen Hensler ..... Milwaukee
Coleman Gertler, DDS ..... Glendale
David Crane, DDS ..... Chippewa Falls
Mary K Ryan ..... Madison
Robert J Mork, DDS ..... Janesville

* * *

STAFF
Jeanine Larson, Legal Counsel
Barbara Livingston, Bureau Director
Linda Nesbit, Program Assistant
Ruth Heike, Attorney
Joan Gammeter, Investigator

* * *

Pharmacy Examining Board

Tel 608/266-8794

Pamela A Ploetz, RPh (1990), Madison
Chairman
Kenneth Schaefer, RPh (1987), Mosinee
Vice-chairman
Charles W Lang, Jr, RPh (1989), Viroqua
Secretary
D Jack Myers, RPh (1988), Madison
Rod C Bohn, RPh (1989), Sturgeon Bay
Jose Olivieri (Public Member) (1990), Milwaukee
Joan G Hedden (Public Member) (1988), Racine

BUREAU OF NURSING

Paula R Possin, Director 267-7223

Board of Nursing

Suzanne Schuler, RN (1987)
Chair ..... Wauwatosa
Mary Ann Clark, RN (1986)
Vice Chair ..... Cumberland
Evelyn Maloney, LPN (1990)
..... Chippewa Falls
Shirley Berger, RN (1987)
..... Stevens Point
Jane Travis, RN (1988)
..... Onalaska
John Bartkowski, RN (1990)
..... Milwaukee
Janice Kerley, LPN (1989)
..... Milwaukee
Ellen Ryan (1987) (Public Member)
..... Iola
Teresa Elguezabal (1989)
(Public Member) ..... Madison ■

Department of Industry, Labor & Human Relations

PO Box 7946, 201 E Washington Ave
Madison, Wis 53707
Tel 608/266-7552

Secretary's Office
Howard S Bellman, *Secretary* .... Madison
Helene M Nelson,
Deputy Secretary ..... Madison
Toya M McCosh,
Executive Assistant ..... Madison

Divisions
Worker's Compensation 266-1340
Carol A Lobes, Administrator
Job Service 266-8561
John Adams, Administrator
Safety and Buildings 266-3151
Ed McClain, Administrator
Equal Rights 266-6860
Merry F Tryon, Administrator
Employment and Training
Policy 266-2439
Ellen O'Brien Saunders, Administrator
Unemployment Compensation . 266-7074
Edwin M Kehl, Administrator
Administration 266-1024
Michael E Lovejoy, Administrator ■

Health Policy Council

The Governor's Health Policy Council is the chief health policy advisory body in the state and is primarily responsible for the coordination of the five area health systems plans into what ultimately becomes the triennial State Health Plan. The Council also advises the Department of Health and Social Services staff on major health issues and periodically reviews various statewide plans for the use of Federal grant health funds. In 1982 two Health Systems Agencies—the Northeastern Agency and the Lake Winnebago Agency—disbanded. This removed eight (8) HSA seats on the Council. Since state law requires a 60% HSA to 40% Governor at-large ratio on the Council, the at-large seats were reduced by four (4). The Council now has a total of 39 members—20 HSA-nominated representatives, 15 at-large representatives, 1 ex-officio VA representative, and 3 other ex-officio members.

Chairman, HPC
Harold C Ristow, La Crosse 54601
Tel 608/788-0027

Vice Chairman, HPC
Roger Baird, Menasha 54952
Tel 414/734-8960

Milton H Abram, II, Milwaukee 53211
Tel 414/332-3111

Thomas J Ansfield, MD, Madison 53719
Tel 608/833-6633 or 233-9788

Melinda Bailey, PhD, Madison 53705
Tel 608/233-9216 or 257-9700

Marlene Baron, Ashland 54806
Tel 715/682-6781 or 835-1285

John Blahnik, Washburn 54891
Tel 715/373-2526 or 373-2621

Judith Blank, Madison 53703
Tel 608/257-8403

William L Blockstein, Madison 53711
Tel 608/274-0217

William J Boyle, Eau Claire 54701
Tel 715/832-3938 or 836-2066

Ernest P Celebre, Kenosha 53142
Tel 414/552-9512 or 656-3011 ext 3217

Flora Cohen, Milwaukee 53211
Tel 414/332-8905 or 645-6616

Michael Daun, Milwaukee 53210
Tel 414/258-2745 or 278-2304

Sister Celesta Day, La Crosse 54603
Tel 608/782-5281

Lynne DeBruin, Milwaukee 53208
Tel 414/444-9955

Salvador G De Usabel, Madison 53717
Tel 608/833-3647 or 266-5462

Ruth R Gedwardt, Racine 53403
Tel 414/634-6951 or 637-1341

Gregory J Grambow, Milwaukee 53217
Tel 414/354-4050

Gus Hangiandreou, PhD, Merrill 54452
Tel 715/536-3417 or 842-1636

Phyllis Huffman, Wis Rapids 54494
Tel 715/423-1441

William I Jenkins, Wauwatosa 53226
Tel 414/351-2555 or 257-5936

Betty K Johnson, Marshfield 54449
Tel 715/384-2676

David Kindig, MD, Madison 53706
Tel 608/262-8808

Donald W Kolek, Ashland 54806
Tel 715/682-6875 or 373-2616

Ben R Lawton, MD, Marshfield 54449
Tel 715/387-5709 or 387-5511

Paul Meszaros, PhD, Ladysmith 54848
Tel 715/532-5731 or 532-5511, ext 297

Joyce Mevis, Darlington 53530
Tel 608/776-4427

Edmund A Nix, La Crosse 54601
Tel 608/784-8100

John R Petersen, MD, Wauwatosa 53226
Tel 414/476-2375 or 257-5891

Kathleen M Rivera, Wauwatosa 53226
Tel 414/771-5833 or 271-8210

Werner J Schaefer, Milwaukee 53213
Tel 414/476-5283

Mary Turnquist, Wausau 54401
Tel 715/842-3343 or 842-1871

Jake Tusin, Superior 54880
Tel 715/394-5259

Bradley S Wilson, Bayside 53217
Tel 414/351-2648 or 226-5000

Joan M Zeiger, Milwaukee 53202
Tel 414/257-5650

*Angela Apostoloff Madison 53716-3932
Tel 608/221-0383

**Nathan L Geraths, Madison 53705
Tel 608/256-1901

*Earl Thayer, Madison 53715
Tel 608/257-6781

*Warren Von Ehren, Madison 53719
Tel 608/274-1820

*Ex-officio members
**Ex-officio VA representative. ■

MEDIGAP HOTLINE:
1-800-242-1060

Designed to answer health insurance questions.

- **Health insurance and retirement**
  How will my insurance needs change when I reach 65?
  What is a Medicare Supplement policy?
  How do different policies compare in coverage? In cost?
  What policies are currently on the market?
- **Health insurance for those over 65**
  Do I have good health care coverage?
  Am I paying for too much insurance?
  Can I replace my policy with a better one?
- **Special kinds of health insurance**
  Are cancer policies worthwhile?
  How do indemnity policies work?
  Do I need a nursing home policy?
- **Medical Assistance (Medicaid, M.A., Title XIX)**
  Am I eligible for Medical Assistance?
  Do I need private insurance with M.A.?
  What does M.A. cover?
  Where do I apply?

Medigap Hotline is a project of the Center for Public Representation in Madison. It is available to Wisconsin residents over age 65 or approaching retirement. When the Hotline is not in operation, a recording will give the scheduled times for calling.

WISCONSIN HEALTH SYSTEMS AGENCIES

(listed by district and serving the counties therein)

Federally designated, the seven Wisconsin HSAs are primarily responsible for areawide and regional health planning and resource development activities in their respective health service areas. Either public or private nonprofit entities, the consumer dominated HSAs (1) formulate Health Systems Plans; (2) initially review Certificate of Need Applications for institutional health services, equipment, and construction; (3) perform the first phase of Federally required "Appropriateness Review"; and (4) serve as a screening body for the application of Federal Health Funds. Additionally, HSAs are charged with the mandate to overcome access barriers to treatment, avoid duplication of service, and generally strive towards the improved health of area residents.

District 1: **Health Planning Council, Inc (HPC)**, 995 Applegate Road, Madison 53713
Joyce Mevis, President
Paul Fleer, Executive Director (Ph 608/273-1809)
Counties: Columbia, Dane, Dodge, Grant, Green, Iowa, Jefferson, LaFayette, Richland, Rock, Sauk

District 2: **Southeastern Wisconsin Health Systems Agency, Inc (SEWHSA)**, 735 W Wisconsin Ave, #600, Milwaukee, Wisconsin 53233
Matthias Goebel, President
Kipton Kaplan, Executive Director (Ph 414/271-9788)
Counties: Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington, Waukesha

District 3: **Lake Winnebago Area Health Systems Agency, Inc (LWAHSA)** DHSS currently is performing functions since closing of this district office July 1982.
Counties: Calumet, Fond du Lac, Green Lake, Marquette, Outagamie, Waupaca, Waushara, Winnebago

District 4: **Northeastern Wisconsin Health Systems Agency, Inc (NEWHSA)** DHSS currently is performing functions since closing of this district office July 1982.
Counties: Brown, Door, Kewaunee, Manitowoc, Marienette, Menominee, Oconto, Shawano, Sheboygan

District 5: **Western Wisconsin Health Systems Agency, Inc (WWHSA)**, 907 Main Street, La Crosse, Wisconsin 54601
Matthew Hubler, President
Val Chilsen, Executive Director (Ph 608/785-9352)
Counties: Barron, Buffalo, Chippewa, Clark, Crawford, Dunn, Eau Claire, Jackson, LaCrosse, Monroe, Pepin, Pierce, Polk, Rusk, St. Croix, Trempealeau, Vernon

District 6: **North Central Area Health Planning Association, Inc (NCAHPA)** 408 Third St, Suite 202, Wausau, Wisconsin 54401
Don Weinkauf, President
George Snyder, Executive Director (Ph 715/845-3107)
Counties: Adams, Florence, Forest, Juneau, Langlade, Lincoln, Marathon, Oneida, Portage, Taylor, Vilas, Wood

District 7: **Health Systems Agency of Western Lake Superior, Inc** Ordean Building, Suite 202, 424 W Superior Street, Duluth, Minnesota 55802
Don Kolek, President
Wende Nelson, Executive Director
Wisconsin Counties: Ashland, Bayfield, Burnett, Douglas, Iron, Price, Sawyer, Washburn
Minnesota Counties: Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, St. Louis ■

PHYSICIAN MEMBERS OF WISCONSIN HEALTH SYSTEMS AGENCY BOARDS

District 1
Health Planning Council, Inc
*Carlos A Jaramillo, MD, POB 786, Monroe 53566
*Charles Lobeck, MD, 1300 University Ave, Madison 53706

District 2
Southeastern Wisconsin Health Systems Agency, Inc
*Carl S L Eisenberg, MD, 3003 W Good Hope Rd, Milwaukee 53217

District 3
(No office) (Responsibility of the Division of Health)

District 4
(No office) (Responsibility of the Division of Health)

*Denotes member of SMS

District 5
Western Wisconsin Health Systems Agency, Inc
*Dennis Ohlrogge, MD, 520 Amy Dr, Holmen 54636
*Lowell A Kristensen, MD, 1020 Lakeshore Dr, Rice Lake 54868
*Joseph M Tobin, MD, Box 224, Eau Claire 54701
*Joseph B Durst, MD, 815 South 10th St, La Crosse 54601
*Donald E Hoff, MD, UW-Eau Claire, Student Health Service, Eau Claire 54701

District 6
North Central Area Health Planning Association, Inc
*Maurice T Norman, MD, 2727 Plaza Dr, Wausau 54401
*Harold J Kief, MD, 7231 Lake Mildred Rd, Rhinelander, 54501
*Paul Liss, MD, 1000 N Oak Ave, Marshfield 54449

District 7
Health Systems Agency of Western Lake Superior, Inc
George W Knabe, MD, 901 N Ninth St, Virginia, MN 55792
*Harold B Leppink, MD, 504 East Second St, Duluth, MN 55805 ■

WISCONSIN PEER REVIEW ORGANIZATION (WIPRO)

WIPRO Board of Directors

David C Barnhart, PO Box 66, Manitowoc 54220
Irwin J Bruhn, MD, Rt 1, Box 64-A, Walworth 53184
Daniel F Cichon, DO, 2363 S 13th St, Milwaukee 53215
Thomas G Dehn, MD, 2000 W Kilbourne Ave, Milwaukee 53233
Conan Edwards, PhD, 224 Highland Ave, Madison 53705
George L Gay, MD, PO Box 28, Cambridge 53527
James E Glasser, MD, 1836 South Ave, La Crosse 54601
Herbert M Kauffman Jr, MD, 9200 W Wisconsin Ave, Milwaukee 53226
John J Kief, MD, 1020 Kabel Ave, Rhinelander 54501
Maurice Kiley, 804 McBride Rd, Madison 53704
Craig Larson, MD, 509 W Wisconsin Ave, #509, Milwaukee 53202
H B Maroney, PO Box 1109, Madison 53701
Toya M McCosh, PO Box 7946, Madison 53707
Donald H McDonald, MD, 19 S Third St, Winneconne 54986
Jonathan V Moulton, MD, 1011 N Eighth St, Sheboygan 53081
Jane L Neumann, MD, 725 American Ave, Waukesha 53186
Lyle L Olson, MD, 517 Park Pl, Darlington 53530
Marshall F Purdy, MD, 23 W Milwaukee St, Janesville 53545
Donald Smith, PO Box 548, Tomah 54660
David M Woeste, MD, 409 Spruce St, River Falls 54022

Officers

John J Kief, MD, Rhinelander, President
Jane L Neumann, MD, Waukesha, Vice-president
Maurice Kiley, Madison, Secretary-treasurer
Greg E Simmons, Acting Chief Executive Officer, 330 E Lakeside, Madison 53701
Steven Laking, Acting Chief Operating Officer, 330 E Lakeside, Madison 53701

Southwest Regional Manager, Robert K Rogers, 330 East Lakeside, Madison 53705
Southeast Regional Manager, Mike Rode, 756 N Milwaukee St, Milwaukee 53202 ■

WISCONSIN ADOPTION AGENCIES

Licensed Voluntary Agencies

Adoption Option, 1804 Chapman Dr, Waukesha, WI 53186; tel 414/544-4278

Adoption Services of Green Bay, 130 E Walnut St, Green Bay 54301; tel 414/433-9071

Bethany Christian Services of Wisconsin, W255 N499 Grandview Blvd, Waukesha 53186; tel 414/547-6557

Catholic Charities, Inc, 128 S 6th St, PO Box 266, La Crosse 54601; tel 608/782-0704

Catholic Social Services, Green Bay, PO Box 1825, Green Bay 54305; tel 414/437-6541

Catholic Social Services, Madison, 2702 International Lane, Madison 53704; tel 608/256-2358

Catholic Social Services, Milwaukee, 2021 N 60th St, Milwaukee 53208; tel 414/771-2881

Children's Service Society of Wisconsin, 1212 S 70th St, West Allis 53214; tel 414/453-1400

Evangelical Child Family Agency, 2401 North Mayfair Rd, Milwaukee 53226; tel 414/476-9550

Hope International Family Services, Inc, 421 S Main St, Stillwater, MN 55082; tel 612/439-2446

The Human Element, Inc, 817 N Marshall St, Milwaukee 53202; tel 414/273-5800

LDS Social Services, 4864 S 10th St, Milwaukee 53211; tel 414/483-1352

Lutheran Children's Friend Society, PO Box 13367, Wauwatosa 53213; tel 414/783-4564

Lutheran Social Services of Wisconsin and Upper Michigan, 3200 W Highland Blvd, Milwaukee 53208; tel 414/342-7175

Northern Family Services, 1835 Stevens St, PO Box 237, Rhinelander 54501; tel 715/369-1554

Pauquette Children's Services, Inc, 304 West Cook St, Portage 53901; tel 608/742-5510

Seven Sorrows Infant Home, Rte 1, Box 905, Necedah 54646; tel 608/565-2417

Wisconsin Lutheran Child and Family Services, 6800 N 67th St, Milwaukee 53219; tel 414/353-5000

Public Agencies

Division of Community Services (Regional Offices) (See page 145 for list of regional offices.)

Milwaukee County Department of Social Services, Child Welfare Division, 1220 W Vliet St, Milwaukee 53205

Maternity Homes

Lutheran Maternity Homes, 1910 South Avenue, La Crosse 54601

Rosalie Manor, 19305 West North Ave, Brookfield 53005■

IT PAYS TO BE A MEMBER

SMS Services, Inc.

SMS SERVICES . . . A wholly-owned subsidiary of the State Medical Society of Wisconsin has as its primary function the development and offering to SMS members of tangible benefits and services which are of professional, business, and personal advantage.

Insurance Programs

Professional Liability
Group and Individual Health
Disability Income
Auto, Homeowners, Personal Umbrella
Life, A D & D

*Worker's Compensation
Insured Medical Reimbursement
Business Overhead
General Business Liability
Universal Life
Other Life Lines

More on the way!

SMS Services is the Agent of Record for SMS and its endorsed programs.

Other Endorsed Programs

Uniform Claim Forms
Seminars
Printing Services
*Medical Equipment Leasing
*Auto Rental/Leasing

*Computers—Software and Hardware
*Home/Office Security Systems
*Debt Collection Services
*Credit Cards
Computer Supplies and Furniture

And more of these on the way too!

*Programs not administered by SMS Services

We are here to serve you in any way we can

P.O. BOX 1109, MADISON, WI 53701 • PHONE 608/257-6781 OR TOLL-FREE 1-800-362-9080

IT PAYS TO BE A MEMBER

STATE MEDICAL SOCIETY OF WISCONSIN SMS SERVICES INC. SUBSIDIARY

SMS Services, Inc.

SMS MEMBERS PAID LESS!

$10,000,000 LESS . . .

For insurance plans over the past four years

$350,000 LESS . . .

For debt collection since 1978

$920,000 LESS . . .

For Uniform Claim forms since 1978

By purchasing these services through . . .

SMS Services, Inc.

It Pays To Be A Member

Call us for the name of your personal representative

P.O. BOX 1109, MADISON, WI 53701 • PHONE 608/257-6781 OR TOLL-FREE 1-800-362-9080

IT PAYS TO BE A MEMBER

STATE MEDICAL SOCIETY OF WISCONSIN — SMS SERVICES INC. — SUBSIDIARY

SMS Services, Inc.

Authorized SMS Services, Inc Insurance Representatives

Districts

1.
Donald E Mulock,
District Manager
SMS Services, Inc
PO Box 68
Cudahy, WI 53110
414/747-0910

1.
Executive Marketing Services, Ltd
890 Elm Grove Road, Suite 003
Elm Grove, WI 53122
414/785-9900

1.
American Ins Mgmt, Inc
901 N Grandview Blvd
PO Box 2208
Waukesha, WI 53187
414/547-0411

1.
Heil Financial Group
260 Regency Court
PO Box 827
Brookfield, WI 53005-0827
414/785-4345

2.
Charles Sitkiewitz
District Manager
SMS Services, Inc
PO Box 1109
Madison, WI 53701
608/257-6781
or 800/362-9080

3.
Don F Jabas Associates, Inc
54 Park Place
PO Box 937
Appleton, WI 54912
414/731-0400

3.
R J Flahive & Associates
1219 N Drew Street
PO Box 1421
Appleton, WI 54913
414/731-2150

3.
Hierl Insurance
258 S Main Street
Fond du Lac, WI 54935
414/921-5921

4.
Manson Insurance
First American Center
PO Box 1907
Wausau, WI 54401
715/845-4371
or 800/472-1544

5.
Orth-Abbott Insurance
Service, Inc
6939 Mariner Drive
Racine, WI 53406
414/886-9555

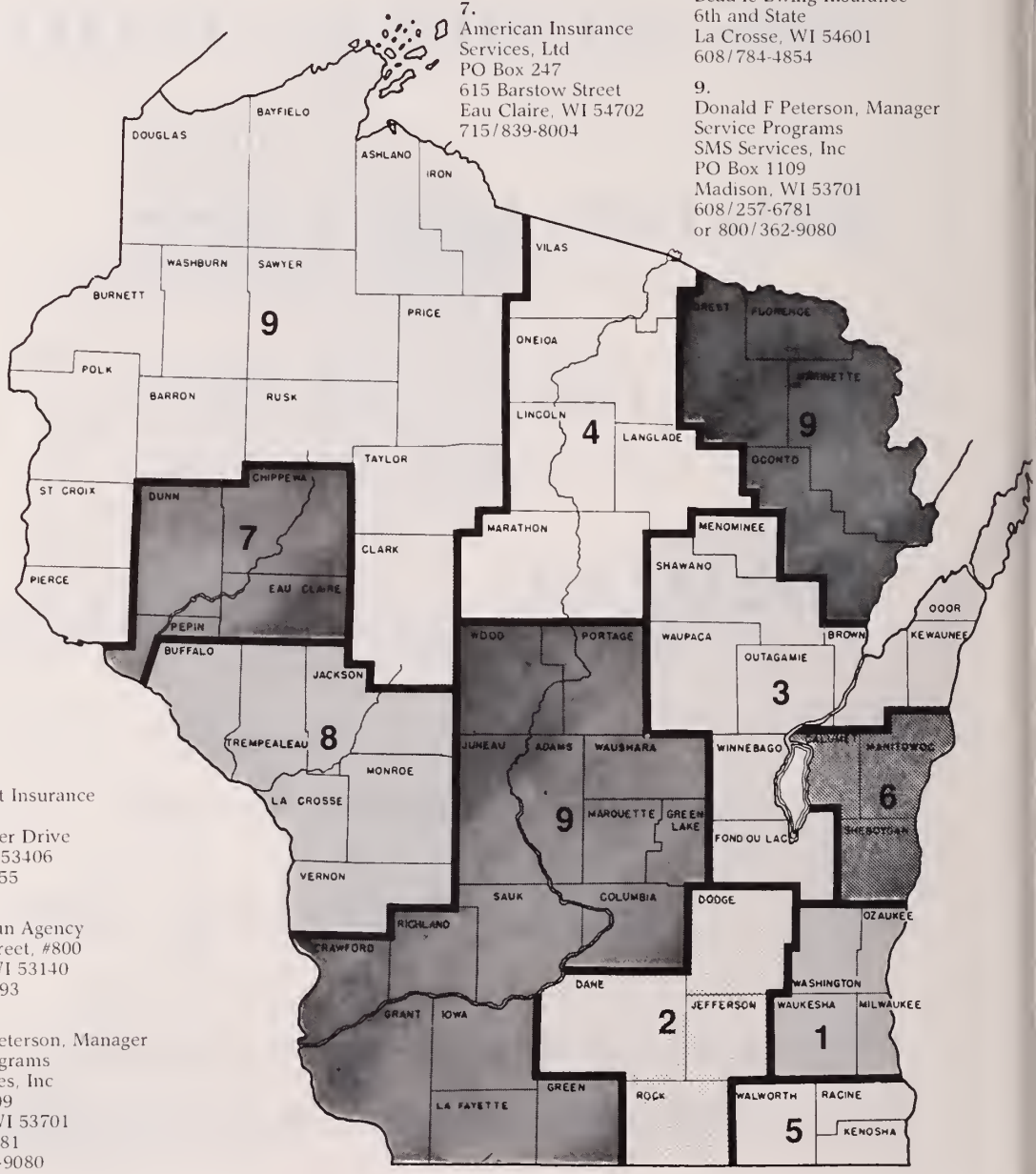
5.
John P Braun Agency
625 57th Street, #800
Kenosha, WI 53140
414/657-3193

6.
Donald F Peterson, Manager
Service Programs
SMS Services, Inc
PO Box 1109
Madison, WI 53701
608/257-6781
or 800/362-9080

7.
American Insurance
Services, Ltd
PO Box 247
615 Barstow Street
Eau Claire, WI 54702
715/839-8004

8.
Bead le-Ewing Insurance
6th and State
La Crosse, WI 54601
608/784-4854

9.
Donald F Peterson, Manager
Service Programs
SMS Services, Inc
PO Box 1109
Madison, WI 53701
608/257-6781
or 800/362-9080



P.O. BOX 1109, MADISON, WI 53701 • PHONE 608/257-6781 OR TOLL-FREE 1-800-362-9080

THE FOLLOWING constitutes a summary report of actions taken at the Annual Meeting of the House of Delegates, April 17–18, 1986, in Milwaukee. Resolutions and reports were widely distributed to delegates, alternates, county medical society officers, and others. Members of the Society may, upon request, study the official transcript of the meeting at the State Medical Society headquarters in Madison, or inquire as to the full content of a particular report or resolution.

—*Earl R Thayer,* Secretary

SUMMARY REPORT, HOUSE OF DELEGATES

State Medical Society of Wisconsin, April 17–18, 1986

THE HOUSE OF DELEGATES deliberated 29 resolutions as well as reports of officers, the Board of Directors, commissions, committees, and a report of the Special Reference Committee on Physician-owned Liability Insurance Company. Refer to the March 1986 issue of the *Wisconsin Medical Journal* for abstracts of resolutions 1 through 24 and their sources. Following is the text of the House of Delegates reference committee reports (with additional commentary inserted where needed for meaning) and indication of House action upon committee recommendations.

———

Reference Committee on National Issues

• **Report BB** of the **Committee on Federal Legislation** outlines its priorities in an effort to maximize its effectiveness in dealing with national issues from the perspective of a state organization. The report also summarizes its position on several important bills in Congress. Recommends adoption. ***Action:*** Adopted.

• **Report H** of the **Committee on Environmental and Occupational Health** discusses a variety of issues affecting environmental and occupational health. The Committee also acknowledged the enormous effort put forth by the Environmental and Occupational Health Committee in updating the SMS Occupational Health Guide which has become nationally recognized. Recommends adoption. ***Action:*** Adopted.

• **Report R** of the **Wisconsin Delegation to the American Medical Association** informs the House how it carries forward the experience and concerns of SMS members to this national policy forum and acknowledges the Delegation's success in placing Wisconsin physicians in several key policy committees of the AMA. Recommends adoption. ***Action:*** Adopted.

• **Resolution 1** concerns the **Outreach Program of the AMA;** substitute resolve recommended by reference committee as follows: *Resolved,* That the State Medical Society of Wisconsin initiate an outreach program to retain and recruit members that would involve personal contact by members of the House of Delegates. ***Action:*** Adopted as amended.

• **Resolution 2** concerns polling SMS members to determine the level of **support for unified membership with the AMA.** Recommends adoption. ***Action:*** Adopted (by a close vote).

• **Resolution 3** concerns **unified membership in the AMA** and requests that all members who serve in the SMS House of Delegates who are not members of the AMA be encouraged to join the AMA. Recommends adoption. ***Action:*** Adopted.

• **Resolution 4** concerns **federal law (PL-98-457).** The reference committee carefully considered many of the legal dilemmas of PL-98-457 that deals with the **care of handicapped infants;** the committee has grave concerns that this legislation would be difficult to implement and that it would be premature to engage in discussions with the State. Recommends amendment of the resolve to read: *Resolved,* That the State Medical Society study what the impact of federal law (PL-98-457) would have on the care of handicapped infants. ***Action:*** Adopted as amended.

Attendance: 1419

Total attendance of the two-day scientific program April 18-19, 1986 at the MECCA in Milwaukee was 1419.

Registration of physician members was 962, 16 nonmember physician registrants, and 29 guest physicians, while the balance consisted of 192 technical exhibitors; 10 scientific exhibitors; 82 interns, residents, and medical students; and 133 guests (certified nurses, physician spouses, and others).

The three sessions of the House of Delegates had the following registrations: 146 first session; 147 second session; and 146 third session. There are 187 voting members of the House. House sessions were held April 17-18, 1986.

Credentials Committee
Glenn M Seager, MD, La Crosse
Acting Chair
Jack M Lockhart, MD, La Crosse

NATIONAL ISSUES continued

• **Resolution 5** relates to the **safe transportation of hazardous materials.** The State of Wisconsin currently does not have a single state agency charged with the responsibility of planning for, or dealing with, accidents involving hazardous chemical or radioactive materials. This has caused confusion in implementing appropriate protocols to address these issues. The reference committee heard testimony that local hospitals are not uniformly prepared to deal with these problems. The committee recommends the following substitute resolution: *Resolved,* That the State Medical Society encourage the State to establish a single entity to deal with accidents involving hazardous chemical and radioactive materials; encourage the development of a regional network of institutions and individuals that are prepared to give advice or respond to accidents involving hazardous chemical and radioactive materials; and encourage development of a protocol that will enhance the capabilities of individual facilities dealing with accidents involving hazardous chemical and radioactive materials. *Action:* Adopted as amended.

———

Reference Committee on Organization and Finances

• **Resolution 15** concerns **compensation for SMS President.** Although fully supportive of the intent of the resolution, the reference committee recommends the following substitute resolve: *Resolved,* That the President of the State Medical Society of Wisconsin receive an honorarium of $25,000 plus expenses during his/her term of office, effective immediately. *Action:* Adopted as amended.

• **Resolution 16** concerns **Auxiliary dues;** reference committee recommends this resolution not be adopted and the issue be referred to the Auxiliary Board of Directors with the assurance SMS will continue to provide administrative support in these matters. *Action:* Rejected Resolution 16 and referred to the Auxiliary Board of Directors.

• **Report D** of the **Public Information Commission;** the committee recommends adoption. *Action:* Adopted.

• **Report N** of the **Committee on Women Physicians;** the committee recommends adoption. *Action:* Adopted.

• **Report P** of the **Secretary;** the committee recommends adoption and commends Secretary Thayer for his commitment to the medical profession. *Action:* Adopted.

• **Report Q** of the **Board of Directors.** This was considered in several segments:

1987 Dues—Considerable testimony was presented to the reference committee which discussed this issue in depth. The committee recommends that 1987 regular member dues be increased by $10 (2.2%) to $465 be adopted. *Action:* Adopted.

Lay Over of Amendments—The committee recommends Chapter XII of the Bylaws be amended as follows: "These Bylaws may be amended at any Annual Meeting by a majority vote of the Delegates present, if the proposed amendment has been properly submitted to the House of Delegates and has laid over for one session of that Annual Meeting." *Action:* Adopted.

Dues Payment Deadline—The committee recommends that Chapter VII, Section 1 of the Bylaws be amended as follows: "Section 1. The annual dues and assessments of this Society shall be determined by the House of Delegates and shall be levied per capita on the members. Dues and assessments shall be payable as determined by the Board of Directors. Any member whose current year's dues have not been received by the Secretary *on or before the dues payment deadline, as established by the Board of Directors, shall be deemed in arrears and shall be removed from the membership rolls of the county society* and this Society until such time as full dues for the current year have been received." *Action:* Adopted.

Earl R Thayer—Secretary
State Medical Society

Excerpts from the Secretary's report to the House: ". . . the proposal for a Society-owned captive insurance company for liability purposes . . . a development like this has been coming for ten years in this state, and frankly, I think we have to exploit the opportunity because we have got the chance to do it . . . I don't think that there has ever been a time in my years with this organization that I have spent so much energy or made any more of a commitment of myself and my time and whatever few talents I might have to make certain that this body, that the Board of Directors, that the physicians of this state, have the type and quality of information available to them to make an informed decision on any issue as I have on this one. This is not the time for political rhetoric . . . This is a time for very calm, calculated deliberations and assessment of what is best for the physicians of this state faced with a growing liability insurance dilemma . . . it is time for action." ■

ORGANIZATION AND FINANCES continued

Proposed Bylaw Amendment for Setting Forth Criteria for the Establishment of Specialty and Special Sections—The committee recommends that Chapter XI, Section 1 be amended to read as follows: "Section 1. The House of Delegates shall establish specialty *and special* sections within the Society. It shall have the power to combine, enlarge or discontinue any or all of such sections so established *using the following guidelines:*

a. For specialty section to be designated it must represent a specialty which is represented in the American Medical Association House of Delegates and
b. Have at least twenty (20) members of the specialty who are members of this Society.
c. If no representative from the specialty section registers as a representative of that section for three (3) consecutive Annual Meetings, the specialty section will be dropped with the option of reapplying after one year, provided the above criteria are met.
d. From time to time special sections not meeting the above criteria may be established by the House of Delegates." ***Action:*** Adopted.

Amendment to the SMS Constitution—The Board introduced for consideration at the 1987 Annual Meeting of the Society a constitutional amendment as follows: Article VIII, Section 2 be amended by deleting: "The place for holding each Annual Meeting shall be fixed by the House of Delegates, or by failure to act, such authority is delegated to the Board." and by adding "and the place" to the current second sentence so that it would read: "The time *and the place* for holding each Annual Meeting shall be approved by the Board." ***Action:*** Received.

The balance of Report Q and the Supplementary Report not otherwise assigned were discussed, including the Report of the Health Care Data Task Force, which the committee recommends the Board of Directors distribute as it sees fit. ***Action:*** Adopted.

• **President Scott's Report:** We commend Doctor Scott for his dedication and his efforts on behalf of organized medicine. ***Action:*** Adopted. [President Scott's report appears elsewhere in this issue.]

• **President-elect Mullooly's Report:** We thank Doctor Mullooly for his inspiring message and look forward to a very active year. ***Action:*** Adopted. [President-elect Mullooly's report appears elsewhere in this issue.]

• **Treasurer Foley's Report:** We are grateful to Doctor Foley and others who were present at the reference committee hearing to provide testimony and answer questions. We commend Doctor Foley and the Finance Committee for their management of the fiscal responsibilities of the Society. ***Action:*** Received. [Treasurer Foley's report, in part, appears elsewhere in this issue.]

• **SMS Services, Inc:** Informational report discussed. ***Action:*** Filed.

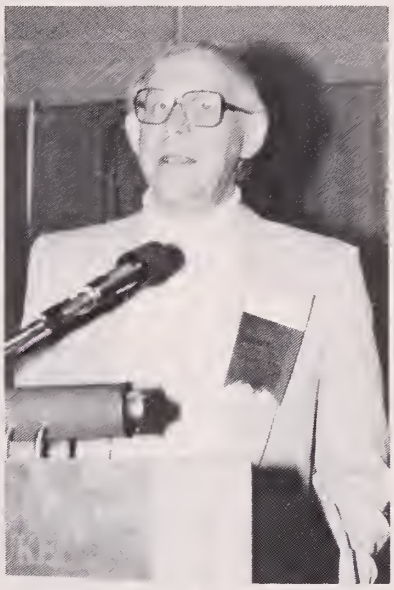
• **Charitable, Educational and Scientific Foundation:** Informational report discussed. ***Action:*** Filed.

• **Wisconsin Political Action Committee (WISPAC):** Informational report discussed. ***Action:*** Filed.

———

Reference Committee on Scientific Activities

• **Resolution 6** recommends that **colorectal screening** be offered by all State Medical Society members. The committee recommends adoption of the resolution as amended to read: *Resolved,* That colorectal cancer screening be offered on a periodic basis as community health education programs sponsored by physicians. ***Action:*** Adopted as amended.



Darold A Treffert, MD—Chairman of the Board of Directors

Excerpts from the Chairman's report to the House: "The Task Force on Physician Review and Discipline . . . approved by the Board of Directors and presented to the Governor's Task Force on Professional Licensing and Discipline of which I am a member . . . does credit to this organization (see page 52 of this issue). (From) the Governor's Task Force report (due at the end of summer) . . . hopefully . . . will come some kind of reforms that this Society feels are urgently needed . . . it is our judgment that the present system does not have in it the authority that physicians require and need to carry out the heavy responsibility of professional licensing and professional discipline. The second most important decision that faces this organization . . . the question whether to form or not a professional liability company owned by the State Medical Society of Wisconsin . . . If that is done, we are doing so so that we can help control the medical liability crisis . . . so that we can help shape the medical liability market in the state rather than simply be a victim of it." ■

ORGANIZATION AND FINANCES continued

• **Resolution 7** concerns adequate housing and appropriate **care and treatment for street people.** *Action:* Adopted.

• **Resolution 8** recommends support for legislation to repeal **sales restrictions on contraceptives.** *Action:* Adopted.

• **Resolution 9** advocates **mandatory use of safety belts.** The committee recommends substitution of the word "restraining" for "lap and shoulder." Thus, the substitute resolve reads: *Resolved,* That the State Medical Society support the mandatory use of restraining belts in Wisconsin with allowance for medical exemptions. Although the committee recognizes that the Society is on record as supporting use of safety belts, it recommends adoption of Resolution 9 to re-emphasize the need. *Action:* Adopted as amended.

• **Resolutions 10, 11, and 25** are essentially similar in that they propose a **policy of graduated standards for blood alcohol level for driving.** The committee recommends adoption of Resolution 10 in lieu of Resolutions 11 and 25. (Following House discussion the committee's recommendation was amended to substitute adoption of Resolution 25 in lieu of Resolutions 10 and 11. Resolution 25 reads: *Resolved,* That the State Medical Society adopt as policy that a blood level of 0.05 be the level that is acceptable for operating a motor vehicle; and be it further *Resolved,* That they pursue through the Legislature lowering the present blood alcohol acceptable level from 0.10 to 0.05.) *Action:* Adopted Resolution 25.

• **Resolutions 12 and 13** reaffirm State Medical Society policy in support of adoption of a **21-year-old drinking law** in Wisconsin. *Action:* Adopted Resolutions 12 and 13.

• **Resolution 14** support utilization of **Physician Extenders in nursing homes.** While the committee agreed with the basic concept, it felt that further study was called for in areas such as development of the protocol by physicians, the degree of supervision of the Extenders by the physician, and the need for revisions of Department of Health and Social Services administrative rules. The committee recommends that the resolution not be adopted but that it be referred to the Board of Directors for study and implementation as appropriate. *Action:* Resolution 14 was referred to the Board of Directors.

• **Resolution 29** recommends that the State Medical Society affirm a position that a **Medical Examiner be a physician.** Resolution 29 reads: *Resolved,* That SMS affirm a position that a Medical Examiner be a physician—preferably a pathologist with special expertise in the investigation of medico-legal-forensic cases, and be it *Resolved,* That SMS pursue a legislative course clarifying existing statutes to *ensure* that the term Medical Examiner can only be interpreted as meaning a pathologist with special expertise in the investigation of medico-legal-forensic cases. Upon request of the author of the resolution, the committee recommends that the second resolve be clarified by inserting for "pathologist" the words "physician—preferably a pathologist." *Action:* Adopted as amended.

• **Report of the SMS Task Force on Physician Review and Discipline** reports on the in-depth study prepared by the Task Force. The committee commends the Task Force and recommends that the House support the im-

THANK YOU

The reference committees of the House of Delegates are to be commended for their thoughtful deliberations and thanked for a job "well done."

Organization and Finances
Roland R Liebenow, MD, Lake Mills
Chairman
Robert B Shapiro, MD, Madison
Timothy J Devitt, MD, Soldiers Grove
John A DeGiovanni, MD, Prairie du Sac
Daniel F Johnson, MD, Eau Claire

Socioeconomic Activities
John O Simenstad, MD, Osceola
Chairman
Raymond E Skupniewicz, MD, Racine
James R Mattson, MD, Green Bay
James L Basiliere, MD, Oshkosh

Scientific Activities
Robert A Keller, MD, Sheboygan
Chairman
Lucille B Glicklich, MD, Milwaukee
Charles E Holmburg, MD, Menomonee Falls
James S Janowiak, MD, Merrill

National Issues
Richard G Roberts, MD, Darlington
Chairman
Michael P Mehr, MD, Marshfield
Edward O Lukasek, MD, Sparta
Jeffrey K Polzin, MD, Black River Falls
Marcia J S Richards, MD, Milwaukee

Credentials
Glenn M Seager, MD, La Crosse
Acting Chair
Jack M Lockhart, MD, La Crosse

Physician-owned Liability Insurance Company (special)
Timothy T Flaherty, MD, Neenah
Chairman
Richard W Edwards, MD, Richland Center
Jerome W Fons Jr, MD, Cudahy
William J Listwan, MD, West Bend
Earl R Thayer, Madison
William L Treacy, MD, Milwaukee
John K Scott, MD, Madison (ex officio)
John P Mullooly, MD, Milwaukee (ex officio)

Duane W Taebel, MD
Speaker

ORGANIZATION AND FINANCES continued

plementation of the recommendations contained in the report. *Action:* Adopted. [The Executive Summary of the report, including the recommendations, appears elsewhere in this issue.]

• **Report A** of the **Commission on Continuing Medical Education** outlines activities related to planning the annual meeting, continuing medical education of the State Medical Society, and intrastate accrediting of hospitals and medical specialties. The report also makes recommendations for future meeting sites and dates. The committee notes that the meeting planned for Green Bay will be held in 1990 instead of 1989. *Action:* Accepted.

• **Report C** of the **Commission on Mediation and Peer Review** discusses various activities in mediation; peer review; the Medicaid Medical Audit Committee, which is under contract to the State Department of Health and Social Services; and the Statewide Impaired Physician Program, which is linked to the Medical Examining Board through the Coordinating Council on Physician Impairment. The committee accepts the recommendation concerning the need for a part-time medical director for the Impaired Physician Program and notes that the Board of Directors will be studying this proposal. The committee also wishes to commend the commission and Gerald Kempthorne, MD, chairman, for diligence in service to the medical community and society. *Action:* Accepted.

• **Report E** of the **Editorial Board** of the *Wisconsin Medical Journal* reviews papers submitted and content of the Journal and reports a new format and new front cover design. *Action:* Accepted.

• **Report F** of the **Committee on Aging, Extended Care Facilities and Home Health Care** reports that primary attention this year has been devoted to home health care of the elderly. The committee encourages physicians to include a statement regarding resuscitation as part of admission orders or plan of care for patients in long-term and intermediate care facilities. *Action:* Accepted.

• **Report G** of the **Committee on Alcoholism and Other Drug Abuse** outlines interactions with governmental agencies and support of opposition to various legislative proposals. The committee also reports a joint meeting with the Committee on Mental Health to discuss dual diagnoses, a statement on use of lithium in treatment of alcoholism, and support for graduated penalties for OWI. *Action:* Accepted.

• **Report I** of the **Committee on Maternal and Child Health** summarizes response to legislative issues and review of maternal deaths by the Maternal Mortality Survey Study Subcommittee. *Action:* Accepted.

• **Report J** of the **Committee on Medicine and Religion** describes plans for the annual Medicine and Religion Breakfast, consideration of a draft of "Medical and Legal Ethics," and continued distribution of the booklet, "The Ethics of Less Care." *Action:* Accepted.

• **Report L** of the **Committee on Safe Transportation** details consideration of several aspects of medical standards for school bus operation in its official capacity as Medical Advisory Board to the Wisconsin Department of Transportation. In addition, the committee recommends adoption of a policy favoring permissive reporting of impaired drivers with immunity from liability for such reporting when done in good faith, and of graduated penalties for operating a motor vehicle while intoxicated. The committee commends James L Weygandt, MD, chairman, for his dedication and devotion for the past 23 years. *Action:* Accepted.

• **Report M** of the **Committee on School Health** covers work with the Department of Public Instruction to place greater emphasis on health education in the school systems and review of a study of school nursing services. The committee also reviewed guidelines for dealing with AIDS in the school setting; continued cooperation with the Wisconsin Broadcasters Association in encouraging responsible use of alcohol; and monitored interpretation of Wisconsin Act 334 regarding administration of drugs in public schools. *Action:* Accepted.

———

Reference Committee on Socioeconomic Activities

• **Report B** of the **Physicians Alliance Commission**, which merged with the Commission on Governmental Affairs, outlines the legislative/political action policy taken by the commission as well as the traditional economic and representation activities. The 1986 Special Annual Meeting Edition of *Capitol Week* supplements this report. [An updated version of this edition, captioned "State Medical Society Legislative Box Score," appears elsewhere in this issue.] The committee recommends adoption of the portion of Report B specific to the Physicians Alliance Commission and the *Capitol Week* supplement. *Action:* Adopted.

• **Report K** of the **Committee on Mental Health** describes the efforts made toward resolution of problems associated with the delivery of mental health services. Also, the activities of the Ad Hoc Committee on Child Abuse and Neglect were described. *Action:* Adopted.

• **Report O**, as well as its supplement, of the **Medical Liability Committee** and the **Task Force on Medical Liability** outlines the studies made of the liability system. The supplemental report, which explains the position of the Board of Directors, that the Patients Compensation Panel system is unnecessarily complex, time-consuming, expensive, and adversarial and that this system be replaced with a mandatory, nonbinding mediation system. The report also describes a phy-

SOCIOECONOMIC ACTIVITIES continued

sician support network being developed by the Task Force on Medical Liability to assist physicians in dealing with the emotional aspects of medical liability litigation. The committee commends the members of the Task Force for their ongoing efforts. The committee particularly acknowledges the leadership and dedication of William J Listwan, MD, chairman of the Task Force, in seeking solutions to the medical liability crisis. *Action:* Adopted Report O and the supplement thereto.

• **Resolution 17** recommends that **premiums for physicians' medical liability insurance** be set in proportion to income. The committee recognizes the problems caused by rising insurance costs not only in small communities but throughout the state. The committee believes, however, that Resolution 17 does not effectively address the root causes of the escalating costs of insurance and, therefore, recommends rejection of Resolution 17. *Action:* Rejected.

House of Delegates: 1986-87 Nominating Committee

(Elected by House April 18, 1986)

DISTRICT

1 Jerome W Fons Jr, MD, Cudahy
1 Robert F Purtell Jr, MD, Milwaukee
1 John D Riesch, MD, Menomonee Falls
1 Raymond E Skupniewicz, MD, Racine
1 Irwin J Bruhn, MD, Walworth
2 Sandra Osborn, MD, Madison
2 James J Tydrich, MD, Richland Center
3 Jack M Lockhart, MD, La Crosse
4 John E Thompson, MD, Nekoosa
5 James S Basiliere, MD, Oshkosh
6 Rolf S Lulloff, MD, Green Bay
7 Merne W Asplund, MD, Bloomer
8 Charles R Longstreth, MD, Ashland

SPECIALTY SECTIONS

Carl S Eisenberg, MD, Milwaukee

• **Resolution 18** deals with a **mandatory liability insurance coverage for physicians.** The resolution indicates that physicians must obtain both primary and Patients Compensation Fund coverage. The committee would like to clarify that the requirement for primary coverage may be met by self-insuring, posting a bond, or obtaining insurance coverage. The committee also believes that challenging the requirement for Fund coverage is neither practical nor desirable. Therefore, the committee recommends rejection of Resolution 18. *Action:* Rejected.

• **Resolutions 19 and 20** dealing with **expert testimony in medical liability actions** were considered together. The committee recognizes the problems associated with inaccurate medical testimony. However, the committee believes that the solutions proposed in Resolutions 19 and 20 are too costly and unwieldy, and therefore should be rejected. Instead the committee believes the Society should urge all physicians to make themselves available to review medical liability claims and when appropriate testify in liability actions. *Action:* Rejected Resolutions 19 and 20 by adopting the following amendment: Remove all words in the committee report above starting with the word "recognizes" and continuing to the end of the report with the word "actions." Substitute the following: . . . recommends referral of Resolutions 19 and 20 to the Board of Directors for study, recommendations and implementation as indicated.

• **Resolution 21** encourages the State Medical Society to urge DHSS to implement a true **open enrollment policy in the AFDC HMO initiative.** The committee believes the resolution should be adopted with the last four words "in the involved counties" deleted. *Action:* Adopted as amended.

• **Resolution 22** suggests that the State Medical Society **withdraw physician participation in WIPRO.** The committee recommends rejection of Resolution 22 on the basis that physician involvement is an essential part of any peer review activity. The reference committee reminds the House that last year it adopted a resolution to establish a reporting and monitoring system for incidents involving DRGs, HMOs, third parties, and governmental regulations which adversely affect the ability to provide proper care for patients. *Action:* Rejected.

• **Resolution 23** deals with **compensation of physicians' management services.** The committee recommends adoption of Resolution 23 with the word "pursue" being replaced by "advocate for" and deleting the words "by capitation." The committee further recommends that this resolution be referred for implementation to the Committee on Aging and Extended Care Facilities. *Action:* Adopted as amended.

• **Resolution 24** recommends that the State Medical Society seek legislation to **revise the composition of formal panels** and to make panel findings binding. In light of the previous action to adopt Supplemental Report O calling for replacement of the panel system, the committee recommends rejection of Resolution 24. *Action:* Rejected.

• **Resolution 26** recommends that the House of Delegates of the State Medical Society instruct the Board of Directors to study the advisability and feasibility of forming a **statewide HMO.** [The resolves, not previously published, are as follow: *Resolved,* That the House of Delegates of the State Medical Society of Wisconsin instruct the Board of Directors to study the advisability and feasibility of forming a statewide HMO; and be it further *Resolved,* That an Ad Hoc Committee be appointed by the Board to conduct the study, including physicians in primary and specialty practice and assuring broad geographic representation; and be it further *Resolved,* That the Ad Hoc Committee and the Board of Directors complete the study and submit a writ-

SOCIOECONOMIC ACTIVITIES continued

ten report with recommendations in a time frame of six months; and be it further *Resolved,* That the Board of Directors develop a mechanism for eliciting delegate response and membership reaction. ***Action:*** Adopted.

• **Resolution 28** recommends that SMS call on Governor Earl to convene a special session of the Legislature to consider medical liability reform legislation. The committee recommends a substitute resolve as follows: *Resolved,* That the State Medical Society of Wisconsin, by vote of its House of Delegates representing 6,500 physicians in Wisconsin, call on Governor Earl to convene a Special Session of the Legislature which will be allowed to consider the previously compromised provisions of SB 328, or similar terms, as passed by the Senate in March 1986. ***Action:*** Adopted Resolution 28 as amended with the substitute resolve and insertion of the words "without precondition."

———

Special Reference Committee on Physician-owned Liability Insurance Company

The Special Reference Committee on Physician-owned Liability Insurance Company conducted an informational hearing for one hour and thirty minutes and addressed a series of comments and questions. The committee recommends adoption of Resolution 27.

• **Resolution 27**

WHEREAS, The House of Delegates in 1980 directed that the State Medical Society "continue to investigate a physician-sponsored professional liability insurance company to work cooperatively with the Patients Compensation Fund in the protection of physician and patient interest"; and

WHEREAS, As a result of such investigations, the Board of Directors in July 1984 approved and launched an SMS-endorsed medical liability plan underwritten by The Professionals Insurance Company (a subsidiary of PICO, the Physicians Insurance Company of Ohio); and

WHEREAS, The endorsed-plan agreements entered into by State Medical Society and SMS Services, Inc with PICO and The Professionals formally recognized that the ultimate objectives of Wisconsin physicians "may only be fully achievable through ownership and operation of their own carrier for medical professional liability insurance"; and

WHEREAS, Continuing analysis of the liability situation in Wisconsin by the Society's Task Force on Medical Liability and the Board brings the clear consensus that the Society should convert its liability insurance plan from endorsement to ownership so as to assure Wisconsin physicians greater control of their own destiny in this increasingly important element of medical practice; and

WHEREAS, The Board believes that such a physician-owned liability insurance company will bring to members of the Medical Society continuing assurance of the availability of liability protection, more control of the process of defense and litigation, greater effectiveness in loss control, improved efficiency of operation and long-term strengthening of the Wisconsin medical profession; therefore be it

Resolved, That the House of Delegates authorize immediate establishment of an SMS-sponsored and physician-owned, stock, medical liability insurance company to be known as Physicians Insurance Company of Wisconsin, Inc; and be it further

Resolved, That all members of the State Medical Society who have purchased stock in the Company be eligible to apply for its liability insurance coverage; and be it further

Resolved, That the State Medical Society of Wisconsin be authorized to assist in the capitalization of Physicians Insurance Company of Wisconsin with an investment of $250,000; and be it further

Resolved, That the initial Board of Directors of Physicians Insurance Company of Wisconsin be composed of 13 persons as follows:

- 3 officers of the State Medical Society of Wisconsin (President, President-elect, and Immediate Past President)
- 5 physician shareholders at-large
- 2 representatives of Physicians Insurance Company of Ohio
- 1 State Medical Society Chief Executive Officer
- 1 non-medical person skilled in finance
- 1 Chief Executive Officer of Physicians Insurance Company of Wisconsin

Action: Adopted

Other actions

• **Consensus of the House**—The State Medical Society of Wisconsin through this House of Delegates of 1986 wishes to commend Mr Brian Jensen, former director of the Physicians Alliance Division, for his ten years of service to the physicians of the State of Wisconsin and also for the excellent staff who developed under his direction and remain to continue our programs. It is further suggested in this consensus of the House of Delegates that an appropriate certificate be presented to Mr Jensen in the near future.

• Elected a Nominating Committee whose membership is published elsewhere in this issue.

• Elected officers, AMA delegates and alternates, and confirmed the elections of district directors. [Election results and confirmations were published in the May 1986 issue of the *Wisconsin Medical Journal.*]

[The Statement of Income and Expenses and the Balance Sheet from the Treasurer's Report appear on the following page.]

THE FOLLOWING FINANCIAL STATEMENTS of the State Medical Society of Wisconsin are part of the Treasurer's Report to the House of Delegates. The Annual Certified Audit, prepared by Bailey, Calmes & Co., certified public accountants, is on file at Society headquarters. Members wishing to review the Audit may do so upon inquiry to the Secretary.

STATE MEDICAL SOCIETY OF WISCONSIN
Madison, Wisconsin

General Fund
BALANCE SHEET
December 31, 1985

ASSETS		
Current Assets		
Cash		$ 93,632.98
Accounts Receivable—General		27,473.73
Due from SMS Services, Inc		102,307.77
Due from SMS Pension Plan and Trust Agreement		970.97
Due from Charitable, Educational, and Scientific Foundation, Inc		8,387.20
Due from Other Organizations for Accrued Payroll and Vacation Pay		30,281.67
Investments:		
Cash Management Funds	$ 65,000.00	
Repurchase Agreements	150,000.00	
Commercial Paper	900,000.00	
Certificates of Deposit	300,000.00	
U.S. Government Securities—at Cost (Market Value $1,469,512.00)	1,443,608.69	
Common Stock—at Cost (Market Value $281,843.00)	234,426.31	3,093,035.00
Accrued Investment Income Receivable		45,487.44
Employee Travel Advances		2,114.80
Prepaid Expenses		24,584.56
Supplies Inventory (At Cost)		17,664.47
Total Current Assets		$3,445,940.59
Fixed Assets		
Real Estate—Office Building	$1,102,642.49	
Real Estate—Storage Building	26,746.96	
Other Real Estate	91,792.59	
Building Equipment	66,451.34	
Furniture and Equipment	308,477.61	
Data Processing Hardware and Software	42,905.80	
Subtotal	$1,739,016.79	
Less: Accumulated Depreciation	1,091,650.39	
Net Book Value	$ 647,366.40	
Less: Leasehold Improvements Paid by Other Organizations	38,906.25	
Net Fixed Assets		608,460.15
Other Assets		
Long Term Investment in Common Stock—SMS Services, Inc at Equity		185,933.03
TOTAL ASSETS		$4,240,333.77

LIABILITIES		
Current Liabilities		
Accounts Payable		$ 53,430.86
Dues Held for the Section on Ophthalmology		428.81
1984 Dues Payable to American Medical Association, County Medical Societies, and Other Organizations		1,018.50
Accrued Payroll Taxes and Other Payroll Deductions		2,244.40
Accrued Property Taxes Payable		57,934.67
Accrued Sales Tax Payable		442.55
Accrued Income Tax Payable		11,374.83
Accrued Payroll and Vacation Pay		107,494.44
Accrued Health Incentive Plan		24,194.02
Accrued Retirement Plan Contributions Payable		26,419.70
Other Accrued Expenses		3,234.11
Deferred Income:		
Prepaid 1986 Membership Dues	$1,980,121.27	
Prepaid 1986 Annual Meeting Income	13,500.00	
Prepaid Rental Income	10,535.40	2,004,156.67
Other Current Liabilities		900.00
Total Current Liabilities		$2,293,273.56

SURPLUS		
Balance, January 1, 1985	$1,671,994.14	
State Medical Society Excess Income Over Expense for the Year Ended December 31, 1985	225,654.45	
Net Increase in Value of Investment in SMS Services, Inc (Net Income $64,411.62 less dividends $15,000.00)	49,411.62	
*Balance December 31, 1985		1,947,060.21
TOTAL LIABILITIES AND SURPLUS		$4,240,333.77

*Allocation of Surplus	Balance January 1, 1985	1985 Additions	Balance December 31, 1985
Legal Reserve	$ 20,116.00	$ 22,908.00	$ 43,096.00
Regular Operations	1,651,878.14	252,086.07	1,903,964.21
	$1,671,994.14	$275,066.07	$1,947,060.21

General Fund
STATEMENT OF INCOME AND EXPENSE
Year Ended December 31, 1985

INCOME		
Membership Dues		$2,090,356.28
Income From Invested Funds (1)		198,106.99
Annual Meeting Income		35,306.00
AMA Collection Fees		17,039.32
Wisconsin Medical Journal Advertising, Subscriptions, and Reprint Income		93,750.05
Mailing Labels		12,758.40
Equipment and Building Rental		167,007.92
Contract Services Furnished Other Organizations		22,529.49
Duplicator, Cafeteria & Telephone Recovered From Other Organizations		37,707.94
Other Income		13,300.67
TOTAL INCOME		$2,687,863.06
EXPENSE		
Payroll	$1,077,929.12	
Payroll Related Costs	286,726.45	
Travel Expense	151,945.41	
Telephone Expense	64,296.92	
Conference Expense	89,887.42	
Postage	83,886.18	
Outside Services	58,089.45	
Printing and Supplies	219,539.63	
General Insurance	18,927.95	
Association Dues	5,253.50	
Resource Materials	7,524.50	
Grants and Appropriations	25,616.29	
Rent	2,436.00	
Property Taxes	57,934.67	
Repairs and Maintenance	29,615.28	
Mail Service	34,443.00	
Computer Rent	36,225.00	
Depreciation	69,930.38	
Speakers Expense	15,431.00	
Legal Counsel	9,534.04	
Certified Public Accountant Services	19,899.25	
Actuarial Expense	6,197.00	
Miscellaneous Expense	3,749.29	
Provision for Bad Debts	4,300.00	
Utilities	62,294.73	
Building Supplies	13,596.15	
1985 Income Tax Expense	7,000.00	
TOTAL OPERATING EXPENSE		$2,462,208.61
EXCESS INCOME OVER EXPENSE		$ 225,654.45

NOTE:
(1) Income from Invested Funds includes a $15,000.00 dividend received by the State Medical Society from SMS Services, Inc during 1985.

20 Questions and answers about Physicians Insurance Company of Wisconsin (PIC-Wisconsin)

The following questions and answers were prepared by the SMS Board of Directors-appointed Interim Committee which unanimously recommended to the House of Delegates at its Annual Meeting in April that the SMS proceed to incorporate Physicians Insurance Company of Wisconsin as soon as possible.

The Interim Committee was composed of the following:

Timothy T Flaherty, MD, Neenah Chairman
Richard W Edwards, MD, Richland Center
Jerome W Fons Jr, MD, Cudahy
William L Treacy, MD, Milwaukee
William J Listwan, MD, West Bend
Earl R Thayer, Madison

———

1. What are the advantages of a physician-owned company?

A. A physician-owned company puts physicians in control of their own destiny with regard to a vital part of their practice life—medical liability. Since physicians will own the company and control its policies, MDs who insure with it can have full confidence that their company will work for their best interests while at the same time providing appropriate compensation to patients who have been harmed by negligence. The main advantages are:

- Physicians in control
- Availability of coverage
- Responsible premium rating
- Efficient management
- Responsive to MD needs
- Highly professional.

Many of these qualities appear to be lacking in the traditional commercial or governmental approaches to medical liability insurance.

2. Why is coverage more available in a physician-owned company?

A. Because physicians know their own needs better than anyone else. A commercial carrier is responsible to its stockholders; an MD company is responsible to its stockholders, too; but they are physicians. A doctor-owned company can't afford to stop writing coverage, can't get away with pulling out of Wisconsin, or not taking some classes of physicians.

3. Why is a physician-owned company more stable?

A. Because it is run by physicians to serve physicians. In Wisconsin we have seen the other companies come and go as their "bottom line" whims dictated. Aetna has been in and out. CNA and Northbrook have been on and off. Medical Protective has historically been very selective. St Paul does the same. The company owned and operated by Wisconsin physicians would be here to stay, to operate on Wisconsin experience, to serve Wisconsin physicians' needs.

4. Physicians are reportedly "poor businessmen." Wouldn't this put a physician-owned company at a disadvantage?

A. No. In the first place, that allegation is in part a media myth. More importantly, there are 38 physician-owned and operated medical liability companies in the US. They insure nearly 60% of the physicians in this country. Their business and service record is good overall. Some are outstanding, some have financial trouble; the key is commitment, adequate initial capitalization and continuing appropriate rating of premiums, and proper defense of claims.

5. Has enough study been given to starting Physicians Insurance Company of Wisconsin?

A. Yes. Actually the State Medical Society's Board of Directors has been considering this issue off and on for 10 years. However, the most intensive studies have been undertaken since 1980 by special committees and with the help of the Society's long-time consulting actuary, V O Schinnerer & Company, Chicago, and lengthy discussions with physician-owned companies in other states. Since 1984, the Society has endorsed and worked very closely through advisory committees with The Professionals. This has given us two years of "hands-on" experience.

6. Who would own Physicians Insurance Company of Wisconsin?

A. The great majority of stock in PIC would be owned by the physicians who are insured by PIC. To be insured you must own stock, be an SMS member and meet underwriting criteria. Minority interests would be held by the State Medical Society of Wisconsin and Professional Management Corporation of Wisconsin. PMC is a PICO subsidiary which would provide management services to the new company.

7. Who would be on the board of directors of PIC-Wisconsin?

A. The Board would have 13 members. Five would be MD shareholders insured by PIC-Wisconsin. Three would be SMS officers; the President, President-elect, and Immediate Past President. Two would be representatives of Physicians Insurance Company of Ohio which would help capitalize PIC-Wisconsin; one of

continued next page

continued from preceding page

these would resign in favor of a PIC-Wisconsin physicians shareholder after capitalization is completed in a year or two. One would be the Secretary-General Manager of the SMS; one the PIC-Wisconsin Chief Executive Officer; and one nonmedical person skilled in finance.

8. Who would manage PIC-Wisconsin?

A. The Board of Directors would contract with Professional Management Corporation of Wisconsin (PMC) to provide all the management and administrative services to operate Physicians Insurance Company. PMC is, for the most part, the same executive-management group which has been operating "The Professionals" in Wisconsin. PMC is owned by the Physicians Insurance Company of Ohio (PICO).

9. How will PIC-Wisconsin be capitalized?

A. It is proposed that the State Medical Society invest $250,000 to start the capitalization. PMC will then make a short-term investment of $3,250,000; for a total of $3,500,000 initial capital (surplus), which is felt to be sufficient to meet Wisconsin insurance requirements. Shares of stock sold to physicians will replace the shares held by PMC until the entire $3,250,000 is repaid. At that point the surplus of PIC-Wisconsin will continue to grow with further sales of shares to insured physicians. At the same time PMC will receive $325,000 in stock as its minority interest for its role in starting up the company. All of this is subject to approval of the Wisconsin Securities Commission and Insurance Department.

10. Are PIC-Wisconsin shares redeemable?

A. Wisconsin laws, like those of other states, do not permit redemption of shares except out of "earned surplus" and then only with the approval of the Commissioner of Insurance. This is not likely for several years at the earliest. Purchase of shares should be regarded as a long-term "investment" in a physician-run corporation offering liability protection whose benefits are commensurate with physician support and commitment. There may some day be a market for PIC shares, but that cannot be guaranteed.

11. How will PIC-Wisconsin premiums compare to those of other companies selling in Wisconsin?

A. Annual premiums for PIC-Wisconsin coverage are expected to be highly competitive with those of other companies currently doing business in Wisconsin. It should be noted that "premium-wars" of the past are a major contributor to the current financial difficulties of even the so-called giants in the medical liability field. PIC-Wisconsin will attempt to be competitive, but it must never jeopardize its soundness simply to be the lowest priced. Physicians should seriously consider the fallacy of short-term dollar savings versus the benefits of long-term stability, availability and greater control of the liability scene.

12. What type of coverage will PIC-Wisconsin offer?

A. PIC-Wisconsin plans to continue the same occurrence coverage that the Society endorsed through "The Professionals." It also plans to offer "claims-made" coverage for physicians who are interested in this somewhat more limited protection. There appears to be a trend toward claims-made coverage throughout the US brought on by the difficulty of obtaining reinsurance for the traditional occurrence types.

13. Can a physician keep "The Professionals" plan?

A. No. "The Professionals" will terminate its SMS-endorsed plan during 1986–87 in favor of the Physicians Insurance Company of Wisconsin. As PRO policies expire they will be encouraged to renew with PIC-Wisconsin.

14. "The Professionals" is a "good deal." Why does SMS want to change to PIC-Wisconsin?

A. Yes, "The Professionals" is a very good plan; so good, in fact, that the State Medical Society feels Wisconsin physicians should own it rather than just endorse it. Currently SMS has input to "The Professionals" through advisory committees, but the final decisions are the company's, not the SMS members. Similarly, profits, if any, go to the Ohio Company that owns "The Professionals" not to the benefit of Wisconsin MD shareholders as they would in PIC-Wisconsin. It's a question of control and benefit.

15. What are our neighbor state medical societies doing?

A. They already have physician-owned companies. Minnesota Medical Association has operated a stock company selling claims-made coverage since 1980. It now covers 3,000 physicians. Iowa Medical Society has just started a "trust" company on a claims-made basis. Illinois Medical Society started its company in 1976, and is currently moving from occurrence to claims-made coverage. There are two physician-owned companies in Michigan, one sponsored by the State Medical Society (occurrence), one by the Wayne County Society, Detroit (occurrence). Indiana, Ohio and Kentucky all have had successful physician-owned companies for several years.

continued next page

continued from preceding page

16. The liability situation is "in crisis." Why start a company now?

A. For several reasons: (1) Physician-owned companies have proved that they know what they are doing and can serve their members well despite all the problems with the traditional insurance and legal system, (2) A physician-owned company brings stability especially through exceptional defense efforts, risk management and dedication to control of their own destiny, and (3) there is a "window of opportunity" now as it appears competitively favorable and public attitudes may be changing toward restraint on runaway litigation.

17. Isn't a new company riskier than staying with an "old line" company?

A. Many of the nation's great names in insurance have gotten into trouble with their liability lines, mostly because they underpriced their coverage and didn't respond promptly to the trends in suits. The new physician-owned companies have learned from this experience, plus bringing special expertise to the key elements of defense and risk-management.

18. How will the SMS benefit from PIC-Wisconsin?

A. Most of all, PIC-Wisconsin will provide a vitally important service to SMS members with a truly professional operation, physicians in control of a critical aspect of their practice, and assurance of long-term stability. It also affords the Society an opportunity to carry out innovative educational programs dealing with malpractice prevention and risk management, and it provides an "in-house" arm for discipline that for the first time in decades permits physicians to "police themselves." There may also be expanded SMS membership and an indirect financial gain as PIC-Wisconsin sales will be conducted using the marketing capabilities of SMS Services, Inc.

19. How much will PIC-Wisconsin shares cost?

A. Shares will be sold for $400 each, for each of three years. For example: a physician in Class I will be required to buy one share for each of three years; a Class VII physician will be asked to purchase 7 shares for each of three years. This level of funding is felt necessary to assure proper capitalization of the new company and is likely to be required by the Insurance Department.

20. What special features might be expected in a PIC-Wisconsin policy?

A. The basic advantages of the current "Professionals" coverage would continue in PIC-Wisconsin policies . . . the philosophy of having physician agreement prior to making an offer of settlement; no charge for corporation coverage; use of "defense only" attorneys; and physician determination in critical areas of claims, underwriting and rates. It is proposed that PIC-Wisconsin offer quarterly payment of premium. Other new features would also be considered soon.■

WISCONSIN UNIFORM INSURANCE CLAIM FORM can be ordered direct from SMS Services

- Claim form approved by DHSS and EDS Federal for Wisconsin Medical Assistance Program (WMAP) claims.
- Accepted by all major insurance carriers.
- Available in one- or two-part continuous form.
- Forms will be shipped to you within 48 hours after order received.

Place your order with SMS Services, Inc, 330 East Lakeside Street, PO Box 1109, Madison, Wisconsin 53701; or phone (608) 257-6781 or toll-free in Wisconsin (800) 362-9080.

Doctor Lewis and Doctor Scott

Doctor Williams and Doctor Scott

Presidential Citation

Two Wisconsin physicians accepted the 1986 Presidential Citation from President John K Scott, MD April 17 on behalf of more than 700 state physicians who participated in the ShareCare program.

Russell F Lewis, MD, Marshfield, and DeLore Williams, MD, Milwaukee, accepted the award during the 1986 Annual Meeting. Both men were cited for their leadership in the ShareCare movement, a program in which physicians donated their time to caring for more than 13,000 uninsured and disadvantaged persons in Wisconsin. The program has since grown into WisconCare, a state-supported effort.

The Presidential Citation, established in 1959, enables the SMS President, with unanimous approval of the Board of Directors, to recognize an individual or organized effort significantly contributing to medicine or public health.

The text of Doctor Scott's award presentation follows:

"It is often said that the true measure of a society's advancement along the path of civilization can be determined by the manner in which it treats its less fortunate citizens. The more than 700 Wisconsin physicians who participated in the ShareCare program, providing health care to more than 13,000 uninsured and disadvantaged persons, have, indeed, displayed the utmost compassion toward their fellow man. Through their selfless concern for the health and well-being of the poor and the unemployed these doctors embody the highest ideals implied in the meaning of the word, 'civilization.'

"From 1983 to 1985 physicians and other medical personnel involved in ShareCare donated over $1 million in health care services to the uninsured—to men, women, and children who might not otherwise have received even the most basic, the most essential health care. The program grew out of the 'WeCare' effort sponsored by the State Medical Society. Physicians, concerned about the growing number of unemployed persons hard-hit by the recession, agreed to donate their professional time to caring for the uninsured. In 1983, under a federal Jobs Bill grant, physicians in WeCare merged with pharmacists and health care professionals in laboratories, hospitals, and clinics to form ShareCare. This partnership made Wisconsin unique in the nation and could never have occurred without the cooperation of those in the state's medical community.

"The ShareCare program has since evolved into WisconCare, a state legislatively supported plan by which Wisconsin physicians will continue to care for the disadvantaged. But the services provided from 1983 to 1985 by each ShareCare doctor will have lasting effects—on the health, the quality of life, and the ability of every person treated to use their personal talents to the fullest. Wisconsin residents will experience the benefits of those physicians' efforts for many lifetimes to come.

"Accepting tonight's Presidential Citation from the State Medical Society of Wisconsin on behalf of the more than 700 ShareCare physicians, are two people who have been particularly instrumental in the development and success of the program. They have been leaders in both practical and inspirational matters surrounding the ShareCare movement.

"Doctor DeLore Williams of Milwaukee has served as committee leader for the State Medical Society in organizing ShareCare in the Milwaukee area. He will accept tonight's citation on behalf of Milwaukee-area physicians. Doctor Russell Lewis of Marshfield will accept the award on behalf of physicians from the rest of Wisconsin. Doctor Lewis chaired the SMS ShareCare Committee. Both men were magnanimous with their ideas, their time, and their concern for ShareCare, exemplifying, we feel, the care and compassion of all physicians involved in the program."■

Civic Leadership Award

Susan F Behrens, MD, Beloit, received the 1986 Civic Leadership Award of the Board of Directors during the Annual Meeting in Milwaukee.

Established by the Board in 1972, the award recognizes an SMS member for his or her outstanding contributions in the activities of the community and the medical society.

The text of the award, presented by President John K Scott, MD follows:

"Doctor Behrens, in the short span of only five years in practice has become a recognized authority on state and national issues surrounding the licensure and discipline of physicians. Her surgical skill, her willingness to give unstintingly to public service and her initiative in helping the Wisconsin and other medical examining boards

continued next page

Doctor Scott and Doctor Behrens

continued from preceding page

carry out higher standards of public responsibility make her a most worthy candidate for the Civic Leadership Award of the State Medical Society of Wisconsin.

"After graduating from the University of Wisconsin Medical School, Doctor Behrens completed a fellowship in colon and rectal surgery at Ferguson Hospital in Grand Rapids, Michigan, and came to Beloit to practice in 1980. She was almost immediately appointed to the Wisconsin Medical Examining Board in 1982, was elected vice chairman in 1983, acting chairman later that year, and chairman in 1984.

"In 1983, she was chairman of the Wisconsin Triboard on Health Professions and from 1982 to 1984 was a member of the Wisconsin Coordinating Council on Impaired Physicians. Last year Doctor Behrens was elected to a three-year term on the Board of Directors of the Federation of State Medical Boards of the United States. She is also a member of the Federation's Long-Range Planning Committee and of the Task Force for the National Board of Examiners Part III Examination.

"Her leadership abilities and credentials speak for themselves. And, as one Beloit official said, 'she is not only an excellent physician, she is also a Number One Humanitarian.' Doctor Behrens' many accomplishments, combining concern for the individual with uncompromising principles for the medical profession, are eloquently summed up in the following creed:

"I am a free citizen in a free nation.

Whoever diminishes my freedom as an individual diminishes the sum total of freedom in my country.

I am also a physician, free thus far to treat my patients to the best of my ability. Abridge that freedom and the health of my patients is adversely affected.

These things being true, I cannot—I will not—stand idly by when these hard-won freedoms are under attack. For I believe that the values upon which this country was founded are immutable and have not been eroded by the passage of years.

I believe that I as a free citizen in a free land, am obligated to defend my beliefs in the ways permitted to me and required of me, by our form of Government.

Therefore, let no man seek to bar me from the political process; for it would be akin to denying my right to participate in the process that determines free Government."■

Elvehjem Lecture Award

Marvin Moser, MD, White Plains, NY, presented the 1986 Elvehjem Memorial Lecture April 19 during the Internal Medicine program at the SMS Annual Meeting at MECCA in Milwaukee. A clinical professor of medicine at Yale University School of Medicine, Doctor Moser spoke on "Hypertension in the Elderly: Rationale and Strategies for Treatment."

The Elvehjem Memorial Lecture was established in 1962 to honor the memory of Conrad A Elvehjem, PhD, the 13th president of the University of Wisconsin and an international authority in biochemistry. A project of the State Medical Society's Charitable, Educational and Scientific Foundation, the lecture is designed to perpetuate Doctor Elvehjem's contribution to the betterment of the health of the people of Wisconsin and the continuing medical education of physicians. Doctor Moser was presented the Elvehjem Award by Kenneth I Gold, MD, at the Spring Meeting of the Wisconsin Society of Internal Medicine and the American College of Physicians. The Charitable, Educational and Scientific Foundation of the State Medical Society administers the Elvehjem Award Fund.

Doctor Gold and Doctor Moser

Doctor von Heimburg and Doctor Mason

Beaumont Lecture Award

"Gastric Reduction for Obesity" was the title of the presentation made by Edward Mason, MD April 19 at the 1986 William Beaumont Memorial Lecture. Doctor Mason is professor of

continued next page

continued from preceding page

surgery, department of surgery, University of Iowa Hospitals in Iowa City.

Established by the State Medical Society of Wisconsin in 1957, the William Beaumont Memorial Lecture is designed to present to members of the Society, distinguished medical scientists whose research and clinical experience may enrich the knowledge and skills of Wisconsin practitioners.

The lecture is given each year during the surgery meeting of the State Medical Society's Annual Meeting. Doctor Mason received the Beaumont Award from Roger L von Heimburg, MD, Green Bay, vice-chairman of the Board of Directors of the State Medical Society. The Charitable, Educational and Scientific Foundation of the State Medical Society administers the Beaumont Award Fund.■

President Scott, Mrs Landis, and President-elect Mulloody

Landis Memorial

April 17, 1986, was to have been the inauguration day of Charles W Landis, MD, Milwaukee. Instead, it marked the presentation of the Landis Memorial to his widow, Mary, by outgoing SMS President John K Scott, MD, Madison.

Doctor Landis, President-elect of the Society, died January 13, 1986 in Milwaukee.

The Landis Memorial was created by the Charitable, Educational and Scientific Foundation of the State Medical Society in perpetual tribute to Doctor Landis, whose career was marked by commitment to mental health and compassionate care of the mentally ill. The Memorial, initially supporting a lectureship, is dedicated to programs and projects affecting psychiatry, mental health, mental illness, and other areas carrying out the interests of Doctor Landis.

The Memorial has been instituted with a $2,500 grant from SMS to the Foundation, with further contributions from Society members, friends, and other sources. Depending upon available funds, other programs which may be developed include medical student loans; special scholarships or awards to medical students, physicians, or others; teaching programs, forums, or seminars for the public; and support for papers or publications.

A special seal bearing the profile of Doctor Landis will appear on all programs, publications, awards or major communications from the Memorial.

Following are excerpts from a plaque commemorating the establishment of the Memorial. Doctor Scott presented the plaque to Mrs Landis with these words:

"Charlie's quiet dedication and commitment were humble yet eloquent sources of inspiration for us all. In his work as a physician he pointed out the stars in the charted skies of psychiatry and encouraged all of us to explore without fear those regions of our science and art which at times appear dark and obsure. He was never afraid of the night.

"As inspired teacher and practitioner he mastered well the skills of his profession, but his compassion and understanding emanated from a profound love for his patients. He gave patients hope for today by helping them cope with their illness. He gave patients hope for tomorrow, that indeed better days of managing their care lay ahead.

"The realization of his dreams for them and for himself now lie hidden beyond the stars. Doctor Landis touched many of our lives in special ways. Let each of us continue to practice and help our profession with the inspiration he has given us.

"Let us not be fearful of the night. Let us always, as he did, love the stars."■

Houghton Award

The Houghton Award of the State Medical Society's Charitable, Educational and Scientific Foundation is presented annually to senior medical school students who "through scholastic excellence-extracurricular achievement, and interest in medical organization show high promise of becoming a complete physician."

This year's recipients are Mark Harlow of the Medical College of Wisconsin and Christopher Sartori of the University of Wisconsin Medical School. The award, consisting of a $250 check and a plaque, was presented April 17 at the 1986 Annual Meeting to Mr Harlow and Mr Sartori.

A native of Burlington, Mark Harlow received his undergraduate degree from Northwestern University where he captained the football team, established the local Special Olympics team, and served as an instructor in the orthopedics department. He completed an orthotic residency program in California and is registered in that discipline.

He has received outstanding grades and evaluations as a student at the Medical College, being repeatedly cited for his compassion, hard work, and maturity. Mr Harlow was elected to Alpha Omega Alpha, the National Medical Honor Society; served as chairman of the school's Student Affairs Committee, and was lecturer and tutor.

Christopher Sartori, a Kenosha native, graduated summa cum laude from the University of Wisconsin-Parkside in 1982 where he majored in

continued next page

continued from preceding page

biology. He entered the UW Medical School in the same year and has established an outstanding academic record, culminating in his election in 1985 to Alpha Omega Alpha, the National Medical Honor Society.

Mr Sartori has also been active in student affairs and community service, serving as student representative to the State Medical Society's Public Information Commission and as a lecturer to local elementary and secondary school students on medical issues. He also found time this year to perform in the Children's Theater of Madison's annual production of Dickens' "A Christmas Carol." Sartori plans to pursue a residency in family practice upon graduation this year.

The Houghton Award was established in 1968 by the late John H Houghton, a Wisconsin Dells general practitioner, to encourage high ideals for future physicians. His brother, William J Houghton, a Milwaukee surgeon, later added to the fund.■

Meritorious Service Award

Four outgoing SMS directors were lauded during the 1986 Annual Meeting for their years of service on the Board of Directors. Recipients of the 1986 Meritorious Service Award, presented to physicians who have given extended or distinguished service, were: Carl S Eisenberg, MD, Milwaukee; John J Kief, MD, Rhinelander; Wolfgram G Locher, MD, Wausau; and Frederick Wood, Jr, MD, Kenosha. ■

Doctor Eisenberg and Doctor Scott

Doctor Wood and Doctor Scott

Doctor Kief and Doctor Scott

THE ECONOMIC PASTORAL AND HEALTH CARE was the theme of the Most Reverend Rembert G Weakland, OSB, Archbishop of Milwaukee, who addressed physicians and spouses at the Medicine and Religion Breakfast April 18 during the Annual Meeting. He is shown at the left (center) with John P Mullooly, MD, Milwaukee, president of the State Medical Society of Wisconsin, and John O Simenstad, MD, Osceola, chairman of the Committee on Medicine and Religion which sponsored the program.■

Mr Lehrmann and Doctor Scott

Mrs Voegtli and Doctor Scott

Certificate of Appreciation

The SMS Certificate of Appreciation is given to physicians or nonmedical persons or organizations for their contributions of merit or achievements of benefits to SMS, medical care, or public health. During the 1986 Annual Meeting two Wisconsin residents were recognized for their untiring volunteer activities to improve health care for senior citizens.

Eugene Lehrmann of Madison and Gladys Voegtli of De Pere each received a certificate of appreciation from SMS President John K Scott, MD. Excerpts from the award presentation follow:

Eugene Lehrmann

"1986 will be a fortunate year for senior citizens across the nation, because 1986 is the year that Eugene Lehrmann of Madison, Wisconsin, assumes his seat as a member of the American Association of Retired Persons' national board of directors.

"Gene will carry with him to the national level a legacy of goodwill for Wisconsin's senior citizens. He will carry with him a long recognized reputation as the epitome of human kindness and gentleness. He has gained the profound respect of legislators, civic leaders, and the Wisconsin health care community for his comprehensive view of health issues and his deep concern for the quality of human life.

"Gene, a native of Manitowoc County, began his career in 1938 as vocational agriculture instructor at Stratford and Colby High Schools. His association with vocational education in this state has been one long tabulation of 'people-first' innovations. In 1971 he assumed the post of State Director and Executive Officer of the Wisconsin Board of Vocational, Technical and Adult Education, a position he held until 1979. Since then, Gene has led numerous groups formed to improve the quality of life for Wisconsin senior citizens, including serving as chairman of the American Association of Retired Persons' State Legislative Committee, and a long time member of the Board of Directors of the Coalition of Wisconsin Aging Groups.

"He has worked diligently and conscientiously with a number of State Medical Society committees to reduce health care costs for senior citizens, especially for the low-income, and to enact medical liability reform in Wisconsin.

"This Certificate of Appreciation cannot accurately reflect the hundreds of lives your good works have touched, nor adequately express the gratitude of our member physicians for the happiness you have bestowed upon so many senior citizens of this state."

Gladys R Voegtli

"If you get up at 3 a.m. these days, aim your eyes at the southeastern sky and peer carefully at a certain spot just above the horizon, you can see a glowing ball of fire in the sky. It appears only once in a lifetime, and some call it Halley's Comet.

"We, at the State Medical Society of Wisconsin, know better. That fireball is Gladys Voegtli, a woman whose energy and brightness vie with the comet's.

"Before coming to Wisconsin, Gladys led an impressive career in the national political arena in Washington, DC. A native of Minneapolis, Minnesota, she has worked for the president of the United Mine Workers, for Senator Hubert Humphrey, Senator Robert F Kennedy, and Senator Thomas Eagleton.

"After officially (quote-unquote) retiring at age 70, Gladys came with her husband, John, to be near some of their eight children and 27 grandchildren in Wisconsin, and to launch a new career as an activist for senior citizens.

"Her efforts as a volunteer to improve health care for senior citizens and to encourage medical liability reform in this state are truly remarkable. The list of boards of directors and committees she serves on would tire the tongue of an auctioneer.

"Last year, as part of an SMS effort to urge legislators to enact reforms to the medical malpractice laws, Gladys organized the delivery of petitions signed by more than 500,000 people from northeastern Wisconsin. She has testified in numerous legislative hearings, has organized the transportations of many busloads of people to Madison from the Fox Valley, and has been tireless in her active leadership to promote affordable, accessible health care for the aging.

"Gladys, we're glad you're here. You have made life happier and richer for untold numbers of people. We hope, after your years of residence in this state, that we can claim you as 'Something Special from Wisconsin.'" ■

New Fifty-Year Club members

Physicians inducted into the Fifty-Year Club were presented awards at the Board of Directors dinner April 16 during the Annual Meeting of the State Medical Society. Those attending are shown above. Front row, left to right: Walter S Polacheck, MD, Shorewood; Leonard J Schwade, MD, Mequon; Louis B Uszler, MD, Milwaukee. Back row, left to right: John J Mueller, MD, Madison; George H Anderson, MD, Stevens Point; Stanley W Hollenbeck, MD, Milwaukee; and Donald W Calvy, MD, Wauwatosa.

Others who became members this year are: Eugene J Ackerman, MD, Mequon; Gordon W Brewer, MD, Racine; Arnold A Cook, MD, La Crosse; Victor J Cordes, MD, Wauwatosa; George E Currier, MD, Wauwatosa; William H Frackelton, MD, Hilton Head Island, SC; Frank J Gallagher, MD, La Crosse; Victor H Hunkel, MD, Milwaukee; Clayton L Ingwell, MD, Deerfield; Richard A Jensen, MD, Menasha; Burton C Kilbourne, MD, Ripon; John A Knights, MD, Superior; Raymond V Kuhn, MD, Oshkosh; Leonard S Markson, MD, Milwaukee; John O D McCabe, MD, Mequon; Edward A Miller, MD, La Jolla, CA; Eugene J Nelson, MD, Sun Prairie; Robert A Nimz, MD, Milwaukee; David W Ovitt, MD, Milwaukee; Leo B Perssion, MD, West Palm Beach, FL; Charles J Picard, MD, Superior; Lymon W Picotte, MD, Chippewa Falls; Charles L Qualls, MD, Beaver Dam; Leonard M Rauen, MD, Kenosha; Richard J Sanderson, MD, Hot Springs, AR; Grace E Schenkenberg, MD, Franksville; Russell P Sinaiko, MD, Oregon; Marvin H Steen, MD, Carefree, AZ; Joseph R Stone, MD, Milwaukee; and Richard D Thompson, MD, Delafield. (Photo by Ben Bartel)■

Arlene Meyer retires

Secretary Earl Thayer presented a staff member, Arlene Meyer, to the House of Delegates, in announcing her retirement at the end of June. He said, "I want this House to know Arlene if you don't. Arlene has spent 19 years in the service of this organization. She came here as a secretary to then head of our Scientific Affairs Division. She has worked on the accreditation of hospitals and all of that activity. You probably know her best as the person who has a great deal to do along with Bill Wendle at this Annual Meeting in making it work and tick. She has been an administrative assistant for now some seven or eight different specialty societies. She has given a lifetime of service to this organization. She is a blessing to have on our staff, but unfortunately, after 19 years with The Monroe Clinic and then 19 years with us, she says she has had it with Medicine, and she is going to retire." ■

Arlene Meyer and Earl Thayer

President Mullooly and Past President Scott
Showing off the Presidential Medallion

CAREER MANAGEMENT FOR WOMEN PHYSICIANS was the theme for the Society's Committee on Women Physicians' dinner program April 18 during the Annual Meeting. Participants in the program are shown above, left to right: Patricia J Stuff, MD, Bonduel, Committee chairman; Florence Haseltine, MD, PhD, Washington, DC, director of the Center for Population Research, National Institutes of Health; and Katherine Dillig, MD, Milwaukee, president of Women in Medicine in Wisconsin.■

Women physicians' network: Lady Doc Line

The State Medical Society's Committee on Women Physicians has initiated a network of women physicians, called Lady Doc Line, to be a resource to women physicians just entering practice or new to a community, who may wish to talk with a colleague about both the professional and business sides of medicine, and sometimes about matters of personal adjustment as well.

The Committee has developed a poster offering contact with the women physicians' network (see page 115 of this issue). These posters are being placed in the libraries of hospitals having residency programs. A State Medical Society staff member will take the calls and provide the callers with names and telephone numbers of those women physicians who have agreed to act as resources. ■

$30,000 given to SMS

During a House of Delegates' session at the Annual Meeting, the State Medical Society was presented a check for $30,000 from its for-profit entity, SMS Services, Inc. Presenting the check to President Scott was Doctor Mullooly, vice president of SMS Services, Inc, who said the amount of the check represents approximately 20 percent of what the Society invested when SMS Services was established several years ago.■

Scientific Exhibit Awards

The following scientific awards were given special merit during the 1986 Annual Meeting of the State Medical Society of Wisconsin:

First Place: ***Orbital Lymphangioma vs Primary Orbital Varices—The Clinical Importance of Pathophysiological Differentiation*** by The Eye Institute, Medical College of Wisconsin, Milwaukee.

Second Place: ***Autologous Blood Transfusion Blood Conservation*** by the American Association of Blood Banks—St Mary's Hospital, Milwaukee.

Third Place: ***Immortals of Medicine II*** by Columbia Hospital, Milwaukee.■

National honor for *WMJ*

During the Board of Directors meeting April 19 at the Annual Meeting, the *Wisconsin Medical Journal,* its Medical Editor Victor S Falk, MD, Edgerton, and Managing Editor Mary Angell, Madison, received the Sandoz Medical Journalism Award recognizing the Journal as one of the top state medical journals in the country for its "excellence in design and editorial content." Sandoz Pharmaceuticals has sponsored the annual judging of hundreds of medical publications for the past eleven years. Society Secretary and the Journal's Managing Editor for many years, Earl R Thayer, left, made the presentation on behalf of Sandoz.■

Earl R Thayer, SMS Secretary; Mary Angell, Managing Editor; and Victor S Falk, MD, Medical Editor of the *Wisconsin Medical Journal.*

William Treacy, MD, WISPAC Chairman (right), presents Carlos Jaramillo, MD, President, Green County Medical Society, with the first place award for WISPAC membership. The Green CMS had over 64% of its members join the political action committee in 1985. ■

David Broder, political columnist for the Washington Post and Pulitzer Prize winner, was this year's keynote speaker at the WISPAC-Socioeconomic luncheon. Mr Broder, shown here (left) with William Treacy, MD, WISPAC Chairman, spoke to a soldout luncheon audience on the current political scene. ■

Kenneth M Viste Jr, MD
President-elect

I shall be proud

"I shall be proud to represent this House and our profession in the year ahead (as your president-elect). I began my service in this Society some 15 years ago as an alternate delegate from Winnebago County, never really dreaming or planning that I would be in this position today. We face many issues and problems in this changing environment. However, I believe that the same commitment that got us all through medical school, the commitment that we have for our patients, will again serve us well in meeting these challenges. I promise you my best efforts to serve with the kind of energy, effort, and dedication that has characterized all of my distinguished predecessors." ■

Auxiliary: We are family

Expressing the Auxiliary's theme for the coming year, Mrs Jackie Dungar of Appleton, who became president at the Annual Meeting, told the House of Delegates, "We are family, a medical family, and as such have many things in common that we can share. We are all aware of the forces that are putting pressures on our medical community, and we as spouses of physicians, want to help."

Mrs Jackie Dungar

"At a time when competition has replaced cooperation, we who care about you the most feel we have much to offer. We are your best public relations people because we are your most ardent supporters." ■

Doctor Laubenheimer

Doctor Kauffman

Doctor Ericson

Doctor Reminga

NEW DIRECTORS

District 1

H Myron Kauffman, MD, Wauwatosa
Born on April 7, 1933 in Holidays Cove, WV, Doctor Kauffman graduated from the Medical College of Virginia in 1958 and served his internship at Western Reserve University Hospital, Cleveland, OH. His residency in general surgery was served at the Medical College of Virginia in Richmond. Doctor Kauffman served as a delegate from The Medical Society of Milwaukee County to SMS from 1972-1978 and is currently a delegate. He presently is serving a two-year appointment on the SMS Physicians Alliance Commission. Doctor Kauffman was elected in April 1986 as an additional director for a three-year term due to increased membership in the district.

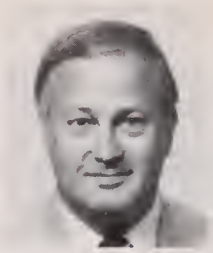
Roger E Laubenheimer, MD, Milwaukee
Born on May 23, 1926 in Richfield, Doctor Laubenheimer graduated from the University of Wisconsin Medical School, Madison, in 1950 and served his internship at the Receiving Hospital in Detroit, MI. His residency in dermatology was completed at the University of Wisconsin and at the University of Michigan. He is presently on the Board of Directors of The Medical Society of Milwaukee County and Milwaukee psychiatric hospitals. Doctor Laubenheimer served as a delegate to SMS from 1960-1982. He was elected to the Board of Directors in April 1986 for a three-year term, succeeding Carl S Eisenberg, MD, Milwaukee, who completed his third consecutive three-year term, making him ineligible for reelection.

Huron L Ericson, MD, Racine
Born in Milwaukee on April 30, 1939, Doctor Ericson graduated from Northwestern University Medical School, Chicago, in 1965. He served his internship at St Paul-Ramsey County General Hospital in St Paul, MN. His residency in orthopedic surgery was completed at Hines-Shriners-Loyola University in Chicago. Doctor Ericson was elected to the Board of Directors in April 1986 to fill the unexpired term (1984-1987) of Frederick Wood Jr, MD, Kenosha.

Thomas A Reminga, MD, Milwaukee
Born on January 29, 1947 in Kalamazoo, MI, Doctor Reminga graduated from the University of Michigan Medical School in 1969. His internship was served at the Presbyterian Medical Center in Denver, CO, and his residency was completed at the University of Chicago. Board-certified in emergency medicine, he has served as an alternate delegate and delegate to SMS since 1979. In 1983-1984 he was secretary-treasurer of The Medical Society of Milwaukee County. He was elected in April 1986 as an additional director for a three-year term due to increased membership in the district.

District 2

John D Wegenke, MD, Madison
Born in Berlin on February 13, 1945, Doctor Wegenke graduated from the University of Wisconsin Medical School, Madison, in 1971. His internship was served at San Joaquin General Hospital in Stockton, CA, and his residency was completed at the University of Wisconsin Hospital and Clinics in Madison. Doctor Wegenke is Board-certified in urology and is a member of the Dane County Medical Society. Doctor Wegenke was elected in April 1986 as an additional director for a three-year term due to increased membership in the district.


Doctor Wegenke

Doctor Raduege

Doctor Ulmer

District 4

William E Raduege, MD, Woodruff
Born in Postville, IA, on May 9, 1939, Doctor Raduege graduated from the University of Wisconsin Medical School, Madison, in 1966. His internship was served at St Luke's Hospital, Duluth, MN. His residency in family practice and one year of general surgery were completed at Lutheran Hospital in La Crosse. He is Board-certified in family practice. Doctor Raduege has been a member of the SMS Commission on Mediation and Peer Review since 1981 and has been a delegate from Oneida/Vilas County Medical Society since 1977. He was elected to the Board of Directors in April 1986 for a three-year

term, succeeding John J Kief, MD, Rhinelander, whose three consecutive three-year terms have been completed, making him ineligible to remain a director.

Richard H Ulmer, MD, Marshfield

Born November 11, 1936 in Chicago, IL, Doctor Ulmer graduated from Stritch School of Medicine of Loyola University in Chicago. He served a rotating internship at the University of Chicago Hospital and Clinics. His residency in internal medicine and a fellowship in cardiology were completed at the University of Chicago Hospital and Clinics. Board-certified in internal medicine, Doctor Ulmer served in the United States Army from 1966-1968. He was a member of the SMS Nominating Committee from 1978-1980. He has served as an SMS alternate delegate to the AMA House of Delegates since 1983 and is a member of the Steering Committee for the AMA National Forum for Employed Physicians. Doctor Ulmer also has served as president of the Wood County Medical Society. He was elected to the Board of Directors in April 1986 for a three-year term, succeeding W George Locher, MD, Wausau, who resigned at the end of his first three-year term.

Doctor Basiliere

Doctor Kraus

District 5

James L Basiliere, MD, Oshkosh

Born in Oshkosh on September 8, 1934, Doctor Basiliere graduated from the University of Wisconsin Medical School, Madison, in 1962 and served his internship and residency at the San Diego Naval Hospital in California. Doctor Basiliere is Board-certified in internal medicine and was licensed to practice medicine in Wisconsin in 1963. He has been a member of the State Medical Society of Wisconsin since 1971. Doctor Basiliere was elected to the Board of Directors in April 1986 for a three-year term, succeeding Kenneth M Viste Jr, MD, Oshkosh, who was elected president-elect, making him ineligible to remain a director.

District 6

John E Kraus, MD, Marinette

Born August 23, 1931 in Buffalo, NY, Doctor Kraus graduated from the University of Buffalo School of Medicine (now SUNY), in 1957 and served his internship and residency in internal medicine at Millard Fillmore Hospital in Buffalo, NY. Doctor Kraus was Board-certified in internal medicine in 1965 and recertified in 1977. He was licensed to practice medicine in Wisconsin in 1973 and is a member of the Boren Clinic in Marinette. He is director of the Hemodialysis Unit at Bay Area Medical Center, Marinette. He has been a member of SMS since 1974. Doctor Kraus was elected as an additional director for a three-year term due to increased membership in the district.■

The new and the retiring

At the Annual Meeting in March 1987, Thomas L Adams (left) will assume the position of Secretary-General Manager of the State Medical Society, succeeding Earl R Thayer (right) who is retiring.

In his report to the House, Board Chairman Treffert commented: "No organization in Wisconsin nor any national organization both medical and non-medical with which I am familiar has been blessed with a more competent and conscientious chief executive officer than we have had the good fortune to have in Earl R Thayer as our secretary. His energy and his dedication have been obvious and important, but all good things come to an end, and Earl announced last year his intention to retire."■

The physician as healer:

Renewing our commitment to compassion

When you go home from this meeting, take your medical diploma off the wall—hold it in your hands—feel again the inspiration that drove you through medical school. Feel again the commitment that set you upon a lifetime of medicine. Let those feelings surge again in your mind and soul—to invite us as a profession, invite us as a medical society, invite us as citizens of Wisconsin to assure the best of healthy living and the best of medical care, the best of our love and attention for all our fellow man—young or old, rich or poor.

President John P Mullooly, MD delivered this inaugural address before the State Medical Society of Wisconsin House of Delegates, April 17, 1986 in Milwaukee

MR SPEAKER, members of the House of Delegates, and guests: I have a request to make of each and every physician in this room today. Go home from this annual meeting and do something that you may not have done for years and years—take a good, hard look at your medical school diploma. Take it down from where it's hanging on your office wall, dust it off, hold it for a few minutes and remember.

Remember the pride you felt when you received it—the pride of achievement, and the brightness of untarnished optimism. Remember how you promised yourself to do the best job you could, to be the best physician you could be—because it was all for your patients. They placed their care, their trust in your hands and it was up to you to try to make them well, to help them be happy. Look back upon those golden moments and remember the warm taste of compassion, a commitment yet untried, but nonetheless true.

Today our commitment *is* being tested by free-market forces which require us as physicians to make choices, to decide whether we want to be physicians or entrepreneurs. Some call it the "new medicine," a medicine which measures success in terms of fewest dollars spent; a medicine which would have us establish a two-tier system—where the well-off get excellent care with high technology, and the poor, subsidized by government and overseen by bureaucratic watchdogs, receive less specialized care and, perhaps even, less attention. For the poor—the businessman, the health planner and government would have us believe—the word, excellence, should be replaced by the word, adequate.

Money versus medicine

Money and medicine are the new bedfellows of the 1980s. New business relationships between physicians and health care corporations emphasize profits, potentially at the expense of quality of care for patients.

The proponents of this business-first philosophy say that the nation spends about ten percent of its Gross National Product on health care and that this is too much.

For a nation that has 30% of the world's total wealth, is it even logical to question what we now spend for our citizens' health?

For a nation that spends $2 billion a day for guns, is it too much to expect that our children have a chance for a healthy life, that our work force be kept well enough to learn, that our elderly have decent medical attention in their old age? I disagree with those who say it's too much. Instead, I say the question should be: is it enough?

Is ten percent enough to ensure that every man, woman, and child in this country is provided with basic health care that, along with food, clothing, and shelter, are essential to human dignity? We, as providers of care, will be increasingly asked to answer that troubling question in the year ahead and beyond.

The specter of the uninsured and disadvantaged looms large on the health care horizon. As HMOs and PPOs and DRGs and a host of other acronymic, for-profit delivery systems sprout up across the nation, let us in Wisconsin be the first to answer the question, "Is it enough?" Let us resoundingly answer! **No**, it is not enough—if it locks out from our medical system the indigent, the aged, the young, the poor, the unemployed, the mentally ill, the disabled. It is those very people who need us most.

Abraham Lincoln, early in the Civil War, stated, "I do not control events; events control me." And so it is with us in the State Medical Society today. Vast socioeconomic changes are taking place in our society and are directly affecting us and our patients.

How did Lincoln keep his balance in this tremendously wrenching period of civil war? To me, it is obvious. It was his single-minded dedication and commitment to preserving this country as a union of states—even if it meant the sacrifice of the blood of its citizens. He saw this as his overriding duty, and it sustained him through many dark times of discouragement.

Our timeless ethic

And so it is with us, our single-minded dedication and commitment to our vocation as physicians in which we hold on to our professional ethic—in which we put our patient and his needs first; to do no harm, to treat him with compassion and love, seeing his needs as our first priority—to treat him as we ourselves would like to be treated.

Our professional ethic stretches back to the time of our father in medicine, Hippocrates. It transcends the vagaries and vicissitudes of changing times, customs, and culture. It is our professional ethic which will carry us through these stressful times. It is our ethic which all of society admires and which gives us so much trust and respect. And it is our ethic which gives nobility and grandeur to our own lives as physicians.

Let us, today, rededicate ourselves to our professional ethic—a grand ethic. An old, but everlasting ethic. A timeless ethic that transcends technology; that forgets the dollar; that calls upon our very special role as healers of the sick; an intrinsically noble role as human beings who care for other human beings. Let us renew our commitment as physicians to put the welfare of our patients ahead of any other consideration.

Respect for the individual

Our creed is not a revolutionary concept. It is not long or tedious. The sophisticated might sniff at it and the educated may overlook it. For the compassionate, however, our adherence to the simple tenets of the healer is the soul of civilization. It is but the Golden Rule. It **can be** only the Golden Rule if we are to earn and keep our patients' trust: treat others as you would have them treat you. It deserves repeating, often: treat others as you would have them treat you. I heard, recently, at the AMA Ethics Symposium, a speech by Morris Abram who is an attorney and former chairman of the President's Commission for the Study of Ethical Problems in Medicine. He had leukemia and is living today. He realized the truth of this statement only as he lay, seriously ill himself, in a hospital bed surrounded by a team of seven physician specialists. He looked up at them helplessly from his pillow, in pain, and said, "You are all highly competent men. You are all men of science. But I want a **doctor**."

Our patients, likewise, when they are ill, don't call for an HMO to care for them; they don't ask a PPO to take away their pain, or look at the cost-efficiency of the local hospital's DRG. No, they want a *doctor*. Let us be that source of healing, of comfort. My point is, an effective and compassionate medical system—and there should be no other—cannot work without us. It will work only *because* of us.

Respect for the individual, in fact, is the most important of the three guiding principles of the IBM Corporation, that monolith of the business world. If that idea is essential to IBM, how much more is it critical to us as men and women of medicine faced with the new politics of "cash and care?"

That principle is worth remembering these days when the grandeur of high technology threatens to overwhelm each of us as single human beings; when

health care corporations encourage us to think of patients as price entities; when the pace and complexity of today's society leave us feeling as if we have lost control of our goal of caring, of helping individuals lead happier, richer lives.

Because of this, however, our role as patient advocates is **more important** than ever. Neither we nor our patients are cogs on the mechanical wheel of some great assemblyline medical machine. What the promoters of two-tier health care have failed to realize thus far is that long-term success in the health care industry rests on the system's ability to provide **universal** access to high-quality, necessary medical services at affordable prices.

Concerns about the commitment of the new health care organizations to serve the needs of **all** patients are already surfacing in Wisconsin. Let me quote from a recently-released policy paper from the Citizens Council on Alcohol and Other Drug Abuse: "HMOs may not provide adequate and necessary services to clients for needs associated with mental health, alcohol and other drug abuse, developmental disabilities, physical disabilities and sensory impairments, due to both a lack of knowledgeable staff . . . and because of their need to contain costs."

Responding in unity: SMS

A business ethic that is not good for our patients is not good for us. Let us, with a unified voice, be determined not only to be heard, but to be listened to. Your State Medical Society is organizing physician responses to many critical issues in Wisconsin, including health care for the indigent and uninsured, physician review and discipline, child abuse, teenage pregnancy and motherhood, environmental health, nuclear armaments, care of the aging, and the establishment of a monitoring system for health care complaints, inviting also the public to submit complaints.

Yes, in these next few weeks, even months, we will be diverted, albeit with enormous zeal, to find answers to our professional liability dilemma. And find answers we must. Unless we can develop adequate laws, better discipline and better insurance devices—unless we, together with leaders in all walks of life, can stem the lottery mentality of litigation—our ability to serve patients will be unalterably impaired, their opportunity to get even **adequate** care will be jeopardized, and the cost of care will skyrocket once again despite all our good intentions to the contrary.

So, I say to you once more, as I said when I began these remarks: when you go home from this meeting, take your medical diploma off the wall—hold it in your hands—feel again the inspiration that drove you through medical school. Feel again the commitment that set you upon a lifetime of medicine. Let those feelings surge again in your mind and soul—to unite us as a profession, unite us as a medical society, unite us as citizens of Wisconsin to assure the best of healthy living and the best of medical care, the best of our love and attention for all our fellow man—young or old, rich or poor.

To this end, I pledge the year ahead. I ask but one thing—please join me in achieving this goal. May God bless you. ■

WISCONSIN UNIFORM INSURANCE CLAIM FORM can be ordered direct from SMS Services

- Claim form approved by DHSS and EDS Federal for Wisconsin Medical Assistance Program (WMAP) claims.
- Accepted by all major insurance carriers.
- Available in one- or two-part continuous form.
- Forms will be shipped to you within 48 hours after order received.

Place your order with SMS Services, Inc, 330 East Lakeside Street, PO Box 1109, Madison, Wisconsin 53701; or phone (608) 257-6781 or toll-free in Wisconsin (800) 362-9080.

Report to the House of Delegates by Outgoing President John K Scott, MD

As members of organized medicine we must always work to insure that the "patient"—the "consumer," the "human being"—is not lost in the shuffle and the shifts of change that are coming over our profession.

SHAKESPEARE ONCE wrote, "The evil that men do lives after them. The good is oft interred with their bones."

I think if the bard were still around he might observe that so many people are so preoccupied with their own activities these days and so busy trying to cope with the constant assault on their sensibilities by the media and their all too vivid accounts of natural and man-made disasters, that the good things men do are hardly noticed anymore, let alone remembered after they, the good-doers are gone. I suspect this unfortunate state of affairs applies to the State Medical Society.

The State Medical Society was created by territorial legislation in 1841. Its primary purpose is to bring together the physicians of the State of Wisconsin, and to advance the science and art of medicine for the better health of the people of Wisconsin. The State Medical Society has been faithful to that declaration from the beginning.

I am proud that during my year as President, the Society has made notable additions to an already noble record. This year has been a gratifying experience, one that I will never forget. The collage of memories wells up more frequently now as I near the end of my term.

Physician's role as patient advocate

As I travelled throughout the state this last year I was impressed with the collegiality of my peers. The media tour last fall, the frequent invitations to talk at county medical society meetings and the caucuses throughout the state have shown me that the members of the State Medical Society are willing and able to continue their roles as the patient's advocate to serve their patients well in the scientific sense, to share the costs where such savings can be safely made, and always to give their care with real attention and humane concern.

Throughout the year I have urged you, my colleagues, to educate patients, the public and the media, on all matters dealing with healthcare from clinical to socio-economic information. They deserve the best you have to give of your mind as well as your hand. The strength of organized medicine comes not alone from the grassroots physicians, but from the grassroots citizens who understand their own body and mind and are informed about the forces of society that affect their own well-being.

With all that was accomplished this last year, the staff of the State Medical Society has been superb. They were available for any whim of the President and were there when critical issues needed to be defined. My personal thanks to Earl Thayer, Bernie Maroney, Brian Jensen, Lee Johnson and to each of the other members of the State Medical Society staff in their particular functions.

Medicine continues to have a bright future. I believe that there is a more favorable time ahead for the physicians; there are indeed "bright lights" at the end of what physicians call "the dark tunnel of the future of medicine."

In my many President's Pages in the *Wisconsin Medical Journal,* I attempted to discuss realistic issues relating to medicine's direction and most recently the discussion on the young physician. With all my travels around the state, I was able to see tomorrow's physicians from the medical student through the young physician practicing and how quickly they adjust to greater institutionalism, to close affiliation with groups and hospitals, to a variety of for-profit as well as nonprofit entities and even to governmental agencies.

Time continues to be favorable for a renaissance of virtue in medical practice. I mentioned last year the words of HL Menken: "the conscience of the inner voice that warns if somebody may be looking."

The inner voice *is* speaking. Medicine is now peer reviewing itself more adequately than ever before. Our Task Force on Physician Review and Discipline, most able under the guidance of Dr Peter Eichman, has developed a number of proposals to strengthen the Wisconsin Medical Examining Board. The State Medical Society urges this state body be renamed the "Board of Physician Licensure and Discipline" to better identify its role to the public.

I must emphasize, as the Task Force does repeatedly, that *only* the state has power to revoke a doctor's license.

It is a myth that physicians do not want aggressive enforcement of competency laws. We are willing to pay higher registration fees if only we could be assured that the result would be stricter, more timely enforcement. If these tough measures are adopted, discipline should no longer cloud the liability issue and that's terribly important.

One of my concerns, as a consequence of statewide exposure to what's happening in the medical world, is the developing adversarial relationship between the doctor and the patient. When mother nature creates and delivers a baby, and it is not perfect, there seems to be a growing trend to say the doctor must be at fault. This is just one of many examples that prompt us as physicians, and many others, to demand liability reform.

Many facets to malpractice

According to unreliable sources there are over 100 doctors in the state with more than four malpractice suits against them. We so often hear that getting rid of "bad doctors" will alleviate the malpractice crisis. This is far from the truth. One need only to get involved in the malpractice crisis to realize there are many facets to the increased liability premium that enables the physician to continue as the patient's advocate.

The Wisconsin Legislature concluded its regular '85-'86 session without adopting an amended Senate Bill 328 on medical malpractice, not because of lack of support for the bill. It passed the Senate by an overwhelming vote of 26 to 7. It had an estimated 70 votes in the Assembly. It failed because a committee chairman prevented the bill from getting out of his committee in the closing days and hours of the session.

Governor Earl has acknowledged the need for malpractice reform. His concern increased the public and legislative awareness of the importance of the issue and helped to rally legislator support. Now, the Governor has indicated he may call a special session to take up several unresolved issues including medical liability. We plead for that opportunity.

Our objective is for legislation using the amended SB 328 as its base. We want that bill on a special session agenda. We want such a bill adopted by the Legislature no later than May. We have spent hours and hours in marathon-type negotiations with the trial attorneys. We have informed the Governor we will continue to talk. But we remind everyone concerned that we have compromised throughout almost two years of negotiations. We compromised in the Legislative Council meetings all during 1985. We compromised in the Senate-passed version of SB 328. We are fast reaching the absolute bottom line. We call for a cap on noneconomic damages and we call for periodic payments of awards as fundamental issues of justice, fairness for the injured party and reasonable restraint on the runaway costs of litigation. We think most other issues have been or are resolvable. But this is our bottom line. All of us must now contact our legislators and the Governor. The special session must include the medical liability issue. And we must have a responsible resolution for our patients and for our own ability to continue to practice.

Another related and very important development is coming to a head in our sessions today and tomorrow. It is the formation of a physicians liability insurance company in Wisconsin. One of the advantages of such a company is that it would be owned by the physicians of Wisconsin—the individual stockholders. The control is in their own hands. The benefits of availability, of premium cost, of discipline, of defense of claims, of loss control—all are in the hands of doctors. I have been a member of the special committee studying the possibilities for this company. I am impressed that now is the time to act. It may be our last chance in a long time to control our own destiny. I urge you to get involved in this company—first to authorize it, then to buy into it and to work with it for our mutual interests.

Now to another development in which I take special pride, shared of course with many others. SMS membership is at an all-time high. As of mid-March, SMS membership stood at 6,657. An increase of nearly 13% over a year ago. This included 4,565 regular dues paying members. I firmly believe that our colleagues are joining in record numbers because the Society is offering them the two things they most want and expect from us right now: tangible benefits of membership such as The Professionals Liability Insurance Program available through SMS Services, Inc; and strong, vocal representation of their concerns to the patient, to the Legislature, and to the media. In the past year SMS has been an outspoken advocate for our patients and our profession. Physicians have responded. My thanks and appreciation go to each member. You are, united, our great strength.

Commitment to public health

Let me move to another of the purposes of our Society—the one that has to do more specifically with improving the physical and mental health of the people of Wisconsin. Unfortunately, as I said at the start of these remarks so many of the good things that we do often go unnoticed. One has but to watch TV or read the newspapers to realize the truth of Shakespeare's works. So we are not alone in this respect.

No matter how little noticed by the rest of the world, I feel pride, as you should, in what this Society is doing to help our world be a better, healthier place.

I think of the leadership taken by this Society, by Dane County Medical Society and by the Medical Society of Milwaukee County in providing education, understanding and service in relation to Acquired Immune Deficiency Syndrome (AIDS) and related medical issues.

I think of the help we are providing to families, to government agencies and to physicians on education concerning child abuse.

I think of the enormous contribution made this year by our Committee on Environmental and Occupational Health in the production and distribution of the new guidelines for occupational health programs in business and industry.

I think of the fine work of our Auxiliary in furthering health education of teenagers through the annual Wisconsin Workshop on Health.

"Medical politics" a necessity

I think of our other legislative efforts. We are in the middle of the battle against drunk drivers with our push for 0.05, 0.01 and 0.15 classifications of blood alcohol content; our efforts to assist some of the more unfortunate of the mentally ill—those who need a fifth pathway to treatment; our efforts to make the "living will" a workable instrument for the dying patient; our efforts to bring greater safety to school buses; and our campaigns to help the elderly, the poor and the unemployed get basic, primary care when they don't have the money to pay; our efforts to find and help the impaired physicians. This Annual Meeting itself—an example of our commitment to teaching and self-improvement for the ultimate benefit of the patient. This is organized medicine at its finest. This is why I chose to serve on committees, to be active in what some deride as "medical politics," to give up a great deal of my practice time to serve as President-Elect and President of this great Society. I did it and I'm glad. I encourage you to bring your colleagues into this arena. It is satisfying beyond measure.

Finally, a few observations on our profession as a whole. These thoughts come to mind because over the past year we have deliberated so thoroughly and carefully on the issue of peer review and discipline. What we have done, I hope, is to take a look at ourselves, with no thought of public relations, but only with a view to reestablishing our own identities and our own needs. What should we be? How should we act? What need we do to please ourselves that we are indeed professionals worthy of everything that such a term inspires.

It is clear to me that our Task Force on Physician Review and Discipline has, in a smaller, localized way, done what Abraham Flexner did with medical education in 1910. He changed American medicine by making it impossible for do-nothing schools and filthy hospitals to continue in operation. I hope that our Task Force report, once implemented, will make it impossible for incompetent physicians and bad medicine to continue in practice.

But policing, being necessarily negative, is not enough. It alone will not bring about moral regeneration. That comes only when our Medical Society, and we as members of that group, feel fully confident that ethical behavior is desirable, widely practiced, approved, encouraged, and fully admired.

We need the force of moral and intellectual leadership to keep this process on its way. I feel that Doctor Eichman and his Task Force members are such a force. They are critics from the inside. They know what the conditions are. They know and are candid about the arguments and excuses. I urge you to read and re-read their report. It is a full sweep over the field, and thus offers all of us a new vision of our profession.

As I leave you with these thoughts, I can only hope that throughout our lives as practitioners and as members of organized medicine we work always to insure that the "patient"—the "consumer"—the "human being"—is not lost in the shuffle and the shifts of change that are coming over our profession.■

AMERICAN PHYSICIANS LIFE

Serving All Your Life Insurance Needs.

American Physicians Life's comprehensive and competitively priced line of insurance products is now being offered exclusively through SMS Services Inc., to State Medical Society members.

APL is a majority-owned subsidiary of Physicians Insurance Company of Ohio (PICO) and a sister company of The Professionals Insurance Company, the carrier of the SMS-endorsed Professional Liability Insurance Plan.

APL coverages available to you through SMS Services Inc., and its authorized insurance representatives include:

- Innovative Universal Life coverages
- Low Cost Graded Premium Whole Life plan
- Yearly Renewable and Convertible Term Life protection
- Non-cancellable Disability Income programs
- Single and Flexible Premium Annuities
- Comprehensive Office Overhead Expense protection

Why not contact SMS Services Inc., today to find out how American Physicians Life can solve all your life insurance needs.

CONTACT:

STATE MEDICAL SOCIETY OF WISCONSIN
SMS SERVICES INC.
SUBSIDIARY

SMS SERVICES INC.
330 EAST LAKESIDE STREET
P.O. BOX 1109
MADISON, WISCONSIN 53701
(608) 257-6781 OR TOLL FREE
1-800-362-9080

We know you.
We've talked with you.
We have a continuing commitment to serve you.

For professional liability insurance, the stakes are too high to depend on anyone else.

That's why the State Medical Society has endorsed a professional liability plan which has been developed especially for Wisconsin physicians.

Available only to members of the SMS—and offered through SMS Services, Inc.—this medical malpractice policy has superior features including:

- Consent of the physician is required before settlement of any claim.
- Availability of legal counsel, experienced in defendant medical liability.
- All members of claims and underwriting committees are Wisconsin physicians.
- Occurrence coverage provided for claims arising during the policy period, even if claim is reported at a later time.

For the best in professional liability coverage, contact SMS Services, Inc. at (608) 257-6781 or toll-free 1-800-362-9080

Endorsed by the
State Medical Society
of Wisconsin

We know how vital it is to safeguard the present... and to protect the future.

Underwritten by:

A respected leader in coverage for preferred markets.

COMPUTERIZING YOUR OFFICE
IS OUR BUSINESS . . .

HAVE YOU BEEN CONTEMPLATING INSTALLING A COMPUTER IN YOUR OFFICE? CONSIDER THE FOLLOWING:

* EXTENSIVE ON-SITE TRAINING, CUSTOMIZATION AND INSTALLATION INCLUDED.
* WRITTEN FOR THE IBM MICROCOMPUTER AND ALL 100% IBM COMPATIBLE COMPUTERS, INCLUDING COMPAQ AND ZENITH

If so, the Professional Office Management System by CompuSoft Corporation can help your practice.

AFTER TRAINING SUPPORT AND UPDATES AVAILABLE

For more information, call
(414) 547-2639
or (312) 960-3966 in Illinois
429 E. Broadway Waukesha, WI 53186

Alcoholics Anonymous

The State Medical Society's Committee on Alcohol and Other Drug Abuse recommends that physicians be aware of the Central Offices of Alcoholics Anonymous as a support group in the care of their patients.

Green Bay 414-437-9971	Madison 608-222-8989	Superior-Duluth 218-728-5572
Kenosha 414-654-8246	Milwaukee 414-272-3081	La Crosse 608-784-7560

It should be emphasized, however, that patients should make the call to the Central Office because Alcoholics Anonymous cannot be of assistance unless the patient wants help.

Each of these Central Offices has a list of recovering alcoholics who will call the patient and offer help. If there is no Central Office listed in an area, patients should check the local phone book under Alcoholics Anonymous. Often a local phone number will be listed where there is no Central Office. ■

YOU CAN HELP
STOP BEDWETTING

For a large majority of your Enuretic patients

- Ethical — prescription only
- Professional — you supervise treatment
- Approximately 90 percent effective
- Proven reliable and dependable bell, pad, and light system
- Low cost rental service — $14.00 per week (avg. 6-week treatment)
- Convenient mail order service to the 48 states

For more information, call or write:

S. & L. SIGNAL COMPANY

Helping Enuretic Clients
Since 1950
1142 Fleetwood Ave. Madison, WI 53716
Phone: 608-222-7939
Accepted for advertising in the AMA Journal

ARMY PHYSICIANS PRACTICE MEDICINE, NOT LAW.

The Army Medical Department believes in excellence in the practice of medicine. That means allowing our physicians to work at perfecting their medical skills, and not being burdened with endless insurance forms, malpractice premiums, cash flow worries. And they need not concern themselves with the ability of the patient to pay.

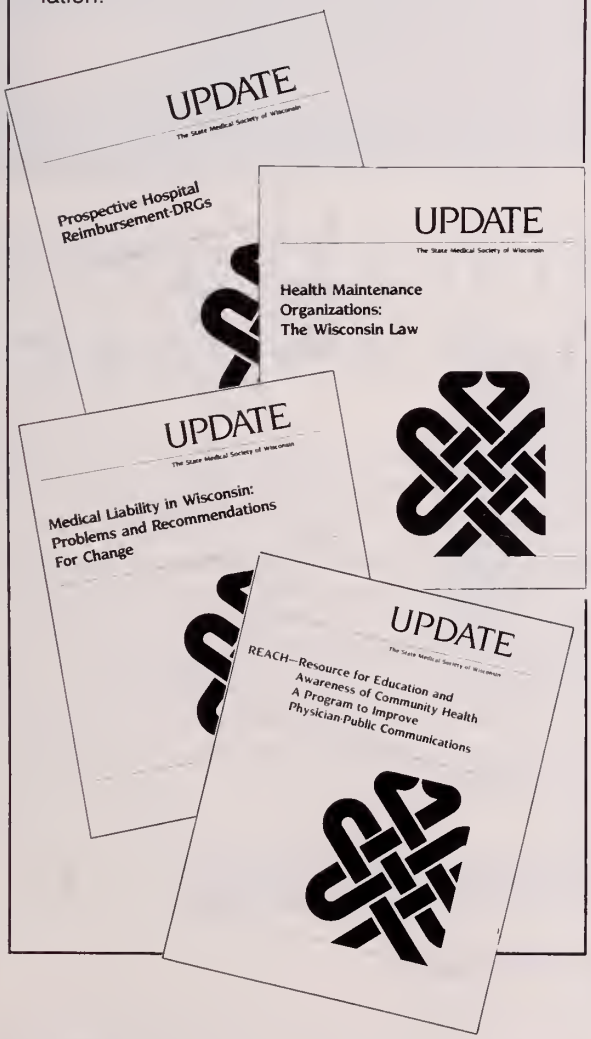
Part of Army medical excellence is prescribing the best possible care—not the least care, nor most defensive care. If you believe in this kind of comprehensive health care, you may wish to explore the many exciting possibilities Army Medicine has for you. We invite your call:

Captain Scott Hendrickson
(312) 926-2040

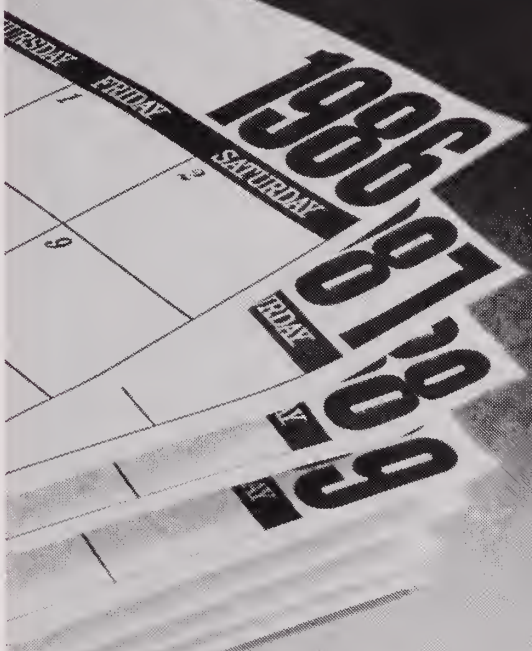
ARMY MEDICINE.
BE ALL YOU CAN BE.

SMS Members!

In late 1983 the State Medical Society launched a publication series called ***Update*** to provide members with issue-specific background papers that examine subjects in greater depth than is permitted by the more traditional SMS publications. These special publications not only provide background information on an issue but also advise all members of the plans, strategies, and recommendations of the Society as it confronts these issues. Four editions of ***Update*** have been published: *Prospective Hospital Reimbursement-DRGs, Health Maintenance Organizations: The Wisconsin Law, Medical Liability in Wisconsin: Problems and Recommendations for Change, and REACH—Resource for Education and Awareness of Community Health: A Program to Improve Physician-Public Communications.* Members are urged to retain these ***Updates*** for future reference. New members who would not have received these issues are particularly urged to contact the SMS Secretary's Office for their copies. Watch for the fifth ***Update,*** soon to be released, on the new medical malpractice legislation.



Are you ready for your future?



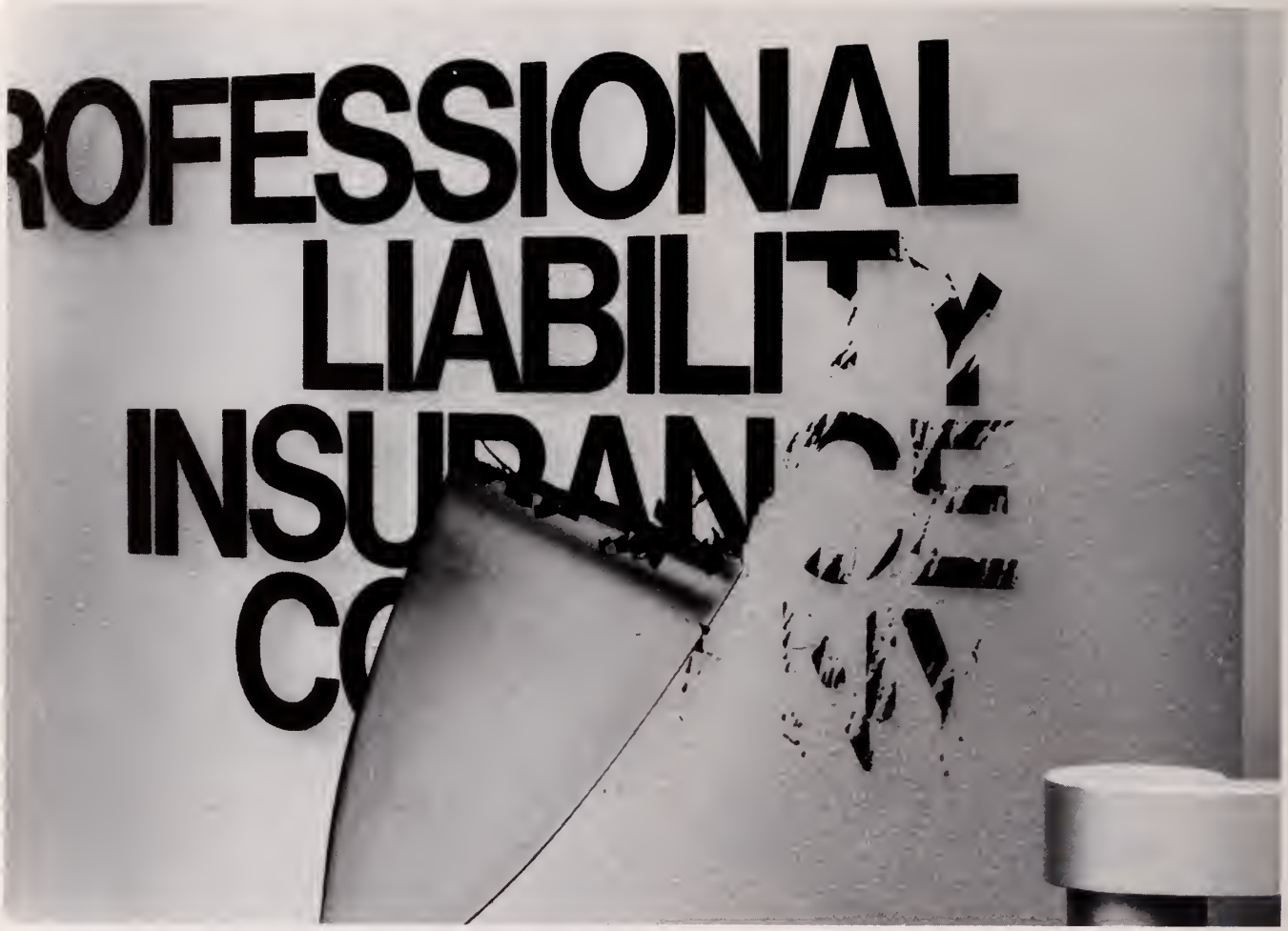
At Gaarder Miller we are experts at managing the business aspect of medical practices. Our professional consultants will tailor solutions to your special needs . . . solutions that result in increased productivity, optimal patient services and maximized income for today — and tomorrow.

WE OFFER: • Financial projections • Office management • Organizational planning • Facilities planning • Tax preparation • Personal financial planning • Billing service • Computer billing . . .

All the value of a full-time business manager at a part-time cost.

Gaarder Miller Milwaukee Ltd.
12778 W. North Ave.
Brookfield, WI 53005
(414) 784-9559

Planning today . . . for a secure tomorrow.



In ten years your malpractice carrier may be just a memory.

Unless it's Medical Protective.

As you consider professional liability insurance, consider this. The coverages stated in the policy are basically a promise — a promise to be here when needed regardless of legal climate or economic conditions. A company's ability to keep this promise is critical because your financial security may depend on it. Unfortunately, too many firms are now finding the task impossible.

Analyze your liability insurance options carefully just as you would any important investment. Go beyond the agent and the policy to the company that stands behind both. How long has it been in operation? Has it weathered some of the tough times? Will it be there for you when you need help?

The Medical Protective Company pioneered professional liability coverage before the turn of the century and has served doctors exclusively ever since. Over 500,000 of them. Through good times and bad. We'll be here when you need us.

Contact The Medical Protective Company through one of our general agents. History shows we keep our promises.

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

Jerome E. Kronsnoble, William E. Herte
850 North Elm Grove Road, Elm Grove, WI 53122, (414) 784-3780

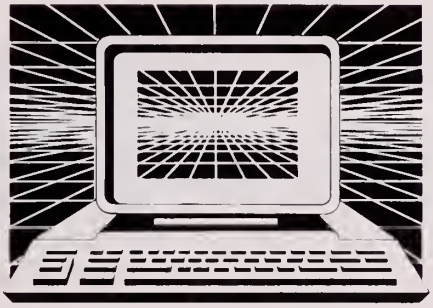
YOU MAY BE LOSING PATIENTS BY NOT KEEPING IN TOUCH WITH THEM

If you are thinking about enhancing your patient relations between visits, Advanced Technology Associates suggests that you investigate MDX, the clinical management system that's flexible enough to meet any physician's or clinic's correspondence needs.

MDX helps your patient communications between visits by letting you keep up a steady flow of correspondence, appointment reminders, recall letters and even birthday greetings.

MDX gives you a choice. You can use the pre-programmed letters it provides and tailor them to address each patient's unique circumstances, or create your own correspondence, drawing upon the MDX data base for pertinent information.

MDX even lets you add personal greetings to your statements, an easy way to make sure they receive the prompt attention they deserve.



Of course, these correspondence capabilities are just the beginning. MDX also lets you automate all the other facets of your clinic, from accounting and scheduling to records management. And it all has the unique distinction of being endorsed by SMS Services Inc. for members of the State Medical Society of Wisconsin.

For a *free videotape on MDX, please call us

*Qualified callers only.

ATA
ADVANCED
TECHNOLOGY
ASSOCIATES

4710 WEST NORTH AVENUE MILWAUKEE, WI 53208 414/445-4280

Membership facts

Whether you're just starting medical school, maintaining a full-time practice, or retiring, SMS has a membership classification to fit your individual needs. Election to membership by the County Medical Society in which your principal place of practice is located carries with it membership in the State Medical Society of Wisconsin and, if you wish, the American Medical Association. If you qualify for resident membership at the time of your election, your membership dues are greatly reduced. This may also qualify you for reduced dues the first two years of your practice. In addition, two-physician families may be eligible for a $50 discount on total SMS membership dues. Dues for regular membership in 1986 are $455 for SMS, $375 for AMA, and county society dues vary. A more detailed listing of SMS membership classifications and their corresponding dues follows:

State Medical Society of Wisconsin

DESCRIPTION OF MEMBERSHIP CLASSIFICATIONS

Regular: Member in active practice. • ***First year in practice***—physicians elected to SMS membership within six months of completing residency, fellowship, or fulfillment of government obligation enjoy a dues reduction of 50 percent for the first year. • ***Second year in practice***—physicians who quality by meeting the above criteria enjoy a 25 percent dues reduction during their second year of practice. • ***Two-physician family***—one member (spouse) of a two-physician family is entitled to a dues reduction of $50 or the amount of their State Society dues whichever is less.

Resident: Physician who at January 1 of dues year is in an approved training program as a hospital resident or research fellow who is licensed to practice medicine and surgery in Wisconsin.

Military Service: Members who are serving in the U.S. armed forces (generally not to exceed five years).

Associate: Member whose dues are waived because of financial hardship due to illness or disability. This classification is temporary and is reviewed on an annual basis.

Life: Member who has held membership in a state medical society for 50 years or is a Past President of the State Medical Society of Wisconsin.

Honorary: Member who was named by the Board of Directors in recognition of long and distinguished service to the cause of medicine.

Retired: Member who has completely retired from practice (works less than 240 hours per year). All dues are waived unless county society indicates they wish to charge county dues.

Part-time Practice: Physician, regardless of age, who practices 1,000 hours or less during the calendar year but does not qualify for retired membership.

Over Age 70: Member in active practice who is over 70 years of age as of January 1.

Candidate: Member attending a medical school in Wisconsin or fulfilling a postgraduate obligation prior to eligibility for licensure.

Scientific Fellow: The Board of Directors may by invitation and unanimous consent confer upon any person engaged in teaching of or research in one or more of the basic sciences at an accredited college or university, and not holding the degree of Doctor of Medicine or Osteopathy, the status of Scientific Fellow.

Emeritus: Retired members who have chosen not to renew their license.

1986 DUES AMOUNTS FOR THESE CLASSIFICATIONS

	SMS	AMA	COUNTY
Regular	$455.00	$375.00	Normal County Dues
1st Year in Practice	$227.50	$187.00	Normal County Dues
2nd Year in Practice	$341.25	$281.00	Normal County Dues
Two Physician Family	$405.00	$375.00	Normal County Dues
Part-Time Practice	$227.50	$375.00/-0-*	Normal County Dues
Part-Time—Over Age 70	$227.50	$187.00*	Normal County Dues
Resident	$ 45.50	$ 45.00	Varies
Military Service	-0-	$250.00/$ 45.00	-0-
Associate	-0-	-0-	-0-
Retired	-0-	$375.00/-0-*	-0-
Retired—Over Age 70	-0-	-0-	-0-
Life	-0-	$375.00/-0-*	-0-
Honorary	-0-	$375.00/-0-*	-0-
Over Age 70	$227.50	$375.00/-0-*	Normal County Dues
Candidate—			
Freshman Year Medical Student	-0-	$ 20.00	Varies
Sophomore and Succeeding Medical Student Years	$ 10.00	$ 20.00	Varies
Postgraduate—One	$ 10.00	$ 45.00	Varies
Scientific Fellow	-0-	-0-	-0-
Emeritus	-0-	-0-	-0-

*Physicians in these categories may be eligible for exemption from paying AMA dues under the grandfather clause:

AMA dues-exempt members who were granted exemption before 1986 based on previously established criteria, with the exception of financial hardship or disability, will automatically be dues-exempt in 1986 and beyond under the grandfather clause

Under new AMA policy, only the following two categories of physicians will qualify for new dues exemption:

(1) Financial hardship and/or disability

(2) 70 years of age or older *and* fully retired

State Society dues are prorated on a monthly basis for those elected to membership July 1 through September 30. Those elected after September 30 have no dues payable for the balance of the year in which they are elected. AMA dues follow the same pattern except prorating is on a semiannual basis rather than monthly basis.

To begin the membership process, if your practice is or will be located in Wisconsin, or you have any questions, you may contact your local county society or call the Membership and Communications Division of the State Medical Society, if in Wisconsin: 1-800-362-9080 (Madison area number: 257-6781).■

Your membership in organized medicine will help insure the continued "safety" of your practice and quality care for all patients. Your voice *will* be heard through participation. Membership in the State Medical Society of Wisconsin also requires membership in the county medical society (AMA membership is optional but encouraged). For Regular, Part-time Practice, or Over Age 70 membership classifications, dues may be paid in one lump sum or in two equal installments: one-half of the total payable by January 1, the other half not later than May 15, 1986 which is the removal date for those members who have not completed payment. You are urged to renew your membership.

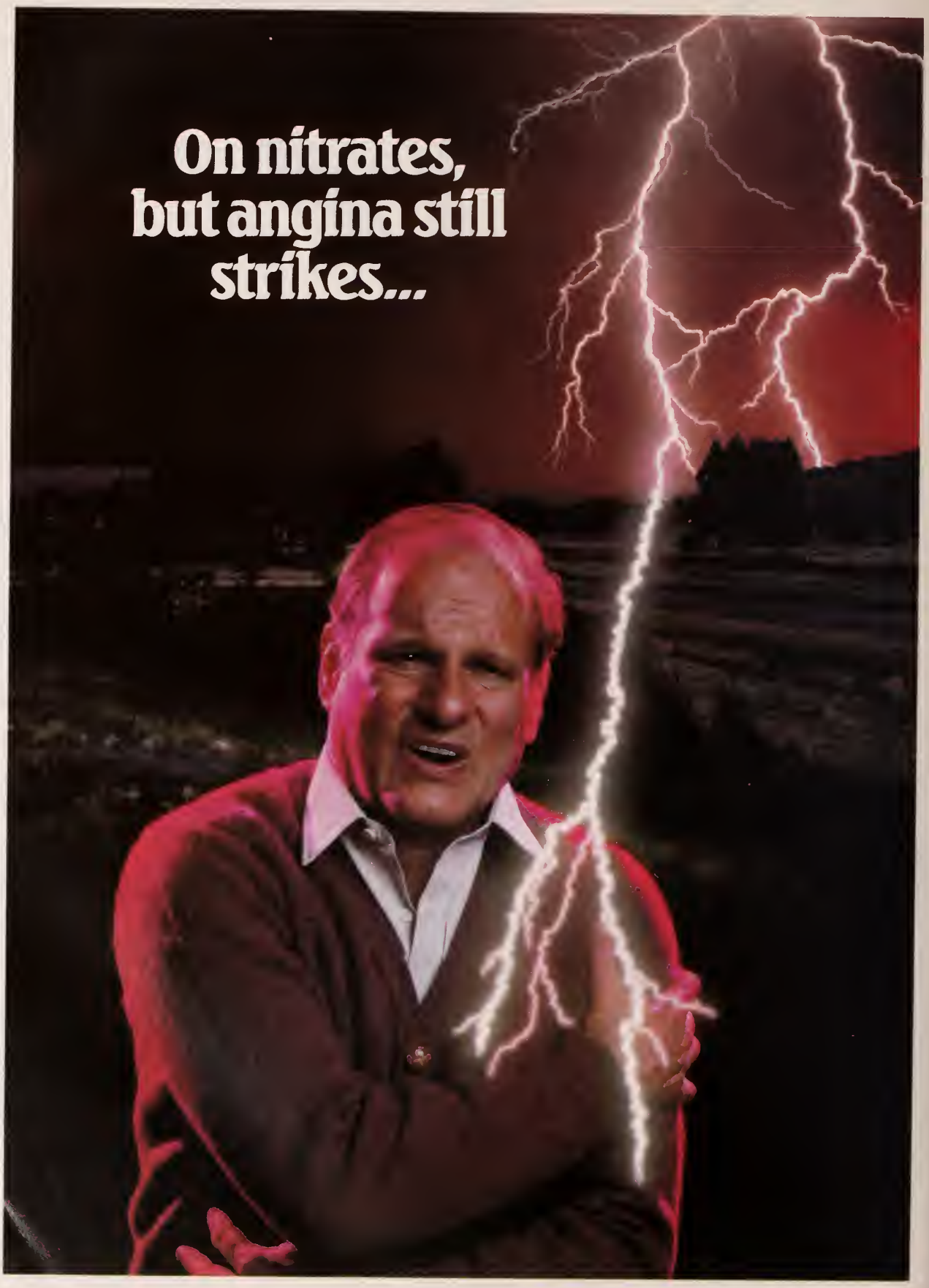
YEARS

Thank you for your loyal support

DYAZIDE®

25 mg Hydrochlorothiazide/**50 mg** Triamterene/SKF

SK&F CO.


On nitrates,
but angina still
strikes...

After a nitrate, add ISOPTIN®
(verapamil HCl/Knoll)

To protect your patients, as well as their quality of life, add Isoptin instead of a beta blocker.

First, Isoptin not only reduces myocardial oxygen demand by reducing peripheral resistance, but also increases coronary perfusion by preventing coronary vasospasm and dilating coronary arteries — both normal and stenotic. These are antianginal actions that no beta blocker can provide.

Second, Isoptin spares patients the beta-blocker side effects that may compromise the quality of life.

With Isoptin, fatigue, bradycardia and mental depression are rare. Unlike beta blockers, Isoptin can safely be given to patients with asthma, COPD, diabetes or peripheral vascular disease. Serious adverse reactions with Isoptin are rare at recommended doses; the single most common side effect is constipation (6.3%).

Cardiovascular contraindications to the use of Isoptin are similar to those of beta blockers: severe left ventricular dysfunction, hypotension (systolic pressure <90 mm Hg) or cardiogenic shock, sick sinus syndrome (if no artificial pacemaker is present) and second- or third-degree AV block.

So, the next time a nitrate is not enough, add Isoptin... for more comprehensive antianginal protection without side effects which may cramp an active life style.

ISOPTIN. Added antianginal protection without beta-blocker side effects.

Please see brief summary on following page

ISOPTIN®
(verapamil HCl/Knoll)
80 mg and 120 mg scored, film-coated tablets

Contraindications: Severe left ventricular dysfunction (see *Warnings),* hypotension (systolic pressure < 90 mm Hg) or cardiogenic shock, sick sinus syndrome (except in patients with a functioning artificial ventricular pacemaker), 2nd- or 3rd-degree AV block. **Warnings:** ISOPTIN should be avoided in patients with severe left ventricular dysfunction (e.g., ejection fraction < 30% or moderate to severe symptoms of cardiac failure) and in patients with any degree of ventricular dysfunction if they are receiving a beta blocker. (See *Precautions.)* Patients with milder ventricular dysfunction should, if possible, be controlled with optimum doses of digitalis and/or diuretics before ISOPTIN is used. (Note interactions with digoxin under *Precautions.*) ISOPTIN may occasionally produce hypotension (usually asymptomatic, orthostatic, mild and controlled by decrease in ISOPTIN dose). Elevations of transaminases with and without concomitant elevations in alkaline phosphatase and bilirubin have been reported. Such elevations may disappear even with continued treatment; however, four cases of hepatocellular injury by verapamil have been proven by rechallenge. Periodic monitoring of liver function is prudent during verapamil therapy. Patients with atrial flutter or fibrillation and an accessory AV pathway (e.g. W-P-W or L-G-L syndromes) may develop increased antegrade conduction across the aberrant pathway bypassing the AV node, producing a very rapid ventricular response after receiving ISOPTIN (or digitalis). Treatment is usually D.C.-cardioversion, which has been used safely and effectively after ISOPTIN. Because of verapamil's effect on AV conduction and the SA node, 1° AV block and transient bradycardia may occur. High grade block, however, has been infrequently observed. Marked 1° or progressive 2° or 3° AV block requires a dosage reduction or, rarely, discontinuation and institution of appropriate therapy depending upon the clinical situation. Patients with hypertrophic cardiomyopathy (IHSS) received verapamil in doses up to 720 mg/day. It must be appreciated that this group of patients had a serious disease with a high mortality rate and that most were refractory or intolerant to propranolol. A variety of serious adverse effects were seen in this group of patients including sinus bradycardia, 2° AV block, sinus arrest, pulmonary edema and/or severe hypotension. Most adverse effects responded well to dose reduction and only rarely was verapamil discontinued. **Precautions:** ISOPTIN should be given cautiously to patients with impaired hepatic function (in severe dysfunction use about 30% of the normal dose) or impaired renal function, and patients should be monitored for abnormal prolongation of the PR interval or other signs of excessive pharmacologic effects. Studies in a small number of patients suggest that concomitant use of ISOPTIN and beta blockers may be beneficial in patients with chronic stable angina. Combined therapy can also have adverse effects on cardiac function. Therefore, until further studies are completed, ISOPTIN should be used alone, if possible. If combined therapy is used, close surveillance of vital signs and clinical status should be carried out. Combined therapy with ISOPTIN and propranolol should usually be avoided in patients with AV conduction abnormalities and/or depressed left ventricular function. Chronic ISOPTIN treatment increases serum digoxin levels by 50% to 70% during the first week of therapy, which can result in digitalis toxicity. The digoxin dose should be reduced when ISOPTIN is given, and the patients should be carefully monitored to avoid over- or under-digitalization. ISOPTIN may have an additive effect on lowering blood pressure in patients receiving oral antihypertensive agents. Disopyramide should not be given within 48 hours before or 24 hours after ISOPTIN administration. Until further data are obtained, combined ISOPTIN and quinidine therapy in patients with hypertrophic cardiomyopathy should probably be avoided, since significant hypotension may result. Clinical experience with the concomitant use of ISOPTIN and short- and long-acting nitrates suggest beneficial interaction without undesirable drug interactions. Adequate animal carcinogenicity studies have not been performed. One study in rats did not suggest a tumorigenic potential, and verapamil was not mutagenic in the Ames test. *Pregnancy Category C:* There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy, labor and delivery only if clearly needed. It is not known whether verapamil is excreted in breast milk; therefore, nursing should be discontinued during ISOPTIN use. **Adverse Reactions:** Hypotension (2.9%), peripheral edema (1.7%), AV block: 3rd degree (0.8%), bradycardia: HR < 50/min (1.1%), CHF or pulmonary edema (0.9%), dizziness (3.6%), headache (1.8%), fatigue (1.1%), constipation (6.3%), nausea (1.6%), elevations of liver enzymes have been reported. (See *Warnings.*) The following reactions, reported in less than 0.5%, occurred under circumstances where a causal relationship is not certain: ecchymosis, bruising, gynecomastia, psychotic symptoms, confusion, paresthesia, insomnia, somnolence, equilibrium disorder, blurred vision, syncope, muscle cramp, shakiness, claudication, hair loss, macules, spotty menstruation. **How Supplied:** ISOPTIN (verapamil HCl) is supplied in round, scored, film-coated tablets containing either 80 mg or 120 mg of verapamil hydrochloride and embossed with "ISOPTIN 80" or "ISOPTIN 120" on one side and with "KNOLL" on the reverse side. Revised August, 1984 2385

KNOLL PHARMACEUTICAL COMPANY
30 NORTH JEFFERSON ROAD, WHIPPANY, NEW JERSEY 07981

2406

EMPLOYEES APPRECIATE THE PAYROLL SAVINGS PLAN.

JUST ASK THE PEOPLE AT THE BOEING COMPANY.

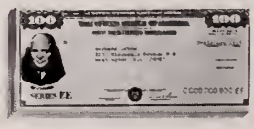
"My folks gave me a Bond for my birthday every year. Now I can do the same for my kids."
—Vaughn Hale

"It's certainly a painless way to save. The money comes directly out of my paycheck every two weeks."
—Florence Perry

"This is one way I can support my government and save at the same time."
—Douglas Scribner

U.S. Savings Bonds now offer higher variable interest rates *and* a guaranteed return. Your employees will appreciate that. They'll also appreciate your giving them the easiest, surest way to save.

For more information, write to: Steven R. Mead, Executive Director, U.S. Savings Bonds Division, Department of the Treasury, Washington, DC 20226.



U.S. SAVINGS BONDS
Paying Better Than Ever

A public service of this publication.

Motrin® 800 mg TABLETS

ibuprofen

Extra strength
Convenience
Economy

Upjohn

A Century of Caring
1886·1986

© 1986 The Upjohn Company

J-6138 January 1986

"High blood pressure should be a red flag to screen for cholesterol..."[1]

Wyeth Laboratories
Philadelphia, PA 19101

If your patients have hypertension, they probably have high cholesterol too.

The Framingham Heart Study[2] showed that over two thirds of the 35 and older population in that study with systolic blood pressures over 145 mmHg also had serum cholesterol levels of 225 mg/dL or more, and 46% had levels above 250 mg/dL.

While many clinical laboratories still report 250 mg/dL as "normal" cholesterol, the NIH Consensus Development Conference Statement on Cholesterol and Heart Disease[3] stated that any level above 220 mg/dL is associated with a significantly increased risk of coronary heart disease.

You need to know, because high cholesterol parallels high blood pressure as a CHD risk factor.

Epidemiological studies and large-scale prevention trials have indicated that as with blood pressure, serum cholesterol levels are proportionately related to CHD risk.

Specifically, *"...for every 10 mmHg rise in pressure, there appears to be about a 30% rise in cardiovascular risk."*[4] *"...for every one percent you go up the American cholesterol scale, your subsequent rate of heart attack rises two to three percent."*[5]

And although the specific impact on CHD has not been determined, we know that many of the principal agents used to lower blood pressure actually increase cholesterol.

Wytensin® lowers blood pressure effectively without raising cholesterol.

While Wytensin is not a cholesterol-lowering agent and is not indicated for the treatment of hyperlipidemia, in controlled clinical trials[6] it caused a slight, sustained decrease in total cholesterol without reducing the HDL fraction or altering serum triglycerides.

At the same time, Wytensin lowered blood pressure as effectively as hydrochlorothiazide, propranolol, clonidine or methyldopa. Drowsiness and/or dry mouth, the most frequent side effects noted with Wytensin, usually diminish or disappear over time. In fact, in double-blind studies to date, discontinuance of therapy for all side effects occurred in about 13% of patients.

WyTensin®
(guanabenz acetate)

Antihypertensive therapy that does not increase cholesterol

See important information on following page.

References: 1. Glueck CJ: Remarks in the symposium, *Blood Pressure, Cholesterol and Coronary Heart Disease*, Washington, D.C., March 31, 1985. 2. *The Framingham Study, An epidemiological investigation of cardiovascular disease*, Section 28, U.S. Dept. of Health, Education, and Welfare. 3. National Institutes of Health Consensus Development Conference Statement, 1984. Vol 5, No 7, p 4. 4. Chobanian AV: The influence of hypertension and other hemodynamic factors in atherogenesis. *Progress in Cardiovascular Diseases, XXVI* (3): 177, Nov/Dec, 1983. 5. Castelli WP: Remarks in the symposium, *Blood Pressure, Cholesterol and Coronary Heart Disease*, Washington, D.C., March 31, 1985. 6. Data on file, Wyeth Laboratories.

©1985, Wyeth Laboratories

WyTensin®
(guanabenz acetate)

Antihypertensive therapy that does not increase cholesterol

Brief Summary

Before prescribing, consult the complete package circular.

Indications and Usage: Treatment of hypertension, alone or in combination with a thiazide diuretic

Contraindication: Known sensitivity to the drug

Precautions: 1 Sedation Causes sedation or drowsiness in a large fraction of patients When used with centrally active depressants, e g , phenothiazines, barbiturates and benzodiazepines, consider potential for additive sedative effects. 2 Patients with vascular insufficiency: Like other antihypertensives use with caution in severe coronary insufficiency, recent myocardial infarction, cerebrovascular disease, or severe hepatic or renal failure 3. Rebound Sudden cessation of therapy with central alpha agonists like **Wytensin** may rarely result in "overshoot" hypertension and more commonly produces increase in serum catecholamines and subjective symptomatology

INFORMATION FOR PATIENTS Advise patients on **Wytensin** to exercise caution when operating dangerous machinery or motor vehicles until it is determined they do not become drowsy or dizzy Warn patients that tolerance for alcohol and other CNS depressants may be diminished Advise patients not to discontinue therapy abruptly

LAB TESTS In clinical trials, no clinically significant lab test abnormalities were identified during acute or chronic therapy Tests included CBC, urinalysis, electrolytes, SGOT, bilirubin, alkaline phosphatase, uric acid, BUN, creatinine, glucose, calcium, phosphorus, total protein, and Coombs' test During long-term use there was small decrease in serum cholesterol and total triglycerides without change in high-density lipoprotein fraction. In rare instances occasional nonprogressive increase in liver enzymes was observed, but no clinical evidence of hepatic disease

DRUG INTERACTIONS **Wytensin** was not demonstrated to cause drug interactions when given with other drugs, e g , digitalis, diuretics, analgesics, anxiolytics, and antiinflammatory or antiinfective agents, in clinical trials However, potential for increased sedation when given concomitantly with CNS depressants should be noted

DRUG/LAB TEST INTERACTIONS: No lab test abnormalities were identified with **Wytensin** use

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY. No evidence of carcinogenic potential emerged in rats during a two-year oral study with **Wytensin** at up to 9 5 mg/kg/day, i e , about 10 times maximum recommended human dose In the Salmonella microsome mutagenicity (Ames) test system, **Wytensin** at 200-500 mcg per plate or at 30-50 mcg/ml in suspension gave dose-related increases in number of mutants in one (TA 1537) of five *Salmonella typhimurium* strains with or without inclusion of rat liver microsomes. No mutagenic activity was seen at doses up to those which inhibit growth in the eukaryotic microorganism, *Schizosaccharomyces pombe*, or in Chinese hamster ovary cells at doses up to those lethal to the cells in culture In another eukaryotic system, *Saccharomyces cerevisiae*, **Wytensin** produced no activity in an assay measuring induction of repairable DNA damage Reproductive studies showed a decreased pregnancy rate in rats given high oral doses (9 6 mg/kg), suggesting impairment of fertility Fertility of treated males (9 6 mg/kg) may also have been affected, as suggested by decreased pregnancy rate of mates, even though females received drug only during last third of pregnancy

PREGNANCY Pregnancy Category C WYTENSIN® MAY HAVE ADVERSE EFFECTS ON FETUS WHEN ADMINISTERED TO PREGNANT WOMEN A teratology study in mice indicated possible increase in skeletal abnormalities when **Wytensin** is given orally at doses 3 to 6 times maximum recommended human dose of 1 0 mg/kg These abnormalities, principally costal and vertebral, were not noted in similar studies in rats and rabbits. However, increased fetal loss has been observed after oral **Wytensin** given to pregnant rats (14 mg/kg) and rabbits (20 mg/kg) Reproductive studies in rats have shown slightly decreased live-birth indices, decreased fetal survival rate, and decreased pup body weight at oral doses of 6 4 and 9 6 mg/kg There are no adequate, well-controlled studies in pregnant women **Wytensin** should be used during pregnancy only if potential benefit justifies potential risk to fetus

NURSING MOTHERS Because no information is available on **Wytensin** excretion in human milk, it should not be given to nursing mothers

PEDIATRIC USE Safety and effectiveness in children less than 12 years of age have not been demonstrated, use in this age group cannot be recommended

Adverse Reactions: Incidence of adverse effects was ascertained from controlled clinical studies in U S and is based on data from 859 patients on **Wytensin** for up to 3 years There is some evidence that side effects are dose-related Following table shows incidence of adverse effects in at least 5% of patients in study comparing **Wytensin** to placebo, at starting dose of 8 mg b i d

Adverse Effect	Placebo (%) n = 102	**Wytensin** (%) n = 109
Dry mouth	7	28
Drowsiness or sedation	12	39
Dizziness	7	17
Weakness	7	10
Headache	6	5

In other controlled clinical trials at starting dose of 16 mg/day in 476 patients, incidence of dry mouth was slightly higher (38%) and dizziness was slightly lower (12%), but incidence of most frequent adverse effects was similar to placebo-controlled trial Although these side effects were not serious, they led to discontinuation of treatment about 15% of the time. In more recent studies using an initial dose of 8 mg/day in 274 patients, incidence of drowsiness or sedation was lower, about 20% Other adverse effects reported during clinical trials but not clearly distinguishable from placebo effects and occurring with frequency of 3% or less. Cardiovascular—chest pain, edema, arrhythmias, palpitations. Gastrointestinal—nausea, epigastric pain, diarrhea, vomiting, constipation, abdominal discomfort. Central nervous system—anxiety, ataxia, depression, sleep disturbances. ENT disorders—nasal congestion Eye disorders—blurring of vision Musculoskeletal—aches in extremities, muscle aches Respiratory—dyspnea Dermatologic—rash, pruritus Urogenital—urinary frequency, disturbances of sexual function. Other—gynecomastia, taste disorders

Drug Abuse and Dependence: No dependence or abuse has been reported

Overdosage: Accidental ingestion caused hypotension, somnolence, lethargy, irritability, miosis, and bradycardia in two children aged one and three years Gastric lavage and pressor substances, fluids, and oral activated charcoal resulted in complete and uneventful recovery within 12 hours in both. Since experience with accidental overdosage is limited, suggested treatment is mainly supportive while drug is being eliminated and until patient is no longer symptomatic Vital signs and fluid balance should be carefully monitored Adequate airway should be maintained and, if indicated, assisted respiration instituted No data are available on **Wytensin** dialyzability.

Dosage and Administration: Individualize dosage. A starting dose of 4 mg b i d. is recommended, whether used alone or with a thiazide diuretic Dosage may be increased in increments of 4 to 8 mg/day every one to two weeks, depending on response Maximum dose studied has been 32 mg b i d., but doses this high are rarely needed.

How Supplied: (guanabenz acetate) Tablets, 4 mg, bottles of 100 and 500; 8 mg and 16 mg, bottles of 100 Revised 2/14/85

Wyeth Laboratories
Philadelphia Pa 19101

©1984, Wyeth Laboratories.

Ad Council

TWELVE IMPECCABLE EXCUSES FOR NOT GIVING BLOOD.

"**1.** I think I have lumbago.
2. I'm type Z negative.
3. I'm on the grapefruit diet.
4. I gave six months ago.
5. I just got back from Monaco.
6. The lines are thirteen blocks long.
7. My mother won't let me.
8. I didn't sign up.
9. I'm going out of town.
10. Asthma runs in my family.
11. I forgot to eat this morning.
12. I'm allergic to flowering magnolia."

Each one's a doozy, but we're hoping you won't use any of them. Give blood through the American Red Cross. Please, don't chicken out.

EXCUSES DON'T SAVE LIVES. BLOOD DOES.

American Red Cross

PRINCIPLES OF ADVERTISING
Wisconsin Medical Journal

The acceptance of advertising in the *Wisconsin Medical Journal* is predicated on the basis that the advertised product or service meets the ethical principles established by the Board of Directors of the State Medical Society of Wisconsin. The Journal reserves the right to accept or reject advertising copy *for any reason.*

The following general rules are applicable to advertisements of medicinal preparations, apparatus or physical appliances or other products for therapeutic or diagnostic purposes or for which therapeutic, diagnostic or health claims are made:

1. The advertiser may be required to submit evidence or data in support of the usefulness of the product and the validity of the claims. The appearance of one or several papers may not necessarily be considered sufficient evidence and other data may be required.
2. Medicinal preparations containing two or more active ingredients will be considered only if in the opinion of the Advertising Committee of the Bureau there is a logical rationale for the inclusion of each active ingredient, and if a statement of the active ingredients is included in each advertisement.
3. The generic or official designation of the medicinal preparation must be adequately featured in advertising copy, in addition to the trade name.

All advertising copy is subject to the following general rules:

1. Advertisement should not be false, deceptive or misleading nor make use of sweeping superlatives.
2. Unfair comparisons and disparagment of a competitor's goods will not be allowed.
3. When excerpts from a published paper are included in advertising copy, the Bureau may require the advertiser or his agent to obtain written permission from the author and from the editor or publisher of the publication in which the paper appeared.
4. Advertising copy will not be accepted if, in the opinion of the Bureau or the management of the medical journal, the copy (a) appears to violate the Principles of Medical Ethics of the American Medical Association or of a state medical association, (b) is indecent or offensive in any way, (c) contains attacks of a personal, racial or religious character, or (d) appears to be contrary to any regulation or law for the prevention of discrimination, or (e) contains claims found by any court or federal or state agency to be invalid or in violation of law.
5. Advertisers and advertising agencies agree to protect and indemnify both Bureau and any medical journal represented by Bureau against any and all liability, loss or expense arising from claims for libel, unfair competition, unfair trade practice, infringement of trademarks, trade names or patents, copyrights or proprietary rights, violations of rights of privacy and any other claims resulting from any advertisement submitted to the Bureau or published in any such medical journal.

The foregoing principles may be changed at any time without notice.

"Bureau" as used above refers to the State Medical Journal Advertising Bureau, Inc., Oak Park, Illinois.

Publication Information

MANUSCRIPTS. Manuscripts will be accepted for consideration with the understanding that they are original, have never before been published, and are contributed solely to the WISCONSIN MEDICAL JOURNAL. The Editorial Board reserves the right to limit manuscripts to two printed pages, with additional pages to be subsidized by the author(s) on the basis of $100 per page. A maximum of four illustrations and/or tables may be included; additional ones will be charged to author(s) at cost. Address manuscripts to Medical Editor, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701.

Rejected manuscripts are returned by regular mail. Accepted manuscripts become the property of the JOURNAL and are not returned. Submit one original and two carbon copies. Author should retain one carbon copy. Format and style should follow that of the *AMA Style Book and Editorial Manual.* Manuscripts are subject to editorial modification and such revisions as bring them into conformity with JOURNAL style.

Contributors will be sent a copy of their article after it has been edited and set in type for final approval before publication. A form for ordering reprints will accompany the article.

Under ordinary circumstances manuscripts are published about six months following acceptance, and in the order in which they are received.

COPYRIGHT. Material that is published in the WISCONSIN MEDICAL JOURNAL is protected by copyright and may not be reproduced without written permission of both the author and the JOURNAL. However, most state and regional medical journals owned by state medical societies have granted each other continuing copyright permission to copy or quote with proper credit. Copyright permission is not granted to commercial or privately owned publications.

RESPONSIBILITY. Publication of the WISCONSIN MEDICAL JOURNAL is under the direction of the Editorial Board whose policies are approved by the Board of Directors of the State Medical Society of Wisconsin. The Medical Editor is chairman of the Editorial Board. The Editorial Director is responsible for Editorials. The Managing Editor is responsible for the production and business operation of the JOURNAL, as well as final responsibility of the entire publication.

Neither the editors nor the State Medical Society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the JOURNAL. In Editorials, the views expressed, if initialed or signed, are those of the writer and not necessarily official positions of the Society.

ADVERTISEMENTS. The acceptance of advertising in the WISCONSIN MEDICAL JOURNAL is predicated on the basis that the advertised product or service meets the ethical principles established by the Board of Directors of the State Medical Society of Wisconsin. The JOURNAL reserves the right to accept or reject advertising copy for any reason. Advertising rates will be furnished on request.

CIRCULATION. Members of the State Medical Society of Wisconsin receive the WISCONSIN MEDICAL JOURNAL each month. The cost of the Journal for members ($12.50 per year) is included in dues. Non-members may subscribe at the following rates: $25.00, one year; $2.00, single copy; $3.00, previous years; $8.00, Annual Blue Book. The JOURNAL reserves the right to control its circulation.

INDEXING. The WISCONSIN MEDICAL JOURNAL is indexed in "Index Medicus" and "Hospital Literature Index," and its contents page appears regularly in "Current Contents/Clinical Practice." ■

ANNOUNCING

A combined effort to improve the quality of life.

Qualified, competent orthotists and prosthetists have been the trademark of Acme Laboratories since its beginning in 1950. Now, with the acquisition by Acme of one of the most respected and oldest names in the business, the House of Bidwell, the trademark has only been strengthened.

Professional patient care, human understanding, custom orthoses or prostheses, high standards, quality service. We also accept all insurance, including Medicare and Medicaid.

Acme Laboratories, and now the House of Bidwell – where quality of life is our main concern.

Acme Laboratories, Inc. | House of Bidwell

IMPROVING THE QUALITY OF LIFE

Acme Laboratories, Inc.
Main Office
10702 W. Burleigh St.
Milwaukee, WI 53222
(414) 259-1090

Acme Laboratories, Inc.
525 E. Division St.
Fond du Lac, WI 54935
(414) 923-6676

House of Bidwell, Inc.
7954 W. Harwood Ave.
Milwaukee, WI 53213
(414) 774-6250

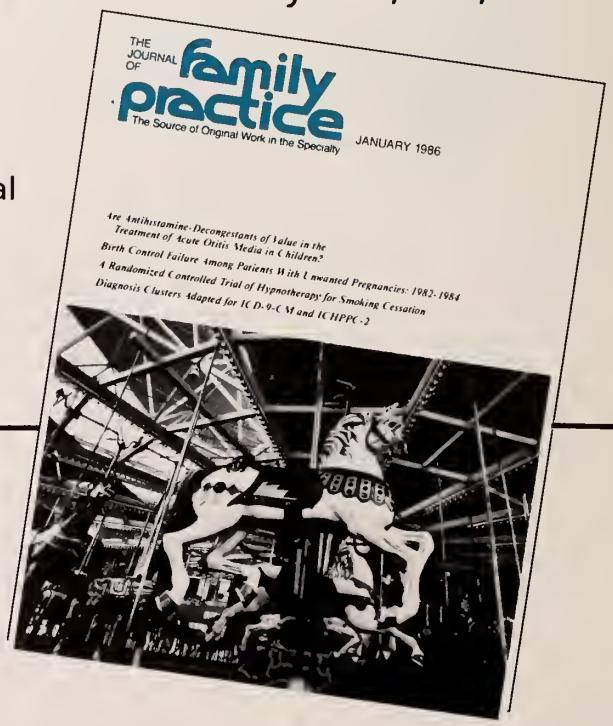
Green Bay Orthopedic Division of Acme
428 S. Adams St.
Green Bay, WI 54301
(414) 435-1461

For Original Work in the Specialty

...GO TO THE SOURCE

THE JOURNAL OF FAMILY PRACTICE • John P. Geyman, MD, Editor

- Reaches over 74,000 physicians monthly
- More citations in **Index Medicus** for family practice than any other journal
- Ranked **first** as the most prestigious medical journal among family physician educators
- Peer reviewed by experts in family medicine



The Journal Division
Appleton-Century-Crofts
25 Van Zant St.
E. Norwalk, CT 06855
(203) 838-4400

PHYSICIANS EXCHANGE

Family Practice. Two physicians needed to join multispecialty group of 16 in Hartford, WI (near Milwaukee). Two branch locations. All facilities modern and well equipped. Guaranteed first year negotiable salary; usual fringe benefits. Contact: Murlin Bernd, Administrator, 1004 E Sumner St, Hartford, WI 53027; ph 414/673-5745. 6-7/86

BC/BE Family Practitioner for east central Wisconsin community. Exceptional environment; within 20 miles of two major population centers. Practice coverage with residency trained physicians, complete compensation package, new clinic facility available August '86. Reply with current CV to S Mielke, Administrator, Good Shepherd Home, Seymour, WI 54165. 6/86

Family Practitioner, BC/BE, for established family practice group; assume developing practice June '86, without start-up costs or initial investment. Complete compensation package including income guarantee. For immediate consideration, send CV to Ken W Creswick, President, Southwest Health Center, 808 S Washington St, Cuba City, WI 53807. 6/86

Appleton, Wisconsin seeking physicians for weekend coverage at family practice clinic affiliated with local hospital. Flexible hours and attractive compensation. Submit resume to Emergency Consultants, Inc, 2240 South Airport Road, Room 36, Traverse City, MI 49684; 1-800/253-1795 or in Michigan 1-800/632-3496. p6/86

Emergency physicians full or part-time. Positions available in a moderate volume emergency room in Beloit, Wis. Must have an active interest in community relations. ACLS required. ATLS desirable. If interested, contact John Maher, MD, Director, Emergency Department, Beloit Memorial Hospital, 1969 W Hart Rd, Beloit, WI 53511. 5-7/86

RATES: 50¢ per word, with a minimum charge of $20.00 per ad. BOXED AD RATES: $25.00 per column inch. *All ads must be prepaid*

DEADLINE: Copy must be received by the 15th of the month preceding month of issue; e.g., copy for the August issue is due July 15. Send copy to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 800/362-9080.

Family Practitioner. The Midelfort Clinic, a 70-physician multispecialty group practice with a growing HMO, is seeking family practice physicians for several locations:

a. Its main facilities in Eau Claire, Wis, a University city of 50,000.
b. At a new satellite facility in Chippewa Falls, Wis, a progressive community of 15,000.
c. At its satellite facility in Barron, Wis, in a modern office adjacent to the hospital where call will be shared with seven other clinic family physicians.

All offer excellent practice opportunities, attractive salary and fringes. Contact: Donald R Griffith, MD, Medical Director, Midelfort Clinic, Ltd, 733 W Clairemont Ave, PO Box 1510, Eau Claire, WI 54702-1510; ph 715/839-5222. 6-8/86

West Bend, Wisconsin, General Clinic, a (21) physician multispecialty group, is seeking physicians in the specialties of Family Practice, OB/GYN, and Pediatrics. First-year salary guaranteed. Corporate membership possible after one year. Excellent fringe benefits. Located in scenic, recreational area with close proximity to Milwaukee. Please contact Hans W Schmelzling, Administrator, General Clinic, 279 S 17th Ave, West Bend, WI 53095; ph 414/338-1123. 6tfn/85;c6tfn/86

Rheumatologist-General Internist, BC/BE. Immediate opportunity to join multispecialty group of 38 MDs in community of 50,000 on shores of Lake Michigan 50 miles north of Milwaukee. Drawing area of 100,000 plus. Attractive income arrangements, association membership possible after one year, pension, profit sharing, extensive fringe benefits. Excellent all-season indoor and outdoor recreation facilities. Teaching appointments possible and educational opportunities accessible. Contact Dept 581 in care of the Journal. 6tfn/86

Racine. Residency trained or experienced emergency physician for opening summer of '86. Send CV to Director, Emergency Department, Saint Mary's Medical Center, 3801 Spring, Racine, WI 53405. 5-10/86

Family Practitioner. An opportunity to join seven Board-certified FPs and a general surgeon. Excellent clinic facilities adjacent to a progressive 105-bed hospital in a beautiful recreation area. Located only 40 miles from Madison and 110 miles from Milwaukee. Contact Richard S Matthews, Mgr, Medical Associates, SC, 703 14th St, Baraboo, WI 53913 or call 608/356-8394. 5-6/86

Neurologist wanted. Seeking BE/BC neurologist for multispecialty clinic in mid-section Wisconsin community. Service area 100,000. Desire EMG/EEG evoked potential proficiency. Excellent recreation and schools. Near major metropolitan area. Contact Dept 582 in care of the Journal. 6tfn/86

Madison-Family Practitioner, Board certified, for ambulatory care center. Very competitive package. Send CV to MedicEast, 2810 E Washington Ave, Madison, WI 53714, attn: Bonnie Larson or call 608/244-1213. p6-8/86

Family Practitioner. BC/BE to join busy primary care clinic of 6 physicians in Green Bay, WI. Contact Dr Kenneth Hujet, 1745 Dousman St, Green Bay, WI 54303; ph 414/494-9661. p-6/86

Immediate opportunity available for Family Practice physician, Board eligible/Board certified to join five-physician multispecialty group. Excellent patient population, well-equipped clinic with first-year salary guaranteed. Excellent fringe benefits. Affiliated with 60-bed community hospital, teaching opportunities available. Conveniently located in scenic, recreational area with close proximity to La Crosse, Wis. Please send curriculum vitae to R A Starr, MD, 318 West Decker St, Viroqua, WI 54665; ph 608/637-3175 or 608/637-3177. p6-7/86

Central Minnesota Internist seeking Board certified/eligible internist. Beautiful resort and retirement area. Community offers new 150-bed hospital with all specialties. Clinic offices in newer professional building. First year competitive salary and benefits with early buy in. Contact: Michael O Musty, MD, Brainerd Internal Medicine, Ltd, 1903 South Sixth St, Brainerd, MN 54601; ph 218/828-4082. 6-8/86

Radiologist needed to join the Wausau Medical Center. Seeking a general radiologist with strong neuroradiology background. New facility situated across the street from new hospital. Full partnership in two years. Easy access to lakes, woods, and mountains. Write including CV to D K Aughenbaugh, MD, Medical Director, Wausau Medical Center, 2727 Plaza Dr, Wausau, WI 54401. 6-8/86

Pediatrics. Southeastern Wisconsin. Large multispecialty group located near Milwaukee is seeking a third BE/BC pediatrician. Competitive salary; excellent fringe benefits. Address inquiries and CV to Administrator, PO Box 427, Menomonee Falls, WI 53051. 5-6/86

PHYSICIANS EXCHANGE

continued

Family Practice/Industrial Physician needed for rapidly expanding FP/Industrial Clinic in picturesque southeastern Wisconsin. Controlled hours and practice variety make this an ideal practice made within brief driving of professional sports, fine arts and outdoor sports. Salary negotiable. Send CV to Mark Sorenson, Westmound Clinics, N683 Westmound Dr, Waukesha, WI 53186; ph 414/549-9100. 6-7/86

Obstetrics/Gynecology. Join busy, growing practice in one of America's leading metropolitan areas. Excellent compensation package including paid professional liability insurance, four weeks paid vacation, two weeks paid conference leave, disability, retirement, hospital dues and more. Practice includes more than 300 births monthly, fetal monitoring, ultrasonography, laser surgery, gyn surgery, colposcopy, infertility, laparoscopy, midwife program and a new birthing center. Must be Board certified or Board eligible. Contact: M Aksoy, MD, Chairman, Dept of Obstetrics and Gynecology, Group Health, Inc, 2829 University Ave, SE, Suite 220, Minneapolis, MN 55414. p6/86

Orthopedic Surgeon. Milwaukee Industrial Clinics, which is one of the most prestigious and comprehensive Occupational Healthcare facilities in the country, is expanding its present staff of four orthopedic surgeons. The clinic is a modern, 26,000 square foot facility with state of the art diagnostic radiology, lab, nuclear medicine, and physical therapy. We are looking for a Board certified or eligible orthopedic surgeon who is interested in a nonoperating, no call, 8-hour per day, five days per week, hassle-free practice. Milwaukee Industrial Clinics offers a highly competitive starting salary and a comprehensive benefit package, which includes: malpractice insurance, health and dental insurance, life and disability insurance, continuing education support and paid vacation and holidays. Send complete resume including curriculum vitae to: William Broten, Milwaukee Industrial Clinics, 500 North 19th St, Milwaukee, WI 53233 or call 414/931-7600. 6/86

Excellent opportunity for a Board-certified or eligible **internist** with a subspecialty in **critical care medicine** to practice in conjunction with an 8-member Internal Medicine Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Internal Medicine. Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 2tfn/86

Internist or Family Practitioner to join two Internists and General Surgeon in growing, established, Green Bay area practice. Send CV to John Brusky, MD, 1203 South Military Ave, Green Bay, WI 53404. 7tfn/84

Established group of Family Practitioners is seeking another partner to expand into a neighboring community. The group serves a small community hospital, which has a progressive and supportive medical staff with active quality assurance programs and high standards of practice. The geographic region served would include the Fox River Valley, which is located in northeastern Wisconsin, and is a moderately populous, semi-urban area which prides itself on its high quality of life. Numerous outdoor recreational opportunities are readily available, while two major universities, several smaller colleges, and active civic organizations provide cultural and educational opportunities for physicians and their families. The Family Practitioner we are seeking will be Board certified (or eligible). Commitment to excellence and compassionate patient care are essential. For further information about this opportunity, please send your curriculum vitae or call: Mr Jeffrey K Jenkins, Administrator, Kaukauna Community Hospital, 308 East 14th St, Kaukauna, WI 54130; ph 414/766-4211. p6/86

Pediatrics/Neonatology: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits, and early ownership. Neonatology skills needed for Level II Nursery. Please send curriculum vitae to R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

OB/GYN, Family Physician, Board certified/eligible. Full-time to join an established busy group practice in Milwaukee. Send curriculum vitae to Shafi Medical Center, SC, 2711 W Wells St, Milwaukee, WI 53208; ph 414/342-3000. 4-6/86

Wanted—Board qualified—board certified obstetrician-gynecologist as an associate. Modern well equipped facility. Excellent starting salary and benefits including profit sharing plan. Please contact Elizabeth Allen Steffen, MD, 734 Lake Ave, Racine, Wis 54303. 9tfn/83

Family Practice Clinic in central Wisconsin seeks family practitioner. Salary and fringe benefit package the first year, with group membership possible thereafter. Please contact Dr J E Thompson, Nekoosa Medical Center, 315 1st St, Nekoosa, WI 54457; ph 715/886-3175. p6/86

Family Practice, Internal Medicine, Urology, & ENT. Practice medicine in beautiful northern Wisconsin with established medical group. Call or write: Lakeland Medical Associates, Ltd, Attn: R J Sloan, MD, President, PO Box 549, Woodruff, WI 54568; ph 715/356-3292. 4-6/86

FAMILY PRACTITIONERS INTERNISTS, OB/GYN

The UW Office of Rural Health is seeking primary care specialists for more than 50 communities throughout Wisconsin. Opportunities are available throughout Wisconsin for Board certified physicians trained in US medical schools and residencies.

CONTACT:
Laurie Glowac or Fred Moskol
New Physicians for Wisconsin
University of Wisconsin
Department of Family Medicine
777 S Mills St, Madison, WI 53715
Phone 608/263-4095 7/85-6/86

PHYSICIANS EXCHANGE

continued

Internist with or without subspecialty. Excellent opportunity for BC/BE physician to join eleven-member department of a 35-physician multispecialty group. Our 35,000 population college community has excellent school systems and good proximity to a variety of cultural and life-style amenities. First year guarantee, full benefit package and a very favorable ownership situation exist. Contact: James F Ruethling, Administrator, Beloit Clinic, SC, 1905 Huebbe Parkway, Beloit, WI 53511; ph 608/364-2200. p6-9/86

Directorship position available at 100-bed hospital located in Wisconsin Dells resort area. Physicians enjoy independent contractor status, paid malpractice, competitive compensation, CME allotment, help with relocation expenses, and a group health plan is available. For detailed information, contact Dr Charles Vanhook at 608/356-5561 or Acute Care America at 1-800/231-0342. 6-8/86

Excellent opportunity for a Board certified or eligible **ob/gyn** to practice in conjunction with a 4-member OB/GYN Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Urgent Care. Primary care physicians wanted for full-time urgent care in large multispecialty clinic. Competitive salary, excellent fringes, very good geographic location. If interested, please send letter and CV to Donna Anderson, Park Nicollet Medical Center, 5000 W 39th St, Minneapolis, MN 55416. p5-7/86

Physicians needed in Arizona, all specialties, BE-BC. Send CV to: Fred Welhausen, Western Personnel, 316 E Flower, Phoenix, AZ 85012. 4-6tfn/86

Family Practice: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary gaurantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Wisconsin group of residency-trained, Board-certified emergency physicians is seeking ABEM certified/prepared emergency physicians for staff and administrative positions in Milwaukee and Kenosha. Excellent patient populations, medical and administrative staffs, and medical school affiliation. Send CV to: Thomas A Reminga, MD, 2025 East Newport Ave, Milwaukee, WI 53211; ph 414/961-3508. 4-6/86

Family Practitioner. River Valley Medical Center is seeking two family practice Board eligible/certified physicians for its multispecialty group of 16 physicians in Northwest Wisconsin. Excellent starting salary and comprehensive fringe benefit package the first year with full group membership after one year. Attached to a progressive 90-bed hospital. We are within 45 minutes of the St Paul-Minneapolis area. Please contact Dr Carl Hansen, Recruitment Chairman or Tom Halverson, Clinic Manager, 208 Adams St, South, St Croix Falls, WI 54024; ph 715/483-3221. p11/85;12tfn/85

Physicians needed full or part-time to perform light physicals. Milwaukee area. Professional liability provided. Phone 414/344-2100, Ms Jenkins. 10tfn/84

Excellent opportunity for a Board-certified or eligible **internist** to practice in conjunction with an 8-member Internal Medicine Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Psychiatrists. The Milwaukee Clinical Campus of the UW-Madison School of Medicine has a position for a full-time faculty psychiatrist at the assistant or associate professor level as Medical Director of a multidisciplinary out-patient clinic at Mount Sinai Medical Center. Newly accredited residency program and exciting academic environment at the growing edge of psychiatry providing services to a variety of populations including inner city and HMOs. Salary and starting date negotiable. Call or write: Barry Blackwell, MD, Chairman of Psychiatry, Mount Sinai Medical Center, 950 North Twelfth St, PO Box 342, Milwaukee, WI 53211; 414/289-8620. An Equal Opportunity Employer. 6/86

Family Practice opening for residency-trained physician to join established family practitioner in Stevens Point. Competitive first-year salary with excellent fringe benefits. 100-bed hospital with a fully-staffed ER and specialty backup. Good school system. Cultural and recreational opportunities abound. Please send CV to Dept 580 in care of the Journal. 5-8/86

Emergency Physician. Seeking full-time associate for modern, well-equipped Emergency/Outpatient Department. Lower volume ER. 35 miles north of Green Bay. Board eligible, ATLS, ACLS certifications desirable. Beautiful rural Wisconsin. Send inquiries with CV to: Administrator, Community Memorial Hospital, 855 South Main St, Oconto Falls, WI 54154 or call 414/846-3444. 5-6/86

Wanted. Qualified physician to practice emergency medicine in Southeastern Wisconsin beginning July 1986. Ours is a small group covering two hospital emergency rooms, maintaining secure professional contracts. Flexible scheduling and competitive salary guaranteed. Interested parties should send CV to Associated Emergency Room Physicians, SC, 1131 Sherwood Lane, Caledonia, WI 53108; ph 414/835-4889. 12/85;1-6/86

Physicians needed, full-time. The Milwaukee Industrial Clinics, headquartered in Milwaukee, Wisconsin, is one of the most prestigious and comprehensive Occupational Healthcare facilities in the country. With satellites in New Berlin, Wisconsin, and Dallas, Texas, and with feasibility studies under way in other parts of the country, we are actively looking for physicians interested in the expanding and challenging field of Occupational Medicine. If you are Board certified or eligible in general surgery, family practice, emergency medicine or occupational medicine, you may want to explore the opportunities available at Milwaukee Industrial Clinics. We offer a highly competitive starting salary and a comprehensive benefit package, which includes: malpractice insurance, health and dental insurance, life and disability insurance, continuing education support and paid vacation and holidays. If you are interested, please call Bill Broten at 414/931-7600. 6/86

PHYSICIANS EXCHANGE

continued

Minneapolis. Family Practice, Internal Medicine, Obstetrics/Gynecology, Child Psychiatry, Ophthalmology. Join established multispecialty group in one of America's leading metropolitan areas. Group provides professional liability, four weeks paid vacation, two weeks paid conference leave, disability, retirement, hospital dues, and more. Paul J Brat, MD, Medical Director, Group Health, Inc, 2829 University Ave, SE, Minneapolis, MN 55414. 5-6/86

Wanted. Family Physician, residency-trained, Board certified/eligible to join one FP, age 37, in growing practice in Chanhassen, MN. This community of 7000 is 20 miles from downtown Minneapolis. First-year guaranteed income plus incentives and additional income opportunities available. Write or call David McCollum, MD, PO Box 423, Chanhassen, MN 55317; 612/934-0570 or (home) 612/448-6019. 4-6/86

Family Practitioner wanted for branch offices of Park Nicollet Medical Center. Northern or Southern suburbs of Minneapolis. Growing active practice. Full range of benefits. Contact Milton Hanson, MD, Park Nicollet Medical Center, 5000 W 39th St, Minneapolis, MN 55416; ph 612/931-2922. p5-7/86

MEDICAL FACILITIES

General and surgical solo practice for sale. Gross in excess of $300,000. Growing desirable midwestern university city with population 25,000. One very well-equipped hospital in county of 60,000 a few blocks away. Owner will remain to introduce. Contact Dept 563 in care of the Journal. 9tfn/85

Medical Office—Prime Neighborhood, 9235 W Capitol Dr, Milwaukee WI 53222. City bus every 15 minutes, attractive 1400-2200 sq ft. Air, heat, carpeted, lavatories. Wired for security and intercom. $8.50 sq/ft negotiable. Plus parking. 414/527-4040 or 414/255-5786. p6/86

Rural Family Practice. Well established. Building, x-ray, and EKG laboratory included. Excellent opportunity for solo practice or satellite office near Madison. Netting $60,000 per year for 6 hours per week. Contact Dept 575 in care of the Journal. 1-6/86

MISCELLANEOUS

HOLTER MONITOR

Quality Scanning for reel or cassette type recorders by qualified technicians and certified cardiologists' interpretations, scan price $35.00 with UPS speedy delivery. Recorders loaned, leased, or purchase new dual-channel Holter recorders, $995.00, with one-year warranty. For more information call Advance Medical and Research Center 1-800/552-6753. 11tfn/85

FAMILY PHYSICIANS

The Duluth Clinic, Ltd., a 125 physician multispecialty comprehensive regional medical center, is actively seeking two or three family physicians for one of its metropolitan satellite facilities. State of the art diagnostic equipment, surgical and hospital facilities are available.

Qualifications required include board certification or eligibility in family practice.

Metropolitan area includes 125,000 people. Ample outdoor recreational and cultural opportunities readily available. Please respond with complete curriculum vitae to:

Stan E. Salzman
Executive Director
The Duluth Clinic, Ltd.
400 East Third Street
Duluth, Minnesota 55805

The Duluth Clinic, Ltd.

An equal opportunity employer.

MEDICAL DIRECTOR POSITIONS

and Staff Physicians

Emergency Medicine opportunities for qualified physicians seeking a challenging career. Full time and Part time positions available. Excellent benefits and malpractice insurance provided.

NATIONAL emergency services inc.

1 (800) 537-3355

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

WISCONSIN

JULY 17–19, 1986: Wisconsin Society of Obstetrics & Gynecology, Embassy Suites, Green Bay. g11-12/85;1-6/86

AUGUST 1–3, 1986: Wisconsin Dermatological Society, The Abbey, Lake Geneva. g11-12/85;1-7/86

JULY 31-AUGUST 2, 1986: *Third Annual St Paul-Ramsey Trauma Conference,* Fox Hills Resort, Mishicot, WI. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. (Further details elsewhere in this section) g5-7/86

SEPTEMBER 5, 1986. *Cancer Care in the Community—Past, Present, Future.* Marshfield. Info: Marshfield Clinic Medical Education Office, 1000 North Oak Ave, Marshfield, WI 54449; ph 715/387-5207. p6/86

SEPTEMBER 5–7, 1986: Wisconsin Anesthesiologists, The Abbey, Lake Geneva. g12/85;1-8/86

THIS LISTING is compiled by the State Medical Society of Wisconsin in cooperation with others who wish to maintain a centralized schedule of meetings and courses of interest to Wisconsin physicians and to avoid scheduling programs in conflict with others. Hospitals, Clinics, Specialty Societies, and Medical Schools are particularly invited to utilize this listing service. There is a nominal charge for listing of Continuing Medical Education courses at the following rates: 50¢ per word, with a minimum charge of $20.00 per listing.

BOXED LISTINGS: $25.00 per column inch. Listings of other scientific meetings will be included at the discretion of the editors.

COPY DEADLINE for listings is 15th of the month preceding the month of publication; e.g., copy for the August issue is due by July 15. Address communications to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 800/362-9080.

FOR LISTING of other meetings see the January 4, 1985 issue of the *Journal of the American Medical Association:* Continuing Education Opportunities for Physicians for period January 1985 through December 1985.

SEPTEMBER 11-13, 1986: Wisconsin Society of Internal Medicine/American College of Physicians Annual Meeting, the Edgewater Hotel, Madison. Info: Wisconsin Society of Internal Medicine, 611 E Wells St, Milwaukee, WI 53202; ph 414/276-6445. Contact: Sandra M Koehler, Executive Director. 6-8/86

OCTOBER 2-3, 1986: *Fifth Annual Fall Conference on Clinical Geriatrics,* at Pfister Hotel, Milwaukee. Topics to include geriatric pharmacology, the use of cardiac and nonsteroidal anti-inflammatory agents in the elderly, and update on osteoporosis and diabetes in the aged, Alzheimer's disease, and mental health and aging. Contact: Robert A Kirsling, Section of Geriatrics and Gerontology (111P), Medical College of Wisconsin, 5000 West National Ave, Milwaukee, WI 53226; ph 414/384-2000, ext 2896. 6/86

OCTOBER 3–4, 1986: Wisconsin Radiological Society, The Concourse Hotel, Madison. g12/85;1-9/86

OCTOBER 8, 1986: *Personal Financial Planning,* Milwaukee Marriott, Brookfield. Sponsored by SMS Services, Inc in cooperation with Reinhart, Boerner, Van Deuren, Norris & Rieselbach, SC, Attorneys at Law. Info: SMS Services, Inc, PO Box 1109, Madison, WI 53701; ph 608/257-6781. g6-9/86

OCTOBER 15-18, 1986: *La Crosse Health and Sports Science Symposium.* Info: Philip K Wilson, Executive Director, La Crosse Exercise and Health Program, 221 Mitchell Hall/UWL, La Crosse, WI 54601; ph 608/785-8686. g5-9/86

OCTOBER 23-24, 1986: *Current Concepts in Emergency Care,* Pfister, Milwaukee. Co-sponsored by the Wisconsin Chapter of the American College of Emergency Physicians and the Emergency Department Nurses Association. 13 hours of ACEP credit has been applied for. Info: Dennis Anderson, MD, Emergency Department, St Luke's Hospital, 2900 W Oklahoma Ave, Milwaukee 53215; ph 414/649-7299. g6-9/86

State Medical Society of Wisconsin

Dates and locations of ANNUAL MEETINGS 1986–1992

All meetings will be held in Milwaukee at the Milwaukee Exposition and Convention Center and Arena (MECCA) and the new Hyatt Regency as the headquarters hotel.

1987—March 26–28
1988—April 28–30
1989—April 13–15
1990—April 26–28
1991—April 18–20
1992—April 23–25

Meeting days will be Thursday and Friday; the first session of the House of Delegates will convene on Thursday, the second and third on Friday. Scientific programming will be on Friday and Saturday.

Further information: Commission on Continuing Medical Education, State Medical Society of Wisconsin, Box 1109, Madison, Wis 53701. Local telephone: 257-6781; toll-free in Wisconsin: 1-800/362-9080.

Wisconsin Specialty Society Meetings 1986

- Wisconsin Society of Anesthesiologists, Sept 5-7, 1986, The Abbey, Lake Geneva
- Wisconsin Academy of Family Physicians, June 11-14, 1986, Telemark Lodge, Cable
- Wisconsin Society of Obstetrics & Gynecology, July 17-19, 1986, Embassy Suites, Green Bay
- Wisconsin Dermatological Society, Aug 1-3, 1986, The Abbey, Lake Geneva
- Wisconsin Society of Internal Medicine, Sept 11-13, 1986, The Edgewater Hotel, Madison
- American College of Physicians: Wisconsin Chapter, Sept 11-13, 1986, Edgewater, Madison
- Wisconsin Surgical Society, Sept 19-20, 1986, St Mary's Hospital, Madison
- Wisconsin Radiological Society, Oct 3-4, 1986, The Concourse Hotel, Madison
- Wisconsin Neurological Society, Oct 10-11, 1986, The Heidel House, Green Lake
- Wisconsin Chapter of the American College of Emergency Physicians, Oct 23-24, 1986, Pfister, Milwaukee

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

continued

OCTOBER 23–24, 1986: Wisconsin Chapter, American College of Emergency Physicians, Pfister, Milwaukee. g4-9/86

OCTOBER 30-31, 1986: Advanced Trauma Life Support (ATLS) provider course for physicians. Gundersen Clinic/La Crosse Lutheran Hospital. Contact: Darlene Kleba, Trauma & Emergency Center, La Crosse Lutheran Hospital, La Crosse, WI 54601; ph 608/785-0530, ext 3508. 6-8/86

OTHERS

SEPTEMBER 8-19, 1986 (Minnesota): *Fourth Annual Occupational Health & Safety Institute,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-8/86

SEPTEMBER 17–19, 1986 (Georgia): American Cancer Society National Conference on Gynecologic Cancer-1986, Atlanta Hilton, Atlanta. Approved 16½ credit hours in Category I of PRA/AMA. Info: American Cancer Society, National Conference on Gynecologic Cancer-1986, 90 Park Ave, New York NY 10016. g3-8/86

SEPTEMBER 19-20, 1986 (Minnesota): *Pediatric Update,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-8/86

OCTOBER 3, 1986 (Minnesota): *Chemical Exposures: Emergency Response & Management,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-9/86

OCTOBER 9-10, 1986 (Minnesota): *Family Practice Update,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-9/86

OCTOBER 23-24, 1986 (Minnesota): *Emergency Medicine for Primary Care Physicians,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-9/86

NOVEMBER 8, 1986 (Minnesota): *Neurology Update,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-10/86

NOVEMBER 13-15, 1986 (Minnesota): *Primary Care Medicine,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-10/86

DECEMBER 4-6, 1986 (Minnesota): *Cardiopulmonary Medicine,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-11/86

AMA

DECEMBER 7–10, 1986: Interim AMA House of Delegates, Las Vegas, NV.

JUNE 21–25, 1987: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 6–9, 1987: Interim AMA House of Delegates, Atlanta, GA.

JUNE 26–30, 1988: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 4–7, 1988: Interim House of Delegates, Dallas, TX. ■

BOOKS RECEIVED

New books received are acknowledged in this section. From these books, selections will be made for reviews in the interest of the readers and as space permits. Reviews are written by members of the faculty of the University of Wisconsin Medical School and by others who are particularly qualified. Most books here listed will be available on loan from the Medical Library Service, 1305 Linden Drive, Madison, Wisconsin 53706; tel. 608/262-6594.

We Are Not Alone Learning to Live with Chronic Illness. Published by Thompson & Company, Inc, 1313 5th St, SE, #301, Minneapolis, MN 55414. 1985. Pp 320. Price: $14.95.

Mental Disability in America Since World War II. Don Martindale and Edith Martindale. Published by Philosophical Library, Inc, 200 West 57th St, New York, NY 10019. 1986. Pp 295. Price: $15.00■

ADVERTISERS

Acme Laboratories/ House of Bidwell 196
Advanced Technology Associates, Inc 185
Medical Computer Systems
American Physicians Life 180
Army Medicine 182
Ayerst Laboratories 15, 16, 17, 18
Inderal® LA
Inderide® LA
CompuSoft Corporation 182
Professional Office Management System
Dista Products Co (Div of Eli Lilly & Co) 12
Ceclor®
Duluth Clinic Ltd, The 200
Gaarder Miller Milwaukee Ltd 183
Journal of Family Practice, The 196
Knoll Pharmaceutical Company 188, 189, 190
Isoptin®
Lofdahl Leasing Company 137
Computerized Accounting System
Marion Laboratories 13, 14
Medical College of Wisconsin . 139, 141
Physician Resource Network
Medical Protective Company 184
National Emergency Services, Inc . . 200
PBBS Equipment 10
Professionals Insurance Company, The 181
Roche Laboratories . . . . . 203, BC
Dalmane®
SK&F Company 11, 187
Dyazide®
S&L Signal Company 182
SMS Services, Inc 150, 151, 152
Upjohn Company, The 191
Motrin®
Wyeth Laboratories 192, 193, 194
Wytensin® ■

ANNOUNCEMENTS

AVAILABLE FROM THE AMA

Consumer education pamphlets on basic nutrition

"The Healthy Approach to Slimming," "Vitamin-Mineral Supplements and Their Correct Use," "Your Age and Your Diet," "Sodium and Your Health," and "Food-borne Illness: The Consumer's Role in Its Prevention." Price: 50 or more sets, $1.50/set; 5 to 49 sets, $3.50/set. Special prices on orders of 500 or more sets. AMA members receive 10% discount. Info: AMA Food and Nutrition Sets, Order Dept OP-154, AMA, PO Box 10946, Chicago, IL 60610, or call 312/280-7169. g3

EXCERPTS FROM A SYMPOSIUM
"THE TREATMENT OF SLEEP DISORDERS"[8]

"...highly effective for both sleep induction and sleep maintenance"

Sleep Laboratory Investigator
Pennsylvania

"...onset of action is rapid...provides sleep with no rebound effect to agitate the patient the following day"

Psychiatrist
California

"...appears to have the best safety record of any of the benzodiazepines"

Psychiatrist
California

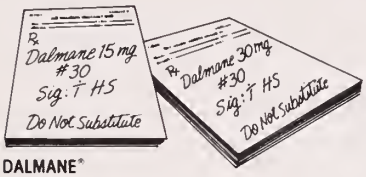
After 15 years, the experts still concur about the continuing value of Dalmane (flurazepam HCl/Roche). It provides sleep that satisfies patients... and the wide margin of safety that satisfies you.

The recommended dose in elderly or debilitated patients is 15 mg. Contraindicated in pregnancy.

DALMANE®
brand of
flurazepam HCl/Roche ℞
sleep that satisfies

15-mg/30-mg
capsules

References: **1.** Kales J, *et al: Clin Pharmacol Ther 12:*691-697, Jul-Aug 1971. **2.** Kales A, *et al. Clin Pharmacal Ther 18:*356-363, Sep 1975. **3.** Kales A, *et al. Clin Pharmacal Ther 19:*576-583, May 1976. **4.** Kales A, *et al. Clin Pharmacal Ther 32:*781-788, Dec 1982. **5.** Frast JD Jr, DeLucchi MR: *J Am Geriatr Sac 27:*541-546, Dec 1979. **6.** Dement WC, *et al: Behav Med,* pp. 25-31, Oct 1978. **7.** Kales A, Kales JD: *J Clin Psychopharmacal 3:*140-150, Apr 1983. **8.** Tennant FS, *et al:* Sympasium an the Treatment af Sleep Disarders, Telecanference, Oct 16, 1984. **9.** Greenblatt DJ, Allen MD, Shader RI: *Clin Pharmacal Ther 21:*355-361, Mar 1977.



DALMANE®
brand of
flurazepam HCl/Roche ℞

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening, in patients with recurring insomnia or poor sleeping habits, in acute or chronic medical situations requiring restful sleep. Objective sleep laboratory data have shown effectiveness for at least 28 consecutive nights of administration. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended. Repeated therapy should only be undertaken with appropriate patient evaluation.

Contraindications: Known hypersensitivity to flurazepam HCl, pregnancy. Benzodiazepines may cause fetal damage when administered during pregnancy. Several studies suggest an increased risk of congenital malformations associated with benzodiazepine use during the first trimester. Warn patients of the potential risks to the fetus should the possibility of becoming pregnant exist while receiving flurazepam. Instruct patients to discontinue drug prior to becoming pregnant. Consider the possibility of pregnancy prior to instituting therapy.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. An additive effect may occur if alcohol is consumed the day following use for nighttime sedation. This potential may exist for several days following discontinuation. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Potential impairment of performance of such activities may occur the day following ingestion. Not recommended for use in persons under 15 years of age. Withdrawal symptoms rarely reported, abrupt discontinuation should be avoided with gradual tapering of dosage for those patients on medication for a prolonged period of time. Use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated patients, it is recommended that the dosage be limited to 15 mg to reduce risk of oversedation, dizziness, confusion and/or ataxia. Consider potential additive effects with other hypnotics or CNS depressants. Employ usual precautions in severely depressed patients, or in those with latent depression or suicidal tendencies, or in those with impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported: headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins, and alkaline phosphatase, and paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity.

Dosage: Individualize for maximum beneficial effect. *Adults:* 30 mg usual dosage, 15 mg may suffice in some patients. *Elderly or debilitated patients:* 15 mg recommended initially until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.

ROCHE®
Roche Products Inc.
Manati, Puerto Rico 00701

#1 FOR SLEEP

After more than 15 years of use, it's #1 for sleep that satisfies. Patients are satisfied because they fall asleep fast and stay asleep till morning.[1-8] And *you're* satisfied by the exceptionally wide margin of safety.[7-9] As always, caution patients about driving or drinking alcohol.

Please see preceding page for summary of product information.

DALMANE®

brand of
flurazepam HCl/Roche ⓒⅣ

sleep that satisfies

ROCHE®

Copyright © 1986 by Roche Products Inc. All rights reserved.

STACKS

WISCONSIN MEDICAL JOURNAL

Official Publication of the State Medical Society of Wisconsin

LIBRARY OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA
AUG 25 1986
M. D. S.

1986 Membership Directory

(see page 23)

The State Medical Society of Wisconsin . . . created by the Territorial Legislature in 1841, represents over 6200 member physicians in Wisconsin, comprising 55 county medical societies and 26 medical specialty sections. The purpose of the Society is to "bring together the physicians of the State of Wisconsin to advance the science and art of medicine and the better health of the people of Wisconsin, and to secure the enactment and enforcement of just medical laws." The major activities of the Society include continuing medical education, peer review, legislation, community health education, scientific affairs, socioeconomics, health planning, services for physicians, operation of a Charitable, Educational and Scientific Foundation, and publication of the *Wisconsin Medical Journal*.

Lyme disease presents a new set of challenges to Wisconsin physicians

(see page 9)

JULY 1986

V. 85, no. 7

WISCONSIN MEDICAL JOURNAL

ISSN 0043-6542 / Established 1903

Owned and published by
State Medical Society of Wisconsin

Medical Editor
Victor S Falk MD, Edgerton

Associate Medical Editor
Richard D Sautter MD, Marshfield

Editorial Board
Victor S Falk MD, Edgerton *Chairman*
Melvin F Huth MD, Baraboo
M C F Lindert MD, Milwaukee
Andrew B Crummy Jr MD, Madison
Richard D Sautter MD, Marshfield
Dean M Connors MD, Madison
George W Kindschi MD, Monroe
Charles H Raine MD, Racine
Garrett A Cooper MD, Madison *Emeritus*

Editorial Director
Wayne J Boulanger MD, Milwaukee

Editorial Associates
R Buckland Thomas MD, Monroe
Russell F Lewis MD, Marshfield
Thomas H Cogbill MD, La Crosse
Victor S Falk MD, Edgerton
Richard D Sautter MD, Marshfield

Staff
Earl R Thayer, Madison
Secretary-General Manager
State Medical Society of Wisconsin

H B Maroney II, Madison
Assistant Secretary-Corporate Counsel
State Medical Society of Wisconsin

Mrs Mary Angell, Madison
Managing Editor

Mrs Marjorie Stafford, Madison
Publications Assistant

NATIONAL ADVERTISING REPRESENTATIVE: State Medical Journal Advertising Bureau, Inc, 711 South Blvd, Oak Park, Ill 60302. Ph 312/383-8800.

LOCAL (WISCONSIN) ADVERTISING: Contact: Mrs Mary Angell, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701. Ph 608/257-6781.

SUBSCRIPTION RATES: Members, $12.50 per year (included in dues); nonmembers, $25.00. Single copy: current year, $2.00; previous years, $3.00. SPECIAL RATES: Foreign and Canada, $30.00. Blue Book issue, $8.00. Membership Directory issue, $15.00.

SECOND CLASS POSTAGE PAID at Madison, Wisconsin, and at additional mailing offices.

PUBLISHED MONTHLY. "Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized August 7, 1918." Address all communications to THE WISCONSIN MEDICAL JOURNAL. Street address: 330 East Lakeside Street. Mailing address: Box 1109, Madison, Wis 53701.

POSTMASTER: Send address changes to Wisconsin Medical Journal, PO Box 1109, Madison, Wis 53701.

COPYRIGHT 1986
State Medical Society of Wisconsin

CONTENTS

July 1986

SPECIAL FEATURES

President's Page

5 Liability reform, by *John P Mullooly, MD,* Milwaukee

Editorials

6 Blood letting, by *Victor S Falk, MD,* Edgerton

6 Surprise!, by *Victor S Falk, MD,* Edgerton

6 Chill winds from the North, by *Wayne J Boulanger, MD,* Milwaukee

7 Alienating oldsters, by *Victor S Falk, MD,* Edgerton

Letters

7 The Canadian doctor strike, by *Richard D Sautter, MD,* Marshfield

Patient Alert

14 Lyme disease: An infectious disease which results from the bite of a certain species of tick

Membership Directory—1986

23 Members of the State Medical Society of Wisconsin, listed by county medical society in alphabetical order, including member's name, address, practice specialties and Board-certified specialties, and telephone number (when provided)

News you can use

154 WIPRO contract renewed for 1986–88

154 Faster payment of 'clean' claims promised

154 Physician draft proposal dead for now

154 State DHSS initiates new procedures for physician inquiries

SCIENTIFIC MEDICINE

9 Lyme disease: Its neurologic manifestations and its presentation in Wisconsin, by *Michael F Finkel, MD,* Eau Claire

16 CLINICAL CANCER: Treatment of cancer of the lung, by *James D Cox, MD,* Milwaukee (Number 7 of a series)

WISCONSIN MEDICAL JOURNAL (ISSN 0043-6542) is the official publication of the State Medical Society of Wisconsin, devoted to the interests of the medical profession and health care in Wisconsin. Its affairs are handled by the Editorial Board, subject to policy direction of the Society's Board of Directors. The Managing Editor is responsible for the production, business operation, and coordination of contents as well as the final responsibility of the entire publication. The Editorial Director is responsible for Editorials. Unsigned Editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed Editorials express personal views of the author for which the Society takes no responsibility. Neither the Editors nor the State Medical Society will accept responsibility for statements made or opinions expressed in the pages of the Journal. Indexed in "Index Medicus," "Hospital Literature Index," and "Cambridge Scientific Abstracts."

Vol. 85 No. 7

CONTENTS

16 ABSTRACT: Ectothermic philosophy of acid-base balance to prevent fibrillation during hypothermia, by *George M Kroncke, MD, et al,* Madison

ORGANIZATIONAL

28 List of Officers and Board of Directors of the State Medical Society of Wisconsin and Delegates and Alternates to the American Medical Association
131 Membership facts
140 SMS staff reorganization underway
140 Membership Award
140 SMS joins coalition for tort reform
141 SMS Board makes new appointments
141 SMS to consider new section for young physicians
142 SMS Board of Directors votes against expanding scoliosis screening
142 CES Foundation and Dane County Medical Society: Donate to infant car seat program
142 Physicians support KISS
143 CES FOUNDATION: Contributions during month of February 1986
146 OBITUARIES:
Robert E Woodruff, MD, Alamo, CA
Walter A Gramowski, MD, Sun City, AZ (Stevens Point)
Leland Charles Pomainville, MD, Wisconsin Rapids
Lou R Schmidt, MD, Sparta
Robert J Trettin, MD, Elm Grove
James R Hurley, MD, Brookfield
Thomas W Kirmse, MD, Milwaukee
Beryl A Harris, MD, Milwaukee
Paul J Collopy, MD, Shorewood
Thomas E Henney, MD, Portage

DEPARTMENTS

144 COUNTY SOCIETIES: La Crosse . . . Rock . . . Rusk . . . Winnebago
148 Publication information
149 MEDICAL YELLOW PAGES:
Physicians exchange
Medical facilities
Miscellaneous
Medical meetings—Continuing medical education
Announcements
Advertisers ■

THE STATE MEDICAL SOCIETY OF WISCONSIN, created by the Territorial Legislature in 1841, represents over 6200 member physicians in Wisconsin, comprising 55 county medical societies and 26 medical specialty sections. The purpose of the Society is to "bring together the physicians of the State of Wisconsin to advance the science and art of medicine and the better health of the people of Wisconsin, and to secure the enactment and enforcement of just medical laws." The major activities of the Society include continuing medical education, peer review, legislation, community health education, scientific affairs, socioeconomics, health planning, services for physicians, operation of a Charitable, Educational and Scientific Foundation, and publication of the *Wisconsin Medical Journal.*

STATE MEDICAL SOCIETY OF WISCONSIN

Officers

PRESIDENT: *John P Mullooly, MD,* Milwaukee
PRESIDENT-ELECT: *Kenneth M Viste Jr, MD,* Oshkosh
SECRETARY-GENERAL MANAGER: *Earl R Thayer,* Madison
TREASURER: *John J Foley, MD* Menomonee Falls

Board of Directors

CHAIRMAN: *Darold A Treffert, MD* Fond du Lac
VICE CHAIRMAN: *Roger L von Heimburg, MD,* Green Bay

FIRST DISTRICT
Jerome W Fons Jr, MD, Cudahy
Roger Laubenheimer, MD, Milwaukee
Thomas A Hofbauer, MD, Menomonee Falls
Wayne H Konetzki, MD, Waukesha
H Leslie Ericson, MD, Racine
William L Treacy, MD, Milwaukee
Richard D Fritz, MD, Milwaukee
William J Listwan, MD, West Bend
Glenn H Franke, MD, Milwaukee
Lucille B Glicklich, MD, Milwaukee
Thomas A Reminga, MD, Milwaukee
H Myron Kauffman, MD, Elm Grove

SECOND DISTRICT
J D Kabler, MD, Madison
Cyril M Hetsko, MD, Madison
James J Tydrich, MD, Richland Center
Alwin E Schultz, MD, Madison
Kenneth I Gold, MD, Beloit
John D Wegenke, MD, Madison

THIRD DISTRICT
Pauline M Jackson, MD, La Crosse

FOURTH DISTRICT
William E Raduege, MD, Woodruff
Jung K Park, MD, Wisconsin Rapids
Richard H Ulmer, MD, Marshfield

FIFTH DISTRICT
Darold A Treffert, MD, Fond du Lac
James L Basiliere, MD, Oshkosh
C William Freeby, MD, Appleton

SIXTH DISTRICT
Roger L von Heimburg, MD, Green Bay
Joseph C DiRaimondo, MD, Manitowoc
John E Kraus, MD, Marinette

SEVENTH DISTRICT
Marwood E Wegner, MD, St Croix Falls
Philip J Happe, MD, Eau Claire

EIGHTH DISTRICT
Joseph M Jauquet, MD, Ashland

PRESIDENT: *Doctor Mullooly*
PRESIDENT-ELECT: *Doctor Viste*
PAST PRESIDENT: *John K Scott, MD,* Madison
SPEAKER: *Duane W Taebel, MD* La Crosse
VICE SPEAKER: *Vernon M Griffin, MD,* Mauston

We know you.
We've talked with you.
We have a continuing commitment to serve you.

For professional liability insurance, the stakes are too high to depend on anyone else.

That's why the State Medical Society has endorsed a professional liability plan which has been developed especially for Wisconsin physicians.

Available only to members of the SMS—and offered through SMS Services, Inc.—this medical malpractice policy has superior features including:

- Consent of the physician is required before settlement of any claim.
- Availability of legal counsel, experienced in defendant medical liability.
- All members of claims and underwriting committees are Wisconsin physicians.
- Occurrence coverage provided for claims arising during the policy period, even if claim is reported at a later time.

For the best in professional liability coverage, contact SMS Services, Inc. at (608) 257-6781 or toll-free 1-800-362-9080

STATE MEDICAL SOCIETY OF WISCONSIN
MEDICINA NUSQUAM NON EST

Endorsed by the
State Medical Society
of Wisconsin

We know how vital it is to safeguard the present... and to protect the future.

Underwritten by:

THE PROFESSIONALS
INSURANCE COMPANY

A respected leader in coverage for preferred markets.

Liability reform

THE STATE MEDICAL SOCIETY of Wisconsin, during the past two years, has labored hard on the liability issues facing its 6,500 physician members in the State of Wisconsin. Many physicians and staff have spent countless hours doing the necessary research, study, and lobbying to present our case before the Legislature. These efforts met with success when the special session of the Legislature passed our bill (engrossed SB 328; 1985 Wisconsin Act 340) in May. The negotiations that preceded this special session were long and arduous but resulted in compromise legislation which we can all live with.

While this legislation does not have everything we would like, it is the basis for continued progress in the general area of liability for the physicians.

The time and tide for liability reform is on our side as we see general concern being raised on the part of the body politic. Rising liability rates are now affecting small and large businesses, municipalities, schools, and government itself. *Time* magazine recently compared the liability costs in the 1980s to the oil crisis of the 1970s. Liability costs in the 1980s affect every sector of the economy much as the cost of oil did in the 1970s. When events such as this occur, it is one of general concern and the setting is set for general reform.

Reform usually takes place at the congressional and state legislative levels. Hence, we see the action of Congress and the White House directed toward general liability reform. The State Medical Society welcomes this activity and will continue to work toward improving the liability situation for its members in the months and years ahead. Meanwhile, congratulations to our staff and involved physicians for the great job they have done for us in these past few months in the area of liability reform.

Coincidently, with this legislative reform is the welcome news of the formation of our own liability company, Physicians Insurance Company of Wisconsin (PIC-Wisconsin). It is with a sense of relief that the House of Delegates took this action at our recent Annual Meeting. This new liability company will be owned by its member physicians, have the financial backing and support of the State Medical Society, and the loyalty of its members. A professional management team will administer the company and physicians will run the various committees concerning underwriting, claims management, and the like. It will join 38 other physician-run liability companies which have been very successful in the United States. It could not have come at a better time. During the recent negotiations, one old, established family-owned liability company—which has since been swallowed up by a conglomerate—threatened to pull out of Wisconsin if it did not have its way. This is the same company to which many physicians feel a great debt of loyalty for standing by us during the liability crisis of the 1970s.

Since the conglomerate took over, the ballgame has changed. If the conglomerate did not get its way, many of us would be left high and dry. No longer will the physicians of Wisconsin have to put up with this type of treatment. We all vividly remember the shuffling in and out of Wisconsin by various liability companies in the 1970s. With the new physician-owned liability company, we will finally have stability. We will be in charge of our own destiny and will provide liability insurance at a reasonable price to our members. With the solid expert management that we already have in place, and physician-run committees, the liability company should be able to be tough on claims and underwriting. Perhaps this type of operation will be able to cut the costs of insurance premiums as the years roll on and emulate low costs of premiums in states such as Ohio.

Many difficult issues face us in the next year. Be assured that our State Medical Society will face them squarely. The Society will be our advocate and will fight for us and for our patients who entrust themselves to our care. Despite the turmoil medicine is involved in today, every physician should take solace in the realization that his/her patients trust them. The patient trusts his physician because he knows that the physician has his welfare at heart. This patient-physician bond will help carry us through these turbulent times. Meanwhile, let us not get discouraged. Rather, let us all lift up our hearts knowing that ultimately the ethic of medicine, which has brought us this far, will ultimately prevail in the generations to come. ■

John P Mulloolу MD

Wayne J Boulanger, MD, Editorial Director

Unsigned editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed editorials express personal views of the author for which the Society takes no responsibility.

Blood letting

RECENTLY A PATIENT came to the laboratory of a community hospital in Wisconsin with a request form from a commercial laboratory which had been signed by a chiropractor. She related that "the chiropractor had stuck her four times" and had been unable to obtain a blood specimen. At some time in the past she had seen a physician from the hospital staff and she gave his name so the laboratory proceeded to draw the blood with no difficulty whatsoever.

This raises several questions: 1) Are chiropractors allowed to do venipunctures, or is this considered an invasive procedure? (Last year a Superior Court judge in California ruled that colonic irrigation was an invasive medical procedure that may not be performed by chiropractors.) What constitutes invasion? 2) Is the education of chiropractors considered adequate to interpret laboratory reports? 3) Are commercial laboratories soliciting blood specimens from chiropractors? 4) Is a community hospital laboratory obligated to honor the request of a chiropractor? 5) What will they come up with next?

—*Victor S Falk, MD,* Edgerton

Surprise!

THE SURPRISING ANSWER to question 1 (above) is yes, chiropractors are allowed to do venipunctures. Effective January 1, 1985, the practice of chiropractic included the following: ". . . diagnosis and analysis made through physical examination, specimen analysis, drawing of blood, blood-analysis and the use of x-ray and other instruments." This is from the Register, December, 1984, No. 348 of the Wisconsin Administrative Code. It is on page 7 of the Chiropractic Examining Board, Chapter Chir 4.

Just how this can be considered consistent with the definition of chiropractic practice in the same paragraph is beyond comprehension. According to Chir 4.03 Practice: "The practice of chiropractic is the application of chiropractic science in the adjustment of the spinal column, skeletal articulations and adjacent tissue which includes diagnosis and analysis to determine the existence of spinal subluxations and associated nerve energy expression and the use of procedures and instruments preparatory and complementary to treatment of the spinal column, skeletal articulations and adjacent tissue."

Further definition in Chir 4.02 states: "As used in this chapter, chiropractic science means that body of systematic and organized knowledge relating primarily to the identification, location, removal and reduction of any interference to nervous system integrity or nerve energy expression and the resulting change in biomechanical or physiological homeostasis. It is based on the major premise that disease and abnormal function may be caused by abnormal nerve impulse transmission or expression due to biochemical factors, compression, traction, pressure or irritation upon nerves as a result of bony segments, especially of the spine or contiguous structures, either deviating from normal juxtaposition or function which irritates nerves, their receptors or effectors." The additional privileges granted in 1985 appear to be remote and unrelated to this basic concept of chiropractic practice.

The State Medical Society and the State Medical Examining Board opposed this rule change during 1984. Once it was promulgated, both bodies made vigorous efforts to have the drawing of blood eliminated from the practice of chiropractic. They conferred with the Wisconsin Attorney General. According to information from staff at the State Medical Examining Board office, Attorney General Bronson La Follette refused to represent the Medical Examining Board in the situation but indicated that he would definitely represent the Chiropractic Examining Board should it be pursued.

Just another chiropractic foot in the door!

—*Victor S Falk, MD,* Edgerton

Chill winds from the North

SINCE EARLY IN June, news from Canada has covered a strike by physicians in Ontario. At issue is the right of doctors to bill patients in excess of the amount permitted by the Provincial fee schedule. (A corollary would be forced acceptance of assignment in the United States.)

In the early days of the strike, emergency rooms remained open to take care of urgent problems, but the Canadian public was unsympathetic to the physicians' cause. In the eyes of the public, fees there are high enough, and doctors owe the people a certain amount of cheap care, because medical education is a bargain in Canada, for the most part subsidized by the government.

Whether the Canadian strike will have been settled by the time this is printed, United States doctors ought to sit up and take notice, since mandatory acceptance of assignment here probably isn't far off.

How will US doctors react?

There are some differences in the two countries. We have more physicians, and our fees are higher. That would make a strike much harder to execute and even harder to justify. True, the cost of practicing medicine is higher here, with higher educational costs and liability insurance premiums, and maybe that brings us closer together in standards of living.

But regardless of the merits of the issue involved, a much more basic question is raised: Is a doctor strike ever an acceptable act? I don't think so, except when doctors are forced by an immoral government to commit

what they consider to be criminal acts in their practices.

Any other reason for striking just doesn't hold up if we are to continue to think of ourselves as professionals. Decisions regarding the care of the sick will always transcend political or monetary considerations.

While it is true that the practice of medicine is changing with great rapidity, basic human concerns still apply. I wouldn't want it any other way.

—*Wayne J Boulanger, MD,* Milwaukee

Editor's note: Ontario's 18,000 doctors ended their strike July 4.

Alienating oldsters

THE AMA HOUSE OF Delegates at its recent annual meeting made some rather strange efforts to retain older physicians in the AMA. Physicians under the age of 70 who are fully retired would be eligible for membership at only 20 percent of the regular dues. This was the only change as the recent existing policy which provided dues exemption for physicians who are over age 70 and fully retired, and a 50 percent reduction of dues to those who are over 70 and working up to 20 hours a week was not altered.

No provision was made for those oldsters who are over 70 years of age and still hanging in there for more than 20 hours a week at a reduced income. They are still clipped for full dues. To the best of my knowledge, the AMA is one of the very few organizations which continues any dues for physicians over age 65.

By some strange computerized coincidence, just as I am being unfrocked of my AMA mantle, the AMA has generously offered to send me information about how to start my practice of medicine. This kind offer is somewhat belated since I finished medical school in 1939 and first joined the AMA in 1940 when I was a resident earning the princely sum of $100 a month.

This effort to squeeze a few dollars from some of its old members seems to be a poor way to bolster the flagging membership of the AMA. It should be pointed out that the Wisconsin delegation opposed and some other state delegates were unaware of the dues structure situation two years ago. In any event, the AMA will probably lose a few old members who also have been old friends of the organization.

—*Victor S Falk, MD,* Edgerton ■

LETTERS

The Editors would like to encourage physicians to contribute to the LETTERS section where they can ventilate their frustrations as well as opinions. This feature is intended to be lively and spirited as well as informative and educational. As with other material which is submitted for publication, all letters will be subject to the usual editing. Address correspondence to: The Editor, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701.

The Canadian doctor strike

TO THE MEDICAL EDITOR: The media is carrying disturbing reports of the doctor strike in Ontario, Canada. The issue seems to be about physician fees and governmental restrictions.

In the initial phases of the strike, doctors withheld elective service. Now, emergency rooms are closing and patients are receiving little care if the reports are accurate. Physicians have recently warned tourists not to visit Ontario—as they might not receive emergency care.

The issue of who was right and who was wrong in this controversy is of little consequence when one considers that the group who is suffering and paying the price is the patients.

Was it right for the government to impose fee restrictions on the physicians of the province? Is it right for the physicians to refuse care to their patients? Hippocratic Oath aside, it would seem very short-sighted for physicians to abandon their patients. If the reports are true, this has occurred.

As I suggested earlier this year, the physician fortress is the doctor/patient relationship. It would appear that the doctors in Ontario are destroying that relationship. They may suffer serious long-term consequences as they are destroying the confidence of the public in the profession.

As an aside, it has been reported in the *Wall Street Journal* that the editor of a medical periodical in New England has supported the publication of articles admiring Canada's nationalized health care system. It would be extremely interesting to know the editor's view of this doctor strike in Ontario.

Probably of greater importance, is what you and I would do in similar circumstances. One would hope that our politicians are more astute than to force such an issue. But, if they should, what will our response be as individuals and as a profession?

—*Richard D Sautter, MD*
Marshfield Clinic
1000 North Oak Ave
Marshfield, WI 54449

Editor's note: Ontario's 18,000 doctors ended their strike July 4. ■

AMERICAN PHYSICIANS LIFE

Serving All Your Life Insurance Needs.

American Physicians Life's comprehensive and competitively priced line of insurance products is now being offered exclusively through SMS Services Inc., to State Medical Society members.

APL is a majority-owned subsidiary of Physicians Insurance Company of Ohio (PICO) and a sister company of The Professionals Insurance Company, the carrier of the SMS-endorsed Professional Liability Insurance Plan.

APL coverages available to you through SMS Services Inc., and its authorized insurance representatives include:

- Innovative Universal Life coverages
- Low Cost Graded Premium Whole Life plan
- Yearly Renewable and Convertible Term Life protection
- Non-cancellable Disability Income programs
- Single and Flexible Premium Annuities
- Comprehensive Office Overhead Expense protection

Why not contact SMS Services Inc., today to find out how American Physicians Life can solve all your life insurance needs.

CONTACT:

STATE MEDICAL SOCIETY OF WISCONSIN
SMS SERVICES INC.
SUBSIDIARY

SMS SERVICES INC.
330 EAST LAKESIDE STREET
P.O. BOX 1109
MADISON, WISCONSIN 53701
(608) 257-6781 OR TOLL FREE
1-800-362-9080

Lyme disease: Its neurologic manifestations and its presentation in Wisconsin

Michael F Finkel, MD, Eau Claire, Wisconsin

LYME DISEASE is a name used in the United States to describe the human illness commonly caused by a tick-borne spirochete. It is a multisystemic illness with multiple postulated mechanisms of pathogenesis. It occurs globally, has a plethora of presentations, and has many different vectors. There is no internationally accepted name for the illness. It can be described as a vector-mediated, spirochete-induced, meningoencephalomyeloradiculoneuritis with dermatocardioarthritic complications. It is important to Wisconsin residents because our state is an area of recognized concentration of this illness.

The disorder was first recognized by European physicians. In 1909, Afzelius described the erythema chronicum migrans skin lesion and recognized that it was caused by a tick-borne infection.[1] In 1922, Garin and Bujadoux described an individual who developed erythema chronicum migrans (ECM) at the location of a tick bite and then developed a radiculopathy, peripheral paralysis of one arm, and a meningitis.[2] In 1941, Bannwarth established the clinical characteristics of a syndrome of chronic lymphocytic meningitis with neuralgia/neuritis. The principle signs were intense radicular pains, a lymphocytic meningitis without meningeal signs, and involvement of the peripheral nervous system, particularly with Bell's palsy. None of his patients were described as having a preceding tick bite.[3] In subsequent decades, other European authors came to recognize a unique nosological entity which they called by many names, including Bannwarth syndrome, Garin-Bujadoux syndrome, chronic lymphocytic meningoradiculoneuritis, and tick-borne meningoradiculoneuritis. The syndrome as recognized in Europe had the following common features: There was a tick-borne dermatologic and neurologic illness, inoculated by the Ixodes ricinus tick. The disorder was monophasic, with symptoms usually in the months between February and December and most commonly in July or August. The neurological presentation was variable and could include meningeal signs, Bell's palsy (unilateral or bilateral), and radicular pains which were often in the dermatome of the original tick bite. The ECM lesion always preceded the neurologic disorder. Laboratory studies showed an elevated sedimentation rate, an elevated spinal fluid IgM, a pleocytosis in the spinal fluid, often with lymphocytic predominance, and the presence of plasma cells in the spinal fluid.[1,2,3]

The Lyme illness was not recognized in the United States until the 1970s. The first case of tick-induced ECM was reported in Wisconsin in 1970.[4] However, the illness first drew attention in 1975 in Connecticut, when it was recognized that an unusual number of children near Lyme, Connecticut, were being diagnosed as having juvenile rheumatoid arthritis. Physicians investigating this phenomenon found several peculiarities. The incidence of the illness was 4.3 cases per 1000 adults and 12.2 cases per 1000 children, much more frequent than rheumatoid arthritis in those groups. The illness was characterized by a brief but recurrent oligoarthritis. Half of the people lived in heavily wooded areas and several families had multiple members affected. The illness had a seasonal prevalence and was of a much higher concentration on the east side of the Connecticut River than on the west side. Twenty-five percent of the individuals had a skin lesion four weeks before developing the arthritis. This was identified as the ECM lesion. Twenty-one percent of the individuals remembered a preceding tick bite. Many of the individuals also had tick infested pets, especially cats and dogs. This illness was first referred to as Lyme arthritis.[5,6] By the late 1970s it was recognized that the illness was a systemic disorder with dermatologic, neurologic, rheumatologic, and cardiac components. The name was changed to Lyme disease. Three stages of the illness were recognized.[6]

It is important that Wisconsin physicians send blood specimens to the State Laboratory of Hygiene, 465 Henry Mall, Madison, Wisconsin 53706 (phone: 608/262-1295), in order to determine the extent of Lyme disease in Wisconsin. There have been more cases reported in Wisconsin since this paper was written.

The disorder usually begins with ECM and associated symptoms. The ECM lesion is commonly in the thigh, groin, or axilla, where tick bites characteristically occur. It is annular erythema, which may enlarge from its site of origin to a size of 10.0 centimeters or greater. It is hot but painless. The individuals may have fever, chills, malaise, and fatigue, as well as a headache and a regional adenopathy. Secondary lesions may develop within

Reprint requests to: Michael F Finkel, MD, Midelfort Clinic Ltd, 733 West Clairemont Ave, PO Box 1510, Eau Claire, Wis 54702-1510 (phone: 715/839-5222). Copyright 1986 by the State Medical Society of Wisconsin.

several days of the initial lesion. These are annular, smaller, and multiple. They are less migratory, not indurated, and are not associated with tick bites. A malar rash, conjunctivitis, and urticaria may also occur later.[6]

The second stage of the illness comprises the neurologic and cardiac abnormalities. The neurologic problems develop several weeks to months after the first stage of the illness. The different presentations will be discussed below. If untreated, they can last for months but usually resolve completely.[6]

"The disorder (Lyme disease) was first recognized by European physicians. In 1909, Afzelius described the erythema chronicum migrans (ECM) skin lesion and recognized that it was caused by a tick-borne infection.[1] . . . The Lyme disease was not recognized in the United States until the 1970s. The first case of tick-induced ECM was reported in Wisconsin in 1970.[4]"

The cardiac involvement occurs within weeks to months after the ECM lesion. The most common presentation is atrioventricular block, either first degree, Wenckebach, or third degree block. A common symptom is palpitation. Less usual aspects are an acute myopericarditis, left ventricular dysfunction, and cardiomegaly. The cardiac symptoms are brief, lasting from three days to six weeks and rarely recur. The condition can be mistaken for acute rheumatic fever, but heart block is more common in Lyme disease, valvular problems are rare, and myopericardial involvement is milder in Lyme disease.[6]

The third stage of the illness is rheumatologic. The timing is variable and these symptoms may occur within weeks or after several years. The rheumatologic disorder begins as a migratory musculoskeletal disorder involving the joints, bursae, and tendons. The pains may last for a few hours or at most a few days and involve only a few sites. Frank arthritis does not develop for several months, with joint swelling and pain. The knee is the most affected joint and is more swollen than painful. On rarer occasions, the attack may be present as a symmetrical polyarthritis which can recur for several years. Ten percent of the individuals with the arthritis will develop chronic enlarged joints with erosive changes. Many of the synovial features are like those seen with rheumatoid arthritis.[6]

Lyme disease has been recognized more broadly in the United States after the variable nature of the illness was realized. Multiple locations have now been discovered. In the Midwest, the majority of the cases have come from Wisconsin and Minnesota. It has been found that the illness can be transmitted by multiple American tick species. Ixodes dammini—the bear tick—was recognized as the vector in the northeast and north central USA.[7,8,9]

In 1983, a spirochete was identified in a tick in the United States and was found by culture and serologic studies to be the organism which causes Lyme disease. The spirochete is called Borrelia burgdorferii. It has been grown with great difficulty from blood, skin lesions, and spinal fluid of patients with Lyme disease. The white-tailed deer is the preferred host of the tick, and the field mouse is a preferred reservoir.[9,10,11,12,16]

Although it was recognized that there was an illness with a tick-induced ECM and neurologic symptoms in the United States and Europe, Lyme disease and Bannwarth syndrome were thought to be separate entities, because the American illness was recurrent and had joint and cardiac symptoms. The discovery of the Borrelia burgdorferii spirochete changed this. Spirochetes were soon isolated from the European Ixodes ricinus tick. American patients were found to have antibodies acting against the European spirochete, and European patients were found to have antibodies reacting against the American spirochete. The Europeans are currently evaluating their patients for cardiac and rheumatologic complications.[1,2,3,13]

During the past few years, the illness also has been more globally recognized with cases being reported from Australia and South Africa. The region of Australia where the cases have been found does not have the tick vector, and therefore another vector for the spirochete must be present. Cases also have been reported from tick-free areas of Sweden, and it is postulated that the vector for these cases may have been mosquitos.[14] Doctor Elizabeth Burgess at the University of Wisconsin Veterinary School has demonstrated that tick-free seronegative dogs will turn seropositive if housed with tick-free infected dogs.[15] Doctor Burgess also has cultured spirochetes from the blood of tick-free seronegative field mice who were exposed to infected field mice. This demonstrates that the spirochete can be passed among the natural reservoir without the intervention of the tick.[16]

With regard to Lyme disease in Wisconsin, compiled data thus far are analyzed through 1983. Many more cases have been recognized since then, especially in the past two years. Instead of exact numbers, I will refer to patterns of the presentation of the illness, since the disease is currently under-reported. It is more prevalent in the densely wooded and thinly populated northwest counties of the state. This correlates with the denser population of the deer and the Ixodes dammini tick. It is noted, however, that the tick seems to be spreading from the northern parts of the state into the southern areas of Wisconsin. There are many more cases west of the Wisconsin River, which divides the state down the middle. Since the river is a relative barrier to the migration of the deer, this may be hindering the migration of the tick as well. The illness has been found in all ages and sexes. Of those who developed the ECM lesion, 68% have their tick exposure between May 16 and July 15, and 73% develop the ECM lesions between June 1 and July 31. People do not always contact the illness locally. This is influenced by our large tourism industry. Twenty-one percent of the individuals with Lyme disease in Wisconsin live in a

low-risk county and get it in a high-risk county; 34% get it in a county other than that of their residence. Thirty-one percent of the individuals with confirmed Lyme disease in Wisconsin have a neurologic disorder, 7.7% have a cardiac disorder, and 50% have arthritis/arthralgia.[17,18]

The neurologic presentation of Lyme disease is extremely variable. Many different syndromes have been recognized in the international literature and these can occur separately or in combination. Many have already been recognized in Wisconsin.[17,18,19,20]

"By the late 1970s it was recognized that the illness (Lyme disease) was a systemic disorder with dermatologic, neurologic, rheumatologic, and cardiac components . . . Three stages of the illness were recognized.[6] . . . The disorder usually begins with ECM and associated symptoms. The ECM lesion is commonly in the thigh, groin, or axilla, where tick bites characteristically occur. It is annular erythema, which may enlarge from its site of origin to a size of 10.0 centimeters or greater. It is hot but painless . . . The second stage of the illness comprises the neurologic and cardiac abnormalities. The neurologic problems develop several weeks to months after the first stage of the illness . . . The third stage of the illness is rheumatologic. The timing is variable and these symptoms may occur within weeks or after several years. The rheumatologic disorder begins as a migratory musculoskeletal disorder involving the joints, bursae, and tendons."

Bell's palsy is a common sign which may be unilateral or bilateral. Individuals with bilateral Bell's palsy will often have the paresis occur separately, sometimes several weeks apart. This may occur with a syndrome of radiculopathy.[19,20,21,22]

Other cranial neuropathies are reported. They can occur with Bell's palsy, or less commonly without Bell's palsy. The most affected cranial nerves are the third, fourth, and sixth cranial nerves. If the fifth cranial nerve is affected, symptoms are more likely sensory than motor. If the eighth cranial nerve is involved, the symptoms may be dizziness, otalgia, and sore throat.[20,21]

Radiculopathic syndromes can have any distribution and be either unilateral or bilateral. The radicular pain is frequently in the dermatome of the tick bite. There may be more motor symptoms than sensory symptoms. Certain dermatomes are more commonly affected. The most common cervical dermatome is the fifth cervical dermatome, while in the thoracic regions the T8–12 dermatomes are usually the areas affected. As with Bell's palsy, the radiculopathy may occur bilaterally, but separated by several weeks between the involvement of the two sides. Actual pain sensation on formal testing is decreased or absent in the affected dermatome, similar to what is seen with herpes zoster.[19,20]

Aseptic meningitis often occurs without fever. This may begin as recurrent attacks of headache, stiff neck, photophobia, nausea, and vomiting. The individuals can have intermittent attacks of severe prostrating headaches for several weeks, alternating with periods of mild infrequent headache for several more weeks. Neck stiffness may be noted in extreme flexion. The spinal fluid has multiple abnormalities. Pleocytosis or a lymphocytosis will often be present and one can find persistent plasma cells. There is an increase in the IgG synthesis rate. The CSF protein may also be increased indicative of breakdown of the blood brain barrier. Oligoclonal immunoglobulins may be present. The spinal fluid pressure may not be increased at the time of lumbar puncture.[19,20,21]

Acute encephalitis can occur as a mild symptom and is usually seen in patients who have meningitis. The illness is vaguely characterized and may be manifested as lethargy, decreased concentration, fatigue, poor memory, emotional lability, and irritability. Cases of a demyelinating encephalopathy and of hemiparesis have been described. The pathologic mechanisms of the latter cases are not known, but in these patients the deficits have been permanent.[19,20,26]

Transverse myelitis is a more recently recognized complication, usually occurring in the thoracic and lumbar areas.[2,20]

A demyelinating polyneuropathy presenting like a typical Guillain-Barre syndrome has been reported in a few cases in the literature. However, unlike Guillain-Barre syndrome, lymphocytosis or pleocytosis are often present.[25] Mononeuritis multiplex shows a variable presentation and different sites may be affected in the patient, with the areas affected sometimes separated in time by several weeks. Cerebellar ataxia and chorea are rare but have been reported.[20,21]

"The illness has been found in all ages and sexes

. . . People do not always contact the illness locally. This is influenced by our large tourism industry."

Other neurologic syndromes are being reported in abstract form and by personal communication and symposia in many different countries.[27] These include cases of pseudotumor cerebri, demyelinating illnesses similar to multiple sclerosis, and cases of late onset psychoses or dementing illness. Some German neurologists routinely check suspected new cases of multiple sclerosis for serologic evidence of Lyme disease. The author has had one individual who developed a neuropsychiatric disorder six years after the initial presentation of Lyme disease as bilateral Bell's palsy and migratory arthralgias. This illness was characterized by an aphasia as well as psychotic behavior. Neurodiagnostic tests showed focal and diffuse electroencephalographic (EEG) abnormalities as well as an inflammatory spinal fluid. This patient responded to intravenous

antibiotic therapy, but took several months to return to normal. This raises the disconcerting spectre of a new tertiary spirochetal disorder.

The mechanism of the nervous system damage is of great interest. It seems clear that more than one pathologic mechanism is present. Several theories are being evaluated.

"The recommended treatments for early Lyme disease are: tetracycline 250 mg four times daily for 10 days; phenoxymethyl penicillin 500 mg four times daily for 10 days; erythromycin 250 mg four times daily for 10 days . . . one has better results if the patient is treated for an additional 10 days. Children require special considerations due to the dental contraindications of tetracycline."

A direct spirochetal invasion of the nervous system can be supported as an explanation for the meningitis, since the organism can be cultured from the cerebral spinal fluid. This may explain the radiculopathies, as the pain is often seen in the dermatome of the tick bite (if this is recognized), similar to what is seen with herpes zoster. Also, hypesthesia is seen in the area of dysesthesia, similar to herpes zoster.[20]

A mechanism of direct immunologic attack is proposed as the explanation for the demyelinating neuropathy in patients with Bell's palsy. This is felt to be supported by the fact that IgG and IgM levels are elevated in these patients.[20]

An immune complex mechanism is suggested by the variable parenchymal abnormalities noted in heart, joints, and brain. These lesions tend to be diffuse and multifocal, central, and peripheral. This is similar to what is seen in serum sickness and immune complex disease. The mechanism is supported by the presence of IgM cryoglobulins.[20]

A vasculitis has been postulated as a mechanism for mononeuritis multiplex. It is thought that this could cause vasa nervorum lesions which could produce an axonal neuropathy. The IgM cryoglobulins also could cause this.[20]

Many laboratory abnormalities are noted in Lyme disease.[19,20,28,29,30] The spinal fluid abnormalities already have been discussed. In the blood an increased IgM level can be seen early while an increase in IgG occurs later, an elevated sedimentation rate, and IgM cryoglobulins, as well as direct antibiotics to the Borrelia burgdorferii organism. Joint fluid abnormalities are described in the references.[29] The EEG may show slowing with encephalitis cases. A computerized tomographic (CT) scan is normal in Lyme disease with the exception of a single reported case of demyelinating encephalopathy.[26] Electrocardiographic (EKG) abnormalities have been described previously.

Antibiotics are clearly the primary means of treating the illness. Penicillin and tetracycline are superior to erythromycin for curing the initial infection, as well as preventing relapses. It has been found that tetracycline given for the early illness most effectively prevents the late complications of Lyme disease. Patients who are not recognized until the arthritis develops may relapse after treatment with penicillin (7–10%), but no patients treated with tetracycline had relapses. The recommended treatments for early Lyme disease are: tetracycline 250 mg four times daily for 10 days; phenoxymethyl penicillin 500 mg four times daily for 10 days; erythromycin 250 mg four times daily for 10 days. For a relapse of the initial infection or if the illness is diagnosed during a recognizable relapse, one often has better results if the patient is treated for an additional 10 days. Children require special considerations due to the dental contraindications of tetracycline. Phenoxymethyl penicillin given at a dose of 50 mg per kilogram per day is the drug of choice with the dose not less than 1.0 Gm per day or more than 2.0 Gm per day. For those individuals who are sensitive to penicillin, erythromycin should be given at 30 mg per kilogram per day in divided doses for 15 to 20 days.[6,10,11,20,21]

The literature recommends that individuals who present with nervous system illness other than Bell's palsy should have intravenous phenoxymethyl penicillin given at a dose of 20 million units per day for seven to 10 days. Steroids may help for symptoms related to inflammatory responses, especially in those with severe viral meningitis. It is not clear if these medications help with Bell's palsy.[21]

The differential diagnosis of Lyme disease is important, especially given the variable presentation of the illness. It is helpful if the ECM lesion is present. However, it may not be present and the illness may not be recognized until cardiac or rheumatologic symptoms occur. The latest occurring symptoms, the arthritis/arthralgias, were the ones which called attention to the illness in Connecticut. One should consider the following illnesses in the differential diagnosis: Serum sickness, systemic lupus erythematosis, Rickettsial infections, periarteritis nodosa, Vogt-Koyanagi-Harada disease, hepatitis B, central nervous system syphilis, Microplasma, Beh-

"The differential diagnosis of Lyme disease is important, especially given the variable presentation of the illness. It is helpful if the ECM lesion is present. However, it may not be present and the illness may not be recognized until cardiac or rheumatologic symptoms occur . . . One should consider the following illnesses in the differential diagnosis: Serum sickness, systemic lupus erythematosis, Rickettsial infections, periarteritis nodosa, Vogt-Koyanagi-Harada disease, hepatitis B, central nervous system syphilis, Microplasma, Behcet's syndrome, multiple sclerosis, infectious mononucleosis, viral encephalitis, leptospirosis, and Mollaret's meningitis."

cet's syndrome, multiple sclerosis, infectious mononucleosis, viral encephalitis, leptospirosis, and Mollaret's meningitis (references 20 and 21 thoroughly discuss the differential diagnosis).

"Lyme disease presents a new set of challenges to Wisconsin physicians. Once again, a spirochetal disease is manifesting itself as a "Great Imitator" to primary care physicians as well as specialists. The full impact of the disorder on our population is not yet known, as it is presently under-recognized, under-reported, and under-treated. As physicians become more sensitive to this illness and send more suspected sera to the State Laboratory of Hygiene, we will be better able to understand the effect of this illness on our population and to limit its morbidity."

A new item of importance concerns the probability that the Ixodes dammini tick may expose an individual to two organisms which can affect the nervous system. Cases have now been reported in Wisconsin of people with direct infection as well as antibodies against the Babesia microtii organism as well as Borrelia burgdorferii spirochete. Babesiosis is an illness presenting with malarial-type symptoms. This parasite infests the red blood cells and can produce fever, severe headache, and lethargy. It tends to be self-limited with the individual usually recovering. It is more likely to occur in the elderly, the immune-suppressed, or those who are asplenic. The two cases with antibodies against Borrelia burgdorferii and Babesia microtii were in a husband and wife from the northwest corner of Wisconsin. Physicians in Wisconsin and Minnesota should consider Babesiosis in the differential diagnosis of an aseptic meningitis in these special patients.[30,31,32]

Lyme disease presents a new set of challenges to Wisconsin physicians. Once again, a spirochetal disease is manifesting itself as a "Great Imitator" to primary care physicians as well as specialists. The full impact of the disorder on our population is not yet known, as it is presently under-recognized, under-reported, and under-treated. As physicians become more sensitive to this illness and send more suspected sera to the State Laboratory of Hygiene, we will be better able to understand the effect of this illness on our population and to limit its morbidity.

References

1. Asbrunk E, Olsson I: Clinical manifestations of erythema chronicum migrans, Afzelius in 161 patients. Stockholm: *Acta Derm Venereol* 1985; 65: 43-52.
2. Ryberg G: Bannwarth syndrome (lymphocytic meningoradiculitis) in Sweden. *Yale J Biol Med* 1984; 57:499-503.
3. Ackerman NR et al: Tick-borne meningopolyneuritis (Garin, Bujadoux, Bannwarth). *Yale J Biol Med* 1984; 57:485-490.
4. Scrimenti RJ: Erythema chronicum migrans. *Arch Dermatol* 1984; 102: 104-105.
5. Steere AC et al: Erythema chronicum migrans and Lyme arthritis: Epidemiologic evidence for a tick vector. *Am J Epidemiol* 1978; 108:312-321.
6. Steere AC et al: The clinical spectrum and treatment of Lyme disease. *Yale J Biol Med* 1984; 57:453-461.
7. Donaldson JO, Louis RA: Lymphocytic meningoradiculitis in the United States. *Neurol* 1983(Nov); 33:1476-1479.
8. Spielman A et al: Ecology of Ixodes damminiborne human Babesiosis and Lyme disease. *Ann Rev Entomol* 1985; 30:439-460.
9. Loken KI et al: Isolation of the Lyme disease spirochete from mammals in Minnesota. *Proc Soc Exper Biol Med* 1985; 179:300-302.
10. Steere AC et al: The spirochetal etiology of Lyme disease. *New Engl J Med* 1983(Mar 31); 308(13): 733-740.
11. Banach JL et al: Spirochetes isolated from the blood of two patients with Lyme disease. *New Engl J Med* 1983(Mar 31); 308(13):740-742.
12. Schmid GP et al: Surveillance of Lyme disease in the United States, 1982. *J Infect Dis* 1985(June); 151(6):1144-1148.
13. Pfister HW et al: The spirochetal etiology of lymphocytic meningoradiculitis of Bannwarth (Bannwarth syndrome). *J Neurol* 1984; 231:141-144.
14. Schmid GP: The global distribution of Lyme disease. *Rev Infect Dis* 1985(Jan/Feb); 7(1):41-49.
15. Burgess EC et al: Experimental infection of dogs with Borrelia burgdorferii. *Second International Symposium on Lyme Disease and Related Disorders: "Compendium of Abstracts"* 1985; 13.
16. Burgess EC: Personal communication.
17. Davis JP et al: Lyme disease in Wisconsin: Epidemiological, clinical, serological, and entomological findings. *Yale J Biol Med* 1984; 57:685-696.
18. Schell WL: State of Wisconsin Bureau of Community Health and Prevention, personal communication.
19. Pachner AR, Steere AC: Neurologic findings of Lyme disease. *Yale J Biol Med* 1984; 57:481-483.
20. Reik L et al: Neurologic abnormalities of Lyme disease. *Medicine* 1979; 58(4):281-294.
21. Pachner AR, Steere AC: The triad of neurologic manifestations of Lyme disease: meningitis, cranial neuritis, and radiculoneuritis. *Neurol* 1985 (Jan); 35:47-53.
22. Glasswoch III EM et al: Lyme disease: the cause of bilateral facial paralysis. *Arch Otolaryngol* 1985(Jan); 111:47-49.
23. Bomholt A: Facial palsy in lymphocytic meningoradiculitis (Bannwarth syndrome). *Arch Otolaryngol* 1984(Nov); 110:763-764.
24. Skoldenberg B et al: Chronic meningitis caused by a penicillin-sensitive microorganism? *Lancet* 1984 (July 9); 2:75-78.
25. Sterman AB et al: Demyelinating neuropathy accompanying Lyme disease. *Neurol* 1985; 35:267-269.
26. Reik Jr L et al: Demyelinating encephalopathy in Lyme disease. *Neurol* 1985; 35:267-269.
27. Goldfarb J et al: Neurological complications of Lyme disease in children. *25th Intersides Conference on Antimicrobial Agents and Chemotherapy* (Sept 29-Oct 1985). Abstract 386.
28. Hindfelt B et al: Clinical and cerebrospinal fluid findings in lymphocytic meningoradiculitis (Bannwarth syndrome). *Acta Neurol Scandinav* 1982; 66:444-453.
29. Mertz LE et al: Ticks, spirochetes, and new diagnostic tests for Lyme disease. *Mayo Clin Proc* 1985; 60:402-406.
30. Steketee RW et al: Babesiosis in Wisconsin. *JAMA* 1985; 253(18):2675-2678.
31. Gombert ME et al: Human Babesiosis: Clinical and therapeutic considerations. *JAMA* 1982(Dec 10); 248:3005-3007.
32. Grunwaldt E et al: Simultaneous occurrence of Babesiosis and Lyme disease (letter). *New Engl J Med* 1983(May 12); 308(19):1166. ■

Patient Alert

ONE OF A SERIES

Lyme disease: An infectious disease which results from the bite of a certain species of tick

LYME DISEASE is an infectious disease which results from the bite of a certain species of tick. It often starts out as a skin rash and can occasionally progress through different stages to involve arthritis, skin disease, and neurologic disease. The symptoms and various presentations of the disease are becoming much more commonly recognized; and when detected early, the disease can be treated with antibiotics.

CAUSE: Lyme disease is caused by a spiral bacteria (a spirochete, pronounced "spy-row-keet") called Borrelia burgdorferi, named after its discoverer, Doctor Burgdorfer, who identified the bacteria inside the bodies of ticks.

The disease was first described in Lyme, Connecticut in 1976 and was named after that town. The tick which transmits the bacteria is called Ixodes dammini (pronounced "x-o-deez dam-in-eye") and is generally smaller than the common wood or dog tick. The tick lives in grassy and wooded areas and feeds on both large and small animals.

Between 10% and 65% of the ticks, depending on the area, may harbor this bacteria. When the tick bites, the bacteria sometimes is passed into the bloodstream of animals where it multiples and may be taken up by other blood-sucking ticks or insects. Most animals do not have symptoms that appear in humans, although dogs may sometimes have arthritis.

The tick is found throughout central Wisconsin and in other areas of the United States, including coastal Delaware, Massachusetts, Minnesota, California, and Texas. The ticks prefer wooded areas and adjacent grassland. Generally it is spread in the wild by animals (birds, mice, raccoons, and deer), but domestic animals, such as cats, dogs, and horses, can carry the ticks closer to home.

Your chance of tick bite varies with the seasons of the year, and the highest risk is from May to mid or late August. There is a moderate risk from mid April to early May and from late August through October.

The tick bite itself is generally not painful, and the tick is so small (about the size of a pinhead) that it is often not noticed. Most commonly, the tick merely bites, draws blood for nourishment and then drops off. If the tick is infected with this bacteria, it may transmit them during the feeding process. ***It is important to note that a tick bite does not always result in Lyme disease.***

EARLY DISEASE SYMPTOMS: The typical early symptom of the disease is a slowly expanding red rash called *erythema migrans.* Only about ¾ of infected individuals will develop this rash. Anyone who has had a tick bite followed by a rash should consult a physician, as treatment at this stage is generally very effective. If left untreated, the rash will expand for several weeks and fade. Many times, no more symptoms occur.

LATER DISEASE SYMPTOMS: Later symptoms of the untreated disease can include joint pain and complications involving the heart and nervous system. Most patients, if treated during the time of the rash, do not develop these later symptoms. Most commonly, the late symptoms include joint pain and swelling, and with such, termed Lyme arthritis. The pain usually occurs in a single joint, will go away after a few days, and then recur in another joint. The arthritis may occur from one to many months after the tick has transmitted the bacteria in its bite.

continued next page

The *Wisconsin Medical Journal* is the official publication of the State Medical Society of Wisconsin. Patient Alert is intended to assist physicians in providing their patients with information that might be helpful in preventing future illness or injury and in explaining healthcare issues which have a significant impact on patient care. Reprints, on poster board for reception areas, are available upon request to: WMJ Publications, State Medical Society of Wisconsin, PO Box 1109, Madison, Wisconsin 53701; telephone 608/257-6781 or 1-800-362-9080.

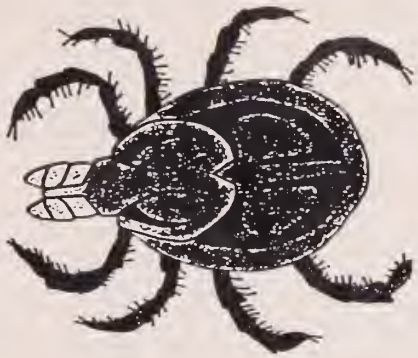
The disease is easily mistaken for other types of arthritis. Generally, there is no cartilage or bone damage noted. The disease can be treated effectively at this stage. The heart disease may occur within one to three weeks after the rash and may include symptoms such as dizziness, weakness, and irregular heart beat. Nervous system symptoms generally develop about 30 to 45 days after the rash first appears and may be characterized by intermittent headaches, difficulty concentrating, irritability, poor motor coordination, numbness, and pain. Some people develop weakness of the facial muscles. These symptoms, as well, can be treated.

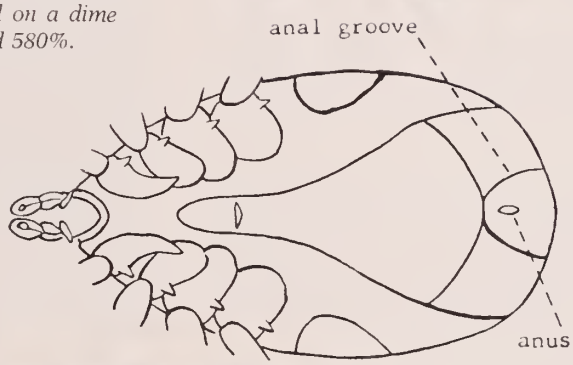
TREATMENT: Most importantly, it should be noted that Lyme disease can be treated by antibiotics given either in an oral, intramuscular, or intravenous method. Penicillin, tetracycline, and erythromycin are all equally as effective.

The disease can be prevented by following these suggestions: (1) Avoid tall grasses, bushes, and woods; (2) Wear proper clothing—a hat, tucked-in shirt, long pants tucked into socks and good shoes; tick repellents may be helpful; (3) Monitor yourself and pets immediately from coming inside, inspecting clothing and undressing checking for ticks. Check your pets carefully; tick collars or powders may help to keep ticks off of them.

In general, it is not known whether other blood-sucking insects transmit the disease. There is no evidence that American dog ticks are a major carrier of the disease.■

Identification of the Ixodes tick: *The Ixodes tick is about the size of a pinhead and smaller than many common ticks. On the underneath side the major identifying factor is the anal groove extending as an inverted U from in front of the anus to posterior (hinder end) margins of the body (see center illustration). To illustrate the size of the tick, a headless tick was placed on a dime (below) and enlarged 580%.*





CLINICAL CANCER: Number 7 of a series

Treatment of cancer of the lung

James D Cox, MD, Milwaukee, Wisconsin

CANCER OF THE LUNG is the most common type of cancer, by far, in the United States. It is the leading cause of death from cancer in both men and women. The American Cancer Society estimated 2400 new cases of carcinoma of the lung in Wisconsin in 1985. Of the four major cell types, squamous carcinoma and adenocarcinoma account for two-thirds of all cases; small-cell carcinoma, one-fifth; and large-cell carcinoma, the remainder. Treatment is based upon cell type and the extent of the tumor.

From the Department of Radiation Oncology, Medical College of Wisconsin, Milwaukee (now of Columbia University). Reprint requests to: James D Cox, MD, Professor and Chairman, Dept of Radiation Oncology, Columbia-Presbyterian Medical Center, 622 West 168th St, New York, NY 10032.

Initial evaluation. The diagnosis is usually established by sputum cytology, bronchoscopy with biopsies and bronchial washings, or percutaneous fine needle aspirate. Mediastinoscopy or mediastinotomy may establish the nonresectability of a tumor. In patients with no clinical evidence of distant metastasis, computed tomography (CT) is the most important imaging procedure. CT of the chest and upper abdomen may demonstrate mediastinal adenopathy, and metastases to the pulmonary parenchyma, adrenal glands, kidneys, and retroperitoneal lymph nodes. Radionuclide bone scans also are indicated. Patients with small-cell carcinoma should have bone marrow biopsies.

SQUAMOUS CELL CARCINOMA, ADENOCARCINOMA, LARGE-CELL CARCINOMA

Resectable patients. Fewer than 20% of patients will be considered operable, but all patients who can tolerate the operative procedure should be explored and resected. If examination of the resected specimen reveals tumor confined to the lung with no involvement of regional lymph nodes, no further therapy is recommended. Postoperative irradiation is indicated if parabronchial, hilar, or mediastinal lymph node metastases are identified.

Nonresectable patients. More than one-third of all patients with cancer of the lung have tumors which are nonresectable but do not have evidence of spread beyond the regional lymph nodes (including supraclavicular lymph nodes). These patients can be afforded the possibility of cure by technically sophisticated radiation therapy. Individualized treatment volumes with custom blocking, high total doses with multiple fields, taking care to avoid all normal structures possible, offer the best possibility for control of

ABSTRACT

Ectothermic philosophy of acid-base balance to prevent fibrillation during hypothermia

GEORGE M KRONCKE, MD; RONALD D NICHOLS, CCP; JOHN T MENDENHALL, MD; P DAVID MYEROWITZ, MD; JAMES R STARLING, MD, Surgical Service, William S Middleton Memorial Veterans Hospital, and University of Wisconsin Hospital, Madison, Wis. *Arch Surg* 1986 (Mar); 121: 303-304

In the ectotherms, or cold-blooded animals, carbon dioxide pressure decreases (Pco_2) and pH increases as body temperature falls. This tends to increase coronary blood flow and prevent fibrillation. This concept was investigated in 181 consecutive patients undergoing open heart surgery of all types. In 121 cases, endothermic (warm-blooded) temperature-corrected normal values of pH, Pco_2, and oxygen pressure were maintained during extracorporeal circulation as the perfusate temperature was lowered to 24 °C prior to aortic cross-clamping and administration of blood cardioplegia solution. In 49 patients (40%), ventricular fibrillation occurred prior to cross-clamping. In the other 60 consecutive cases, in which the ectothermic principle of cooling was applied, the Pco_2 was allowed to decrease from 50 to 40 mm Hg and the non-temperature-corrected pH rose from 7.28 to 7.42. Fibrillation occurred in only 12 (20%) of these 60 patients.■

Series Coordinator:

Ernest C Borden, MD, Madison

American Cancer Society Professor of Clinical Oncology, University of Wisconsin Clinical Cancer Center, 600 Highland Ave, Madison, Wisconsin 53792

Physicians are encouraged to contact the authors if they wish to discuss these topics further or obtain additional information. Comments or suggestions for topics would be welcome.

the tumor with minimal effects in the normal tissues. The treatment volume must include not only the primary tumor but also the entire mediastinum, both hilar regions, and ipsilateral supraclavicular lymph nodes with tumors in the upper lobes.

Patients most likely to be cured by definitive radiation therapy are those who have relatively few symptoms; *ie*, they are able to carry on normal activities. Patients whose symptoms clearly limit their activities are likely to experience symptomatic relief, but they are less likely to be cured.

Tumors which arise in the apical pulmonary sulcus often present with shoulder or arm pain, neurologic findings in the upper extremity, Horner's syndrome, and destruction of the ribs or vertebrae. Preoperative radiation therapy has been popular for such tumors. However, such treatment is contraindicated for the vast majority of these patients. There is no evidence that preoperative irradiation is advantageous when tumors prove to be resectable. More importantly, the vast majority of patients who have nonresectable tumors will have had a major interruption in radiation therapy, an interruption which cannot be overcome by the radiation therapy which is given after thoracotomy. Such "split-course" radiation therapy has been shown to be less effective than continuous irradiation. Therefore, patients should be explored without preoperative radiation therapy. If the tumor is nonresectable, definitive radiation therapy can still be given with curative intent.

One of every 20 patients with cancer of the lung presents with superior vena caval obstruction. This may be so acute that immediate treatment is required without a cytologic or histologic diagnosis. It is usually possible to obtain a diagnosis, and it is important to do so in case small-cell carcinoma is discovered. With small-cell carcinoma, chemotherapy may be initiated promptly, but any other histopathologic diagnosis is an indication of urgent thoracic irradiation. With high daily doses initially, followed by more protracted radiation therapy, over 80% of patients derive symptomatic relief. The prognosis is similar to patients who do not present with vena caval obstruction.

SMALL CELL CARCINOMA

Small-cell carcinoma is highly responsive to radiation therapy and chemotherapy. Because of its very high propensity to spread, chemotherapy is indicated in all patients early in the course of treatment. Many different chemotherapeutic regimens have been developed among the most widely used or combinations of cyclophosphamide, doxorubicin, and vincristine. More recently, etoposide and cisplatin have been shown to be quite effective. However, the central nervous system represents a sanctuary from chemotherapy, and metastases to the brain, leptomeninges, and spinal cord are common. Therefore, prophylactic cranial irradiation (PCI) is used in conjunction with systemic chemotherapy. This reduces the frequency of brain metastasis from 50% to 80% (higher in patients who live longer) to approximately 10%.

Thoracic radiation therapy is important in more favorable patients with small-cell carcinoma. These include all patients who present with disease clinically limited to the chest and patients with disseminated disease who respond completely to chemotherapy. Thoracic irradiation does not change median survival but does have a favorable effect on long-term survival; it is associated with significantly higher probability of cure from small-cell carcinoma than the use of chemotherapy alone.

Disseminated disease. Aside from small-cell carcinoma, systemic chemotherapy is not used routinely for patients with extrathoracic metastasis. Responses to chemotherapy are not predictable. Such patients should be considered for investigational chemotherapy.

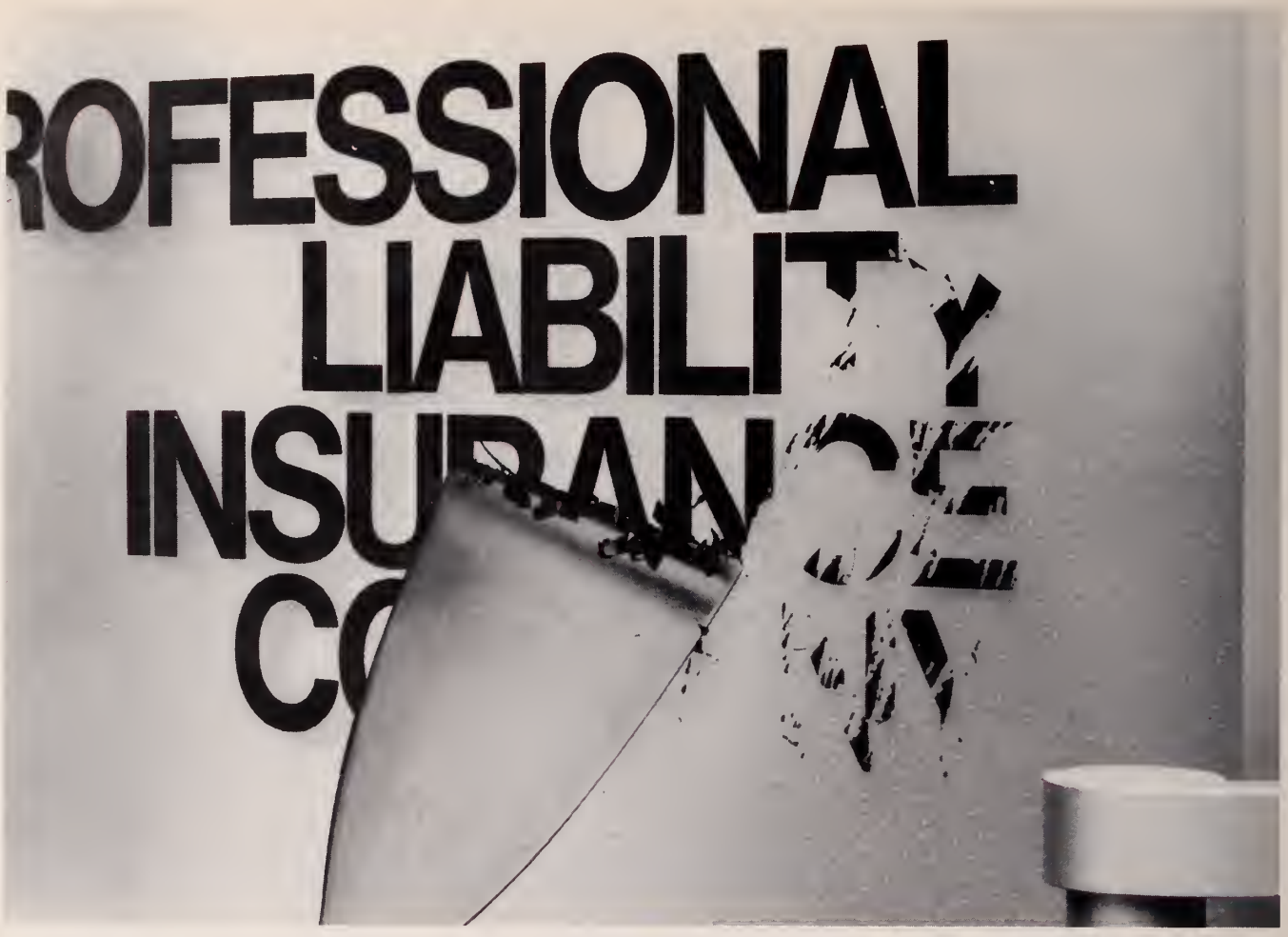
Many patients with symptomatic metastases can be palliated with local radiation therapy. Brain metastases are as common in adenocarcinoma and large-cell carcinoma as they are in small-cell carcinoma. Patients with headache and seizures usually receive complete relief with whole brain radiation therapy. Those with focal neurologic deficits and mental dysfunction are less frequently helped. Pain from bone metastasis consistently can be relieved with local radiation therapy.

SUMMARY

Treatment of cancer of the lung is best directed toward achieving cure by resection, radiation therapy, or combinations of the two in patients with squamous carcinoma, adenocarcinoma, and large-cell carcinoma limited to the chest. Small-cell carcinoma is an indication for systemic chemotherapy in all patients with prophylactic cranial irradiation and thoracic irradiation to enhance the probability of long-term survival. Every effort should be made to offer cure to any patient with disease limited to the chest with any histopathologic type of cancer of the lung. Even small improvements in survival result in the saving of thousands of lives.

REFERENCES

1. Cox JD, Byhardt RW, Komaki R: The role of radiotherapy in squamous, large-cell, and adenocarcinoma of the lung. In: *Non-small Cell Carcinoma of the Lung.* (Ed) Golumb HM. *Seminars in Oncology* 1983; 10:81-94
2. Bleehen NM, Cox JD: Radiotherapy for lung cancer. *Int J Radiation Oncology Biol Phys* 1985; 11. 1001-1007.
3. Holoye PY, Libnoch JA, Anderson T et al: Combined methotrexate and high-dose vincristine chemotherapy with radiation therapy for small-cell bronchogenic carcinoma *Cancer* 1985; 55:1436-1445.
4. Komaki R, Cox JD, Hartz AJ, et al: Characteristics of long-term survivors after treatment for inoperable carcinoma of the lung. *Am J Clin Oncol* (CCT). In Press.
5. Rosen RT, Makuch RW, Lichter AS et al: Role of prophylactic cranial irradiation in prevention of central nervous system metastases in small-cell lung cancer: potential benefit restricted to patients with complete response. *Am J Med* 1983; 74:615-624. ■



In ten years your malpractice carrier may be just a memory.

Unless it's Medical Protective.

As you consider professional liability insurance, consider this. The coverages stated in the policy are basically a promise — a promise to be here when needed regardless of legal climate or economic conditions. A company's ability to keep this promise is critical because your financial security may depend on it. Unfortunately, too many firms are now finding the task impossible.

Analyze your liability insurance options carefully just as you would any important investment. Go beyond the agent and the policy to the company that stands behind both. How long has it been in operation? Has it weathered some of the tough times? Will it be there for you when you need help?

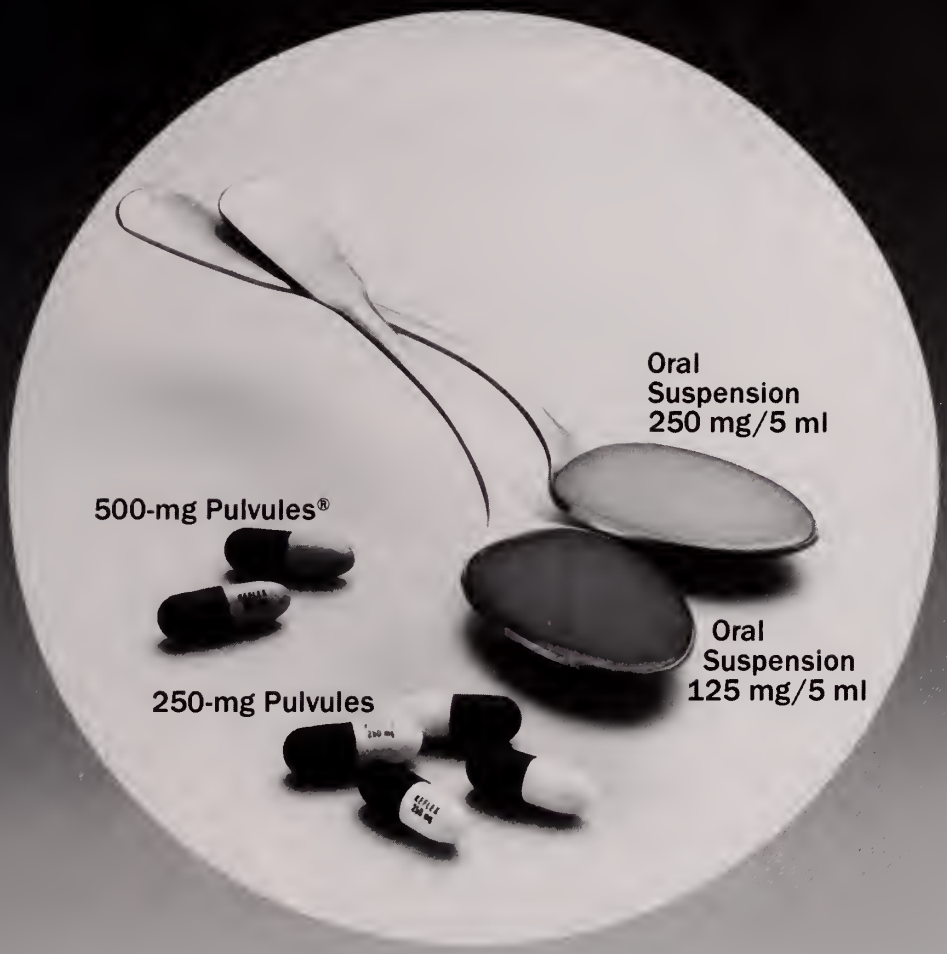
The Medical Protective Company pioneered professional liability coverage before the turn of the century and has served doctors exclusively ever since. Over 500,000 of them. Through good times and bad. We'll be here when you need us.

Contact The Medical Protective Company through one of our general agents. History shows we keep our promises.

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

Jerome E. Kronsnoble, William E. Herte
850 North Elm Grove Road, Elm Grove, WI 53122, (414) 784-3780

Easy To Take



Keflex®
cephalexin

Additional information available to the profession on request.

DISTA

420113

Dista Products Company
Division of Eli Lilly and Company
Indianapolis, Indiana 46285
Mfd. by Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630

On nitrates,
but angina still
strikes...

After a nitrate, add ISOPTIN®
(verapamil HCl/Knoll)

To protect your patients, as well as their quality of life, add Isoptin instead of a beta blocker.

First, Isoptin not only reduces myocardial oxygen demand by reducing peripheral resistance, but also increases coronary perfusion by preventing coronary vasospasm and dilating coronary arteries — both normal and stenotic. These are antianginal actions that no beta blocker can provide.

Second, Isoptin spares patients the beta-blocker side effects that may compromise the quality of life.

With Isoptin, fatigue, bradycardia and mental depression are rare. Unlike beta blockers, Isoptin can safely be given to patients with asthma, COPD, diabetes or peripheral vascular disease. Serious adverse reactions with Isoptin are rare at recommended doses; the single most common side effect is constipation (6.3%).

Cardiovascular contraindications to the use of Isoptin are similar to those of beta blockers: severe left ventricular dysfunction, hypotension (systolic pressure <90 mm Hg) or cardiogenic shock, sick sinus syndrome (if no artificial pacemaker is present) and second- or third-degree AV block.

So, the next time a nitrate is not enough, add Isoptin... for more comprehensive antianginal protection without side effects which may cramp an active life style.

ISOPTIN. Added antianginal protection without beta-blocker side effects.

Please see brief summary on following page.

ISOPTIN®
(verapamil HCl/Knoll)
80 mg and 120 mg scored, film-coated tablets

Contraindications: Severe left ventricular dysfunction (see *Warnings),* hypotension (systolic pressure < 90 mm Hg) or cardiogenic shock, sick sinus syndrome (except in patients with a functioning artificial ventricular pacemaker), 2nd- or 3rd-degree AV block. **Warnings:** ISOPTIN should be avoided in patients with severe left ventricular dysfunction (e.g., ejection fraction < 30% or moderate to severe symptoms of cardiac failure) and in patients with any degree of ventricular dysfunction if they are receiving a beta blocker. (See *Precautions.)* Patients with milder ventricular dysfunction should, if possible, be controlled with optimum doses of digitalis and/or diuretics before ISOPTIN is used. (Note interactions with digoxin under *Precautions.*) ISOPTIN may occasionally produce hypotension (usually asymptomatic, orthostatic, mild and controlled by decrease in ISOPTIN dose). Elevations of transaminases with and without concomitant elevations in alkaline phosphatase and bilirubin have been reported. Such elevations may disappear even with continued treatment; however, four cases of hepatocellular injury by verapamil have been proven by rechallenge. Periodic monitoring of liver function is prudent during verapamil therapy. Patients with atrial flutter or fibrillation and an accessory AV pathway (e.g. W-P-W or L-G-L syndromes) may develop increased antegrade conduction across the aberrant pathway bypassing the AV node, producing a very rapid ventricular response after receiving ISOPTIN (or digitalis). Treatment is usually D.C.-cardioversion, which has been used safely and effectively after ISOPTIN. Because of verapamil's effect on AV conduction and the SA node, 1° AV block and transient bradycardia may occur. High grade block, however, has been infrequently observed. Marked 1° or progressive 2° or 3° AV block requires a dosage reduction or, rarely, discontinuation and institution of appropriate therapy depending upon the clinical situation. Patients with hypertrophic cardiomyopathy (IHSS) received verapamil in doses up to 720 mg/day. It must be appreciated that this group of patients had a serious disease with a high mortality rate and that most were refractory or intolerant to propranolol. A variety of serious adverse effects were seen in this group of patients including sinus bradycardia, 2° AV block, sinus arrest, pulmonary edema and/or severe hypotension. Most adverse effects responded well to dose reduction and only rarely was verapamil discontinued. **Precautions:** ISOPTIN should be given cautiously to patients with impaired hepatic function (in severe dysfunction use about 30% of the normal dose) or impaired renal function, and patients should be monitored for abnormal prolongation of the PR interval or other signs of excessive pharmacologic effects. Studies in a small number of patients suggest that concomitant use of ISOPTIN and beta blockers may be beneficial in patients with chronic stable angina. Combined therapy can also have adverse effects on cardiac function. Therefore, until further studies are completed, ISOPTIN should be used alone, if possible. If combined therapy is used, close surveillance of vital signs and clinical status should be carried out. Combined therapy with ISOPTIN and propranolol should usually be avoided in patients with AV conduction abnormalities and/or depressed left ventricular function. Chronic ISOPTIN treatment increases serum digoxin levels by 50% to 70% during the first week of therapy, which can result in digitalis toxicity. The digoxin dose should be reduced when ISOPTIN is given, and the patients should be carefully monitored to avoid over- or under-digitalization. ISOPTIN may have an additive effect on lowering blood pressure in patients receiving oral antihypertensive agents. Disopyramide should not be given within 48 hours before or 24 hours after ISOPTIN administration. Until further data are obtained, combined ISOPTIN and quinidine therapy in patients with hypertrophic cardiomyopathy should probably be avoided, since significant hypotension may result. Clinical experience with the concomitant use of ISOPTIN and short- and long-acting nitrates suggest beneficial interaction without undesirable drug interactions. Adequate animal carcinogenicity studies have not been performed. One study in rats did not suggest a tumorigenic potential, and verapamil was not mutagenic in the Ames test. *Pregnancy Category C*: There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy, labor and delivery only if clearly needed. It is not known whether verapamil is excreted in breast milk; therefore, nursing should be discontinued during ISOPTIN use. **Adverse Reactions:** Hypotension (2.9%), peripheral edema (1.7%), AV block: 3rd degree (0.8%), bradycardia: HR < 50/min (1.1%), CHF or pulmonary edema (0.9%), dizziness (3.6%), headache (1.8%), fatigue (1.1%), constipation (6.3%), nausea (1.6%), elevations of liver enzymes have been reported. (See *Warnings.*) The following reactions, reported in less than 0.5%, occurred under circumstances where a causal relationship is not certain: ecchymosis, bruising, gynecomastia, psychotic symptoms, confusion, paresthesia, insomnia, somnolence, equilibrium disorder, blurred vision, syncope, muscle cramp, shakiness, claudication, hair loss, macules, spotty menstruation. **How Supplied:** ISOPTIN (verapamil HCl) is supplied in round, scored, film-coated tablets containing either 80 mg or 120 mg of verapamil hydrochloride and embossed with "ISOPTIN 80" or "ISOPTIN 120" on one side and with "KNOLL" on the reverse side. Revised August, 1984. 2385

Knoll Pharmaceuticals
A Unit of BASF K&F Corporation
Whippany, New Jersey 07981

BASF Group

knoll®

EMPLOYEES APPRECIATE THE PAYROLL SAVINGS PLAN.

JUST ASK THE PEOPLE AT THE BOEING COMPANY.

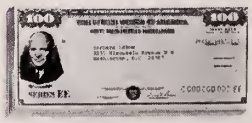
"My folks gave me a Bond for my birthday every year. Now I can do the same for my kids."
—Vaughn Hale

"It's certainly a painless way to save. The money comes directly out of my paycheck every two weeks."
—Florence Perry

"This is one way I can support my government and save at the same time."
—Douglas Scribner

U.S. Savings Bonds now offer higher variable interest rates *and* a guaranteed return. Your employees will appreciate that. They'll also appreciate your giving them the easiest, surest way to save.

For more information, write to: Steven R. Mead, Executive Director, U.S. Savings Bonds Division, Department of the Treasury, Washington, DC 20226.



U.S. SAVINGS BONDS
Paying Better Than Ever

A public service of this publication.

STATE MEDICAL SOCIETY OF WISCONSIN

1986

Membership Directory

as of July 1, 1986

Listed by county medical society in alphabetical order.

This directory includes member's name, address, telephone number (when provided), primary and secondary practice specialties, and Board certified specialties and/or subspecialties. Every effort was made to provide accurate listing. Members received a Verification Form on the covers of the April and May issues of the Journal for correcting Membership Records used in this listing.

In the event of inaccuracies members are asked to contact Membership Records for followup correction in subsequent issues of the Journal. See further explanation on following pages.

Reprints $15.00, plus 5% sales tax in Wisconsin, unless tax-exempt status declared.

COPYRIGHT 1986

State Medical Society of Wisconsin
Box 1109, Madison, Wisconsin 53701

COMPILATION INFORMATION

Information in this Directory has been provided by the staff in MEMBERSHIP RECORDS after each Society member was given the opportunity to verify its accuracy by returning a Verification Form which appeared on the "false" front cover of the April and May issues of the *Wisconsin Medical Journal*. This Directory is reproduced from the computer printout of MEMBERSHIP RECORDS. The computer program allows members to designate up to three specialties (primary, secondary, tertiary) in which they practice. These specialty designations appear in the Directory on the first line of each member listing **before the slash** (/). Also on the first line **after the slash** (/), members are allowed to designate up to three specialties or subspecialties in which they are Board-certified.

The State Medical Society of Wisconsin recognizes the practice specialties as used by the American Medical Association in its *American Medical Directory*, which includes data collected on Board certification from physicians themselves and from the American Board of Medical Specialties, which in the past has provided this information in the *Directory of Medical Specialists*, but starting this year will be providing it in its first publication of a *Compendium of Certified Medical Specialists* to be distributed in early August. Only those certifications from the 23 Boards included in the *Compendium* are included in this Membership Directory.

Practice specialties and Board certifications listed in MEMBERSHIP RECORDS have been provided by individual members who annually update this information for the *SMS Membership Directory*. In neither case has the specialty or certification designations been routinely verified with any other source. The specialty codes used in this Directory are used for record-keeping and do not imply recognition or endorsement of any field of medicine. They are intended for use in this Directory only and are not to be used for changing or updating other records. The State Medical Society of Wisconsin, its officers, agents, and employees, make no claims as to accuracy, nor accept liability for information that may not be correct, or for errors and omissions.

AMA codes for self-designated practice specialties and the Board-certified specialties appear on the opposite page.

CORRECTION FORM

Members whose information in this Membership Directory is not accurate are urged to submit changes to Membership Records on the form below. Such changes will be published in subsequent issues of the WMJ.

TO: Membership Records, State Medical Society of Wisconsin, PO Box 1109, Madison, Wisconsin 53701

Please correct the information used in the 1986 Membership Directory on your records as follows:

COUNTY MEDICAL SOCIETY _____

PRACTICE SPECIALTIES (use codes from page 3) | PRIMARY | SECONDARY | TERTIARY | /

BOARD-CERTIFIED SPECIALTIES (use codes from page 3) / | PRIMARY | SECONDARY | TERTIARY |

TELEPHONE # _____

NAME _____

STREET _____ SUITE/APT # _____

PO BOX # _____

CITY _____ STATE _____ ZIP _____

SIGNED _____ DATE _____

PRACTICE SPECIALTIES and **BOARD CERTIFICATIONS**, with codes, as provided by Membership Records for use in this Directory are as follow:

AMA codes for self-designated PRACTICE SPECIALTIES (primary and secondary)

- A Allergy
- ABS Abdominal Surgery
- ADL Adolescent Medicine
- AI Allergy & Immunology
- AM Aerospace Medicine
- AN Anesthesiology
- BE Bronchoesophagology
- BLB Blood Banking
- CD Cardiovascular Diseases
- CDS Cardiovascular Surgery
- CHN Child Neurology
- CHP Child Psychiatry
- CLP Clinical Pathology
- CRS Colon & Rectal Surgery
- D Dermatology
- DIA Diabetes
- DMP Dermatopathology
- DR Diagnostic Radiology
- EM Emergency Medicine
- END Endocrinology
- FOP Forensic Pathology
- FP Family Practice
- GE Gastroenterology
- GER Geriatrics
- GP General Practice
- GPM General Preventive Medicine
- GS General Surgery
- GYN Gynecology
- HEM Hematology
- HNS Head & Neck Surgery
- HS Hand Surgery
- HYP Hypnosis
- ID Infectious Diseases
- IG Immunology
- IM Internal Medicine
- LAR Laryngology
- LM Legal Medicine
- MFS Maxillofacial Surgery
- N Neurology
- NA Neuropathology
- ND Neoplastic Diseases
- NEP Nephrology
- NM Nuclear Medicine
- NPM Neonatal-perinatal Medicine
- NR Nuclear Radiology
- NS Neurological Surgery
- NTR Nutrition
- OBG Obstetrics & Gynecology
- OBS Obstetrics
- OM Occupational Medicine
- ON Oncology
- OPH Ophthalmology
- ORS Orthopaedic Surgery
- OS Other; ie, physician designated a specialty other than appearing here
- OT Otology
- OTO Otorhinolaryngology
- P Psychiatry
- PA Clinical Pharmacology
- PD Pediatrics
- PDA Pediatric Allergy
- PDC Pediatric Cardiology
- PDE Pediatric Endocrinology
- PDR Pediatric Radiology
- PDS Pediatric Surgery
- PH Public Health
- PHO Pediatric-Hematology-Oncology
- PM Physical Medicine & Rehabilitation
- PNP Pediatric Nephrology
- PS Plastic Surgery
- PSF Facial Plastic Surgery
- PTH Pathology
- PUD Pulmonary Diseases
- PYA Psychoanalysis
- PYM Psychosomatic Medicine
- R Radiology
- RHI Rhinology
- RHU Rheumatology
- RIP Radioisotopic Radiology
- TR Therapeutic Radiology
- TRS Traumatic Surgery
- TS Thoracic Surgery
- U Urological Surgery
- VS Vascular Surgery

BOARD CERTIFICATIONS

- **AI American Board of Allergy & Immunology**
  - AI Allergy & Immunology
  - DLI Diagnostic Laboratory Immunology
- **AN American Board of Anesthesiology**
  - AN Anesthesiology
  - CCM Critical Care Medicine
- **CRS American Board of Colon & Rectal Surgery**
  - CRS Colon & Rectal Surgery
  - ARS Anorectal Surgery
- **D American Board of Dermatology**
  - D Dermatology
  - DMP Dermatopathology
- **EM American Board of Emergency Medicine**
  - EM Emergency Medicine
- **FP American Board of Family Practice**
  - FP Family Practice
- **IM American Board of Internal Medicine**
  - IM Internal Medicine
  - AI Allergy & Immunology
  - CD Cardiovascular Disease
  - CCM Critical Care Medicine
  - DLI Diagnostic Laboratory Immunology
  - END Endocrinology & Metabolism
  - GE Gastroenterology
  - HEM Hematology
  - ID Infectious Disease
  - MON Medical Oncology
  - NEP Nephrology
  - PUD Pulmonary Disease
  - RHU Rheumatology
- **NS American Board of Neurological Surgery**
  - NS Neurological Surgery
- **NM American Board of Nuclear Medicine**
  - NM Nuclear Medicine
- **OBG American Board of Obstetrics & Gynecology**
  - OBG Obstetrics & Gynecology
  - OBS Obstetrics
  - GYN Gynecology
  - CCM Critical Care Medicine
  - GON Gynecologic Oncology
  - MFM Maternal & Fetal Medicine
  - RE Reproductive Endocrinology
- **OPH American Board of Ophthalmology**
  - OPH Ophthalmology
- **ORS American Board of Orthopaedic Surgery**
  - ORS Orthopaedic Surgery
  - AOS Adult Orthopaedic Surgery
- **OTO American Board of Otolaryngology**
  - OTO Otolaryngology
- **PTH American Board of Pathology**
  - PTH Clinical Pathology & Pathologic Anatomy
  - BLB Blood Banking
  - CP Chemical Pathology
  - CLC Clinical Chemistry
  - CLP Clinical Pathology
  - DMP Dermatopathology
  - FOP Forensic Pathology
  - HEM Hematology
  - MC Medical Chemistry
  - MMB Medical Microbiology
  - NA Neuropathology
  - PA Pathologic Anatomy
  - RP Radioisotopic Pathology
- **PD American Board of Pediatrics**
  - PD Pediatrics
  - CCM Critical Care Medicine
  - DLI Diagnostic Laboratory Immunology
  - NPM Neonatal-Perinatal Medicine
  - PDA Pediatric Allergy
  - PDC Pediatric Cardiology
  - PDE Pediatric Endocrinology
  - PHO Pediatric Hematology-Oncology
  - PNP Pediatric Nephrology
- **PS American Board of Plastic Surgery**
  - PS Plastic Surgery
- **PM American Board of Physical Medicine & Rehabilitation**
  - PM Physical Medicine & Rehabilitation
- **PN American Board of Psychiatry & Neurology**
  - PN Psychiatry & Neurology
  - P Psychiatry
  - N Neurology
  - CHP Child Psychiatry
  - CHN Child Neurology
  - CCM Critical Care Medicine
- **GPM American Board of Preventive Medicine**
  - AM Aerospace Medicine
  - GPM General Preventive Medicine
  - OM Occupational Medicine
  - PH Public Health
- **R American Board of Radiology**
  - R Radiology
  - DR Diagnostic Radiology
  - TR Therapeutic Radiology
  - DNR Diagnostic-Nuclear Radiology
- **GS American Board of Surgery**
  - GS General Surgery
  - GVS General Vascular Surgery
  - PDS Pediatric Surgery
  - CCM Critical Care Medicine
- **TS American Board of Thoracic Surgery**
  - TS Thoracic Surgery
- **U American Board of Urology**
  - U Urology

Key to CITIES in COUNTY MEDICAL SOCIETIES

City *County Medical Society / ies*

Adell—Sheboygan
Algoma—Door/Kewaunee
Alma—Trempealeau/Jackson/Buffalo
Altoona—Eau Claire/Dunn/Pepin
Amery—Polk
Aniwa—Langlade
Antigo—Langlade
Appleton—Outagamie, Winnebago
Arcadia—Trempealeau/Jackson/Buffalo
Arena—Milwaukee
Arkansaw—Pierce/St Croix
Ashland—Ashland/Bayfield/Iron
Athens—Marathon

Baldwin—Pierce/St Croix
Baraboo—Sauk
Barron—Barron/Washburn/Burnett
Bayfield—Ashland/Bayfield/Iron
Bayside—Milwaukee
Beaver Dam—Dodge, Jefferson
Belgium—Ozaukee
Belleville—Dane
Beloit—Rock
Berlin—Green Lake/Waushara
Big Bend—Waukesha
Black Creek—Outagamie
Black Earth—Dane
Black River Falls—Trempealeau/Jackson/Buffalo
Blair—La Crosse
Blanchardville—Lafayette
Bloomer—Chippewa
Bonduel—Shawano
Boscobel—Grant
Boyd—Chippewa
Brillion—Calumet
Brodhead—Green
Brookfield—Milwaukee, Waukesha
Brooklyn—Green, Dane
Brown Deer—Milwaukee
Brownsville—Fond du Lac
Bruce—Rusk
Burlington—Kenosha, Milwaukee, Racine
Butte Des Morts—Winnebago

Cadott—Chippewa
Caledonia—Racine
Cambridge—Jefferson
Cameron—Barron/Washburn/Burnett
Campbellsport—Fond du Lac
Cassville—Grant
Cedarburg—Ozaukee, Milwaukee, Washington
Cedar Grove—Jefferson
Centuria—Dane
Chetek—Barron/Washburn/Burnett
Chilton—Calumet
Chippewa Falls—Chippewa
Clam Lake—Dane
Clear Lake—Polk
Cleveland—Sheboygan
Clintonville—Waupaca
Colby—Clark
Colgate—Milwaukee
Columbus—Columbia/Marquette/Adams, Dodge

City *County Medical Society / ies*

Cornell—Chippewa
Cottage Grove—Dane
Crandon—Forest, Wood, Oneida/Vilas
Crivitz—Marinette/Florence
Cross Plains—Dane
Cuba City—Grant
Cudahy—Milwaukee
Cumberland—Barron/Washburn/Burnett

Darlington—Lafayette
Deerbrook—Langlade
Deerfield—Dane
De Forest—Dane
Delafield—Milwaukee, Waukesha
Delavan—Walworth
Denmark—Brown
DePere—Brown, Oconto
DeSoto—Trempealeau/Jackson/Buffalo
Dodgeville—Iowa
Dousman—Waukesha
Durand—Eau Claire/Dunn/Pepin, Trempealeau/Buffalo/Jackson

Eagle—Milwaukee
Eagle River—Oneida/Vilas
East Ellsworth—Pierce/St Croix
East Troy—Walworth, Milwaukee
Eau Claire—Eau Claire/Dunn/Pepin, Chippewa
Edgar—Marathon
Edgerton—Rock
Eleva—Eau Claire/Dunn/Pepin
Elkhart Lake—Sheboygan, Milwaukee
Elkhorn—Walworth
Ellsworth—Pierce/St Croix
Elm Grove—Milwaukee, Waukesha
Elmwood—Pierce/St Croix
Elroy—Juneau
Ephraim—Manitowoc
Evansville—Rock

Fall Creek—Eau Claire/Dunn/Pepin
Fennimore—Grant
Fitchburg—Dane
Fond du Lac—Fond du Lac
Fontana—Walworth
Fort Atkinson—Jefferson
Fox Point—Milwaukee, Waukesha
Franklin—Milwaukee, Racine
Franksville—Racine, Kenosha
Frederic—Polk
Fredonia—Ozaukee, Dodge
Friendship—Columbia/Marquette/Adams

Galesville—Trempealeau/Jackson/Buffalo
Genesee Depot—Waukesha
Germantown—Waukesha, Milwaukee
Gillett—Oconto, Fond du Lac, Oneida/Vilas
Glendale—Milwaukee
Glenwood City—Pierce/St Croix
Gordon—Douglas
Grafton—Ozaukee, Milwaukee
Grantsburg—Barron/Washburn/Burnett
Green Bay—Brown
Greendale—Milwaukee

City *County Medical Society / ies*

Greenfield—Marathon
Green Lake—Green Lake
Greenwood—Clark
Greshem—Shawano

Hales Corners—Milwaukee
Hartford—Washington
Hartland—Milwaukee, Waukesha
Hayward—Sawyer
Hazel Green—Grant
Hilbert—Calumet
Hollandale—Iowa
Holmen—La Crosse
Horicon—Dodge
Hortonville—Outagamie
Hudson—Pierce/St Croix
Hurley—Ashland/Bayfield/Iron

Iola—Waupaca

Jackson—Washington
Janesville—Rock
Jefferson—Jefferson
Jim Falls—Chippewa
Juneau—Dodge

Kaukauna—Outagamie
Kenosha—Kenosha
Kewaskum—Washington
Kewaunee—Door/Kewaunee
Kiel—Sheboygan
Kimberly—Outagamie
King—Waupaca
Kohler—Sheboygan

La Crosse—La Crosse
Lac du Flambeau—Oneida/Vilas, Wood
Ladysmith—Rusk
La Farge—Vernon
Lake Geneva—Walworth
Lake Mills—Jefferson
Lake Tomahawk—Oneida/Vilas, Marathon
Lancaster—Grant
Land O'Lakes—Oneida/Vilas
Laona—Forest
Larsen—Winnebago
Little Chute—Outagamie
Lodi—Columbia/Marquette/Adams, Dane, Sauk
Loyal—Clark
Luxemburg—Brown

Madison—Dane
Manawa—Waupaca
Manitowoc—Manitowoc
Marathon—Marathon
Markesan—Dodge
Marinette—Marinette/Florence
Marion—Waupaca
Marshfield—Wood
Mauston—Juneau
Mayville—Dodge, Milwaukee
Mazomanie—Dane
McFarland—Dane
Medford—Price/Taylor
Menasha—Outagamie, Winnebago

City *County Medical Society / ies*

Menomonee Falls—Washington, Waukesha Milwaukee
Menomonie—Eau Claire/Dunn/Pepin
Mequon—Milwaukee, Ozaukee, Waukesha
Merrill—Lincoln
Middleton—Dane, Sauk
Milton—Rock
Milwaukee—Milwaukee, Ozaukee, Washington, Waukesha, Racine
Mineral Point—Iowa
Minocqua—Oneida/Vilas
Mishicot—Manitowoc
Mondovi—Trempealeau/Jackson/Buffalo, Eau Claire/Dunn/Pepin
Monona—Dane
Monroe—Green
Montfort—Iowa
Monticello—Green
Montello—Columbia/Marquette/Adams
Mosinee—Marathon
Mt Calvary—Fond du Lac
Mt Horeb—Dane
Mukwonago—Milwaukee, Waukesha
Muscoda—Grant
Muskego—Waukesha, Milwaukee

Nashotah—Waukesha, Milwaukee
Neenah—Outagamie, Winnebago
Neillsville—Clark
Nekoosa—Wood
New Berlin—Waukesha, Milwaukee
New Glarus—Green
New Holstein—Calumet
New Lisbon—Juneau
New London—Waupaca, Outagamie
New Richmond—Pierce/St Croix

Oconomowoc—Milwaukee, Waukesha
Oconto—Marinette/Florence, Oconto
Oconto Falls—Oconto, Brown
Ogema—Price/Taylor
Omro—Winnebago
Onalaska—Dodge, La Crosse
Oneida—Brown
Oostburg—Sheboygan, Milwaukee
Oregon—Dane
Orfordville—Rock
Osceola—Polk
Oshkosh—Winnebago, Fond du Lac
Osseo—Eau Claire/Dunn/Pepin
Owen—Clark
Oxford—Columbia/Marquette/Adams

City *County Medical Society / ies*

Paddock Lake—Dodge, Kenosha
Palmyra—Milwaukee
Park Falls—Price/Taylor
Peshtigo—Marinette/Florence
Pewaukee—Waukesha, Milwaukee
Phelps—Oneida/Vilas
Phillips—Price/Taylor
Plain—Sauk
Platteville—Grant
Plover—Portage
Plum City—Pierce/St Croix
Plymouth—Sheboygan
Portage—Columbia/Marquette/Adams
Port Washington—Ozaukee, Milwaukee
Pound—Marinette/Florence
Poynette—Dane
Prairie du Chien—Crawford
Prairie du Sac—Sauk
Prescott—Pierce/St Croix
Pulaski—Brown

Racine—Racine, Kenosha
Random Lake—Sheboygan
Reedsburg—Sauk, Monroe
Rhinelander—Oneida/Vilas
Rice Lake—Barron/Washburn/Burnett
Richfield—Washington, Milwaukee
Richland Center—Richland
Ripon—Fond du Lac
River Falls—Pierce/St Croix
River Hills—Milwaukee, Waukesha
Rosholt—Portage
Rothschild—Marathon

St Croix Falls—Polk
Sarona—Barron/Washburn/Burnett
Salem—Kenosha
Schofield—Marathon
Shawano—Shawano, Oneida/Vilas
Sheboygan—Sheboygan
Sheboygan Falls—Sheboygan
Shell Lake—Barron/Washburn/Burnett
Shorewood—Milwaukee
Sister Bay—Door/Kewaunee
Slinger—Washington
Soldiers Grove—Trempealeau/Jackson/Buffalo
South Milwaukee—Milwaukee
Sparta—Monroe
Spooner—Barron/Washburn/Burnett
Spring Green—Sauk
Spring Valley—Pierce/St Croix
Stanley—Chippewa
Stevens Point—Portage
Stoughton—Jefferson, Dane
Sturgeon Bay—Door/Kewaunee
Sun Prairie—Dane
Superior—Douglas

City *County Medical Society / ies*

Theresa—Dodge
Thiensville—Ozaukee, Milwaukee
Tigerton—Shawano
Tomahawk—Lincoln, Marathon
Three Lakes—Milwaukee, Fond du Lac
Tomah—Monroe
Two Rivers—Manitowoc, Kenosha
Turtle Lake—Barron/Washburn/Burnett

Union Grove—Racine

Valders—Manitowoc
Verona—Dane
Viroqua—Vernon, Trempealeau/Jackson/Buffalo

Walworth—Walworth
Washburn—Ashland/Bayfield/Iron
Washington Island—Door/Kewaunee
Waterloo—Jefferson
Watertown—Jefferson
Waukesha—Waukesha, Milwaukee
Waupaca—Waupaca, Outagamie
Waupun—Dodge, Fond du Lac
Wausau—Marathon
Wausaukee—Marinette/Florence
Wautoma—Winnebago
Wauwatosa—Milwaukee, Waukesha, Ozaukee, Washington
West Allis—Milwaukee
West Bend—Washington, Walworth, Milwaukee
Westby—Vernon, Trempealeau/Jackson/Buffalo
Westfield—Green Lake, Milwaukee
West Salem—La Crosse
Weyauwega—Waupaca
Whitefish Bay—Milwaukee
Whitehall—Trempealeau/Jackson/Buffalo
Whitewater—Walworth, Jefferson
Wild Rose—Green Lake/Waushara
Wind Lake—Kenosha, Milwaukee
Winnebago—Winnebago
Winneconne—Winnebago
Wisconsin Dells—Columbia/Marquette/Adams, Sauk
Wisconsin Rapids—Wood
Withee—Clark
Wonewoc—Juneau
Wood—Milwaukee
Woodruff—Marathon, Oneida/Vilas ■

THE STATE MEDICAL SOCIETY OF WISCONSIN

300 East Lakeside Street (PO Box 1109), Madison, Wisconsin 53701

Telephone: (608) 257-6781

Created by the Territorial Legislature in 1841 . . . representing over 6,600 member physicians in Wisconsin, comprising 55 county medical societies and 26 medical specialty sections. The purpose of the Society is to "bring together the physicians of the State of Wisconsin to advance the science and art of medicine and the better health of the people of Wisconsin, and to secure the enactment and enforcement of just medical laws." The major activities of the Society include continuing medical education, peer review, legislation, community health education, scientific affairs, socioeconomics, health planning, service for physicians, operation of a Charitable, Educational and Scientific Foundation, and publication of the *Wisconsin Medical Journal.*

OFFICERS OF THE SOCIETY

PRESIDENT: *John P Mullooly, MD,* Milwaukee
PRESIDENT-ELECT: *Kenneth M Viste Jr, MD,* Oshkosh
SECRETARY-GENERAL MANAGER: *Earl R Thayer,* Madison
TREASURER: *John J Foley, MD,* Menomonee Falls

BOARD OF DIRECTORS

CHAIRMAN: *Darold A Treffert, MD,* Fond du Lac
VICE CHAIRMAN: *Roger L von Heimburg, MD,* Green Bay

FIRST DISTRICT: Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington, Waukesha counties
Glenn H Franke, MD, Milwaukee
Jerome W Fons Jr, MD, Cudahy
Huron L Ericson, MD, Racine
H Myron Kauffman, MD, Elm Grove
Roger E Laubenheimer, MD, Milwaukee
Thomas A Reminga, MD, Milwaukee
Thomas A Hofbauer, MD, Menomonee Falls
Wayne H Konetzki, MD, Waukesha
William L Treacy, MD, Milwaukee
Lucille B Glicklich, MD, Milwaukee
Richard D Fritz, MD, Milwaukee
William J Listwan, MD, West Bend

SECOND DISTRICT: Adams, Columbia, Dane, Dodge, Grant, Green, Iowa, Jefferson, Lafayette, Marquette, Richland, Rock, Sauk counties
J D Kabler, MD, Madison
Cyril M Hetsko, MD, Madison
James J Tydrich, MD, Richland Center
Alwin E Schultz, MD, Madison
Kenneth I Gold, MD, Beloit
John D Wegenke, MD, Madison

THIRD DISTRICT: Buffalo, Crawford, Jackson, Juneau, La Crosse, Monroe, Trempealeau, Vernon counties
Pauline M Jackson, MD, La Crosse

FOURTH DISTRICT: Clark, Florence, Forest, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Taylor, Vilas, Wood counties
William E Raduege, MD, Woodruff
Jung K Park, MD, Wisconsin Rapids
Richard H Ulmer, MD, Marshfield

FIFTH DISTRICT: Calumet, Fond du Lac, Green Lake, Outagamie, Waupaca, Waushara, Winnebago counties
Darold A Treffert, MD, Fond du Lac
James L Basiliere, MD, Oshkosh
C William Freeby, MD, Appleton

SIXTH DISTRICT: Brown, Door, Kewaunee, Manitowoc, Marinette, Menominee, Oconto, Shawano, Sheboygan counties
Menominee, Oconto, Shawano, Sheboygan counties
Roger L von Heimburg, MD, Green Bay
Joseph C DiRaimondo, MD, Manitowoc
John E Kraus, MD, Marinette

SEVENTH DISTRICT: Barron, Chippewa, Dunn, Eau Claire, Pepin, Pierce, Polk, Rusk, St Croix, Burnett, Washburn counties
Marwood E Wegner, MD, St Croix Falls
Philip J Happe, MD, Eau Claire

EIGHTH DISTRICT: Ashland, Bayfield, Douglas, Iron, Sawyer counties
Joseph M Jauquet, MD, Ashland

PRESIDENT *Mullooly;* PRESIDENT-ELECT *Viste;* PAST PRESIDENT *John K Scott, MD,* Madison SPEAKER *Duane W Taebel, MD,* La Crosse; and VICE SPEAKER *Vernon M Griffin, MD,* Mauston

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Henry F Twelmeyer, MD, Wauwatosa
John K Scott, MD, Madison
Patricia J Stuff, MD, Bonduel
DeLore Williams, MD, West Allis
Richard W Edwards, MD, Richland Center
Cornelius A Natoli, MD, La Crosse

ALTERNATES TO THE AMA

Cyril M Hetsko, MD, Madison
John D Riesch, MD, Menomonee Falls
J D Kabler, MD, Madison
Kenneth M Viste Jr, MD, Oshkosh
John P Mullooly, MD, Milwaukee
Richard H Ulmer, MD, Marshfield

ASHLAND-BAYFIELD-IRON

IM / IM
MARK K BELKNAP MD
922 SECOND AVENUE WEST
ASHLAND WI 54806

AN / AN
715-682-4322
CAROL A BLUM MD
2101 BEASER AVENUE
ASHLAND WI 54806

GS
GARFIELD W BROWN MD
SUITE 5
2101 BEASER AVENUE
ASHLAND WI 54806

ORS / ORS
715-682-8183
JAMES D CHAMBERS MD
SUITE 6
2101 BEASER AVENUE
ASHLAND WI 54806

FP / FP
THOMAS C CUNNINGHAM MD
SUITE 101
206 SIXTH AVENUE WEST
ASHLAND WI 54806

R / R
MARKHAM J FISCHER MD
SUITE 4
2101 BEASER AVENUE
ASHLAND WI 54806

GP IM
715-561-5520
BRUCE D GORDON MD
501 COPPER STREET
POST OFFICE BOX 247
HURLEY WI 54534

OTO HNS / OTO
JAMES A HAMP MD
ROUTE 1 BOX 163S
ASHLAND WI 54806

GP
715-682-4545
JOSEPH M JAUQUET MD
200 SEVENTH AVE WEST
ASHLAND WI 54806

FP / FP
ARLYN A KOELLER MD
206 SIXTH AVENUE WEST
ASHLAND WI 54806

U / U
KENNETH N KRUTSCH MD
ROUTE 2 BOX 344
WASHBURN WI 54891

DR R / R
ROBERT G LIND MD
SUITE 4
2101 BEASER AVENUE
ASHLAND WI 54806

AN
CHARLES R LONGSTRETH MD
ROUTE 1 BOX 163J
ASHLAND WI 54806

FP PUD / FP
715-561-2961
DOMINIC J MARTINETTI MD
327 SILVER STREET
POST OFFICE BOX 277
HURLEY WI 54534-0277

FP / FP
715-682-6622
JOHN P MC CUE MD
206 SIXTH AVENUE WEST
ASHLAND WI 54806

P / PN
WAYNE C MERCER MD
SUPERIOR AVENUE
POST OFFICE BOX 575
WASHBURN WI 54891

D / D FP
715-682-5551
JORDAN A MOORE MD
SUITE 9
2101 BEASER AVENUE
ASHLAND WI 54806

OPH / OPH
715-682-4515
KENNETH A MORROW MD
ROUTE 1 BOX 61A
ASHLAND WI 54806

GS
JAMES G NIBLER MD
206 SIXTH AVENUE WEST
ASHLAND WI 54806

ORS / ORS
715-682-8183
CLARK O OLSEN MD
SUITE 6
2101 BEASER AVENUE
ASHLAND WI 54806

FP / FP
715-682-2358
JOHN C OUJIRI MD
SUITE 2
2101 BEASER AVENUE
ASHLAND WI 54806

FP / FP
THOMAS S PETRY MD
206 SIXTH AVENUE WEST
ASHLAND WI 54806

FP / FP
715-682-2358
DAVID M SAARINEN MD
SUITE 2
2101 BEASER AVENUE
ASHLAND WI 54806

OBG / OBG
715-682-5277
HOWARD N SANDIN MD
SUITE 9
2101 BEASER AVENUE
ASHLAND WI 54806

OPH / OPH
ROBERT J SNEED MD
POST OFFICE BOX 233
ASHLAND WI 54806

IM / IM
715-779-5525
PHILIP H SOUCHERAY MD
1002 WASHINGTON AVENUE
ROUTE 1 BOX 12C
BAYFIELD WI 54814

FP / FP
715-682-4545
ROBERT A STANLEY MD
200 SEVENTH AVENUE W
ASHLAND WI 54806

IM / IM
L DAVID SWARTWOOD MD
SUITE 3
2101 BEASER AVENUE
ASHLAND WI 54806

GS
IVAN TEOH MD
2101 BEASER AVENUE
ASHLAND WI 54806

FP / FP
715-373-2621
EDWARD V VANDENBERG MD
ROUTE 1 BOX 273D
WASHBURN WI 54891

FP / FP
PAUL VAN PERNIS MD
SUITE 2
2101 BEASER AVENUE
ASHLAND WI 54806

OBG / OBG
715-682-5277
EDWARD M VERNIER MD
2101 BEASER AVENUE
ASHLAND WI 54806

AN IM
715-682-4322
MARTIN G VICK MD
2101 BEASER AVENUE
ASHLAND WI 54806

BARRON-WASHBURN-BURNETT

GP
715-924-4811
FREDERICK M BANNISTER MD
220 DOUGLAS STREET
CHETEK WI 54728

FP / FP
715-463-5317
MARK R BIXBY MD
POST OFFICE BOX 169
GRANTSBURG WI 54840

FP / FP
715-986-4101
JOEL A BORMANN DO
ROUTE 1 BOX 146
CUMBERLAND WI 54829

ORS
ROGER V BRANHAM MD
ROUTE 2 BOX 17
RICE LAKE WI 54868

FP / FP
715-234-9031
LAWRENCE D CARLSON MD
1020 LAKESHORE DRIVE
RICE LAKE WI 54868

FP / FP
715-234-9031
LLOYD R COTTS MD
1020 LAKESHORE DRIVE
RICE LAKE WI 54868

FP / FP
MICHAEL M CRAGG MD
1020 LAKESHORE DRIVE
RICE LAKE WI 54868

IM / IM
CONRAD EASTWOLD III MD
1020 LAKESHORE DRIVE
RICE LAKE WI 54868

GP
715-234-2952
NOLAND A EIDSMOE MD
515 W MARSHALL STREET
RICE LAKE WI 54868

U / U
715-234-6874
EDWARD G ESCHENBAUM MD
1035 NORTH MAIN STREET
RICE LAKE WI 54868

FP / FP
715-458-4380
JAMES L ESSWEIN MD
1001 MAIN STREET
CAMERON WI 54822

FP / FP
DUANE L FLOGSTAD MD
209 FOURTH AVENUE WEST
SHELL LAKE WI 54871

DR R / R
RICK D FREITAG MD
ROUTE 1 BOX 180
SARONA WI 54870

OTO / OTO
715-234-6965
THOMAS G GERBER JR MD
1035 NORTH MAIN STREET
RICE LAKE WI 54868

FP / FP
715-635-2151
FREDERICK H GOETSCH MD
707 ASH STREET
SPOONER WI 54801

FP / FP
715-468-2711
ALLAN J HAESEMEYER MD
209 FOURTH AVENUE WEST
SHELL LAKE WI 54871

GP
AVERY C HALBERG MD
ROUTE 1
TURTLE LAKE WI 54889

FP GS / FP
715-463-5317
RICHARD L HARTZELL MD
POST OFFICE BOX 169
GRANTSBURG WI 54840-0169

ORS / ORS
715-234-9018
PATRICK M HEALY MD
1035 NORTH MAIN STREET
RICE LAKE WI 54868

FP / FP
715-234-9031
JOHN T HENNINGSEN MD
1020 LAKESHORE DRIVE
RICE LAKE WI 54868

FP GS / FP
715-234-9031
JOHN K HOYER MD
1020 LAKESHORE DRIVE
RICE LAKE WI 54868

DR IM / IM DR
715-234-6578
GARY A JOHNSON MD
1030 YORKSHIRE AVENUE
RICE LAKE WI 54868

GS / GS
715-234-9031
LYNN D KOOB MD
1020 LAKESHORE DRIVE
RICE LAKE WI 54868

FP / FP
715-234-9031
LOWELL A KRISTENSEN MD
1020 LAKESHORE DRIVE
RICE LAKE WI 54868

This membership roster is by county medical society with names listed in alphabetical order within each society. Information for each member includes the following: Primary and secondary practice specialties preceding the slash (/) and Board-certified specialties and/or subspecialties following the slash (some candidate members will not have specialty designation); followed by the telephone number when available, then the member's name and address. See preceding pages for further information.

FP / FP
715-822-2231
THOMAS A LINGEN MD
POST OFFICE BOX 127
CUMBERLAND WI 54829-0127

GP
715-822-2157
ROBERT E LUND MD
POST OFFICE BOX 127
CUMBERLAND WI 54829

FP / FP
715-822-2231
ROGER F MACY MD
POST OFFICE BOX 127
CUMBERLAND WI 54829-0127

GP
715-234-9031
JAMES F MASER MD
1020 LAKESHORE DRIVE
RICE LAKE WI 54868

GS ORS
KENNETH L MATSON MD
10738 SANTA FE DRIVE
SUN CITY AZ 85351

FP PD / FP
RUDOLF W MATZKE MD
707 ASH STREET
SPOONER WI 54801

FP / FP
715-234-9031
VOLDEMARS NARINS MD
1020 LAKESHORE DRIVE
RICE LAKE WI 54868

FP / FP
715-234-9031
MARK T NYMO MD
1020 LAKESHORE DRIVE
RICE LAKE WI 54868

GP
LESTER J OLSON MD
DH5
2767 SOUTH VIA DEL BAC
GREEN VALLEY AZ 85614

FP / FP
715-234-1564
RODNEY G OLSON MD
40 WEST NEWTON
RICE LAKE WI 54868

R / DR
415-234-7776
THOMAS M PELANT MD
1024 NORTH MAIN STREET
POST OFFICE BOX 28
RICE LAKE WI 54868

GS / GS
715-468-2711
JAMES P QUENAN MD
209 FOURTH AVENUE WEST
SHELL LAKE WI 54871

AN / AN
715-234-6580
DOUGLAS J RAETHER MD
1306 DUKE STREET
RICE LAKE WI 54868

P
715-822-8895
JOHN M RATHBUN MD
1655 OAK STREET
POST OFFICE BOX 235
CUMBERLAND WI 54829

GS / GS
N HANS RECHSTEINER MD
707 ASH STREET
SPOONER WI 54801

FP
MARK A RHOLL MD
756 EAST BIRCH AVENUE
BARRON WI 54812

FP / FP
715-822-2231
DONALD E RIEMER MD
POST OFFICE BOX 127
CUMBERLAND WI 54829-0127

FP / FP
715-234-8564
GARY U STELZER MD
40 WEST NEWTON
RICE LAKE WI 54868

GP
715-537-3166
CLIVE J STRANG MD
1220 E WOODLAND AVENUE
BARRON WI 54812

DR / DR
715-234-6452
RICHARD W SWANSON MD
1502 WEST MARSHALL
RICE LAKE WI 54868

FP / FP
715-924-4811
HOWARD A THALACKER MD
220 DOUGLAS STREET
CHETEK WI 54728

FP / FP
GREGORY B THATCHER MD
209 FOURTH AVENUE WEST
SHELL LAKE WI 54871

FP / FP
715-234-9051
LESTER A THOMPSON MD
1020 LAKESHORE DRIVE
RICE LAKE WI 54868

FP
715-234-1564
JOHN B WALDRON MD
40 WEST NEWTON
RICE LAKE WI 54868

GP
715-537-3166
RALPH C WHALEY MD
1220 WOODLAND AVENUE
BARRON WI 54812

BROWN

PD PHO / PD PHO
414-437-0431
STUART E ADAIR MD
900 S WEBSTER AVENUE
GREEN BAY WI 54301

GS
VAL D ADAMSKI MD
1313 SUMMER RANGE ROAD
DE PERE WI 54115

FP / FP
414-822-3111
PERI L ALDRICH MD
POST OFFICE BOX Z
PULASKI WI 54162

GE IM / GE IM
414-433-0400
NARAYAN H AMARNANI MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

ORS GS
414-468-0246
MARC H ANDERSON MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

PUD IM / IM PUD
JOHN F ANDREWS MD
1821 S WEBSTER AVENUE
GREEN BAY WI 54301

CD IM / CD IM
414-433-3640
LEWIS G ANTHONY MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

OBG / OBG
414-468-3444
STEPHEN D AUSTIN MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

PTH / PTH
414-433-3653
CHARLES F AWEN MD
POST OFFICE BOX 1700
GREEN BAY WI 54305-5000

IM / IM
414-468-5621
RAYMOND G BACHHUBER MD
1751 DECKNER AVENUE
GREEN BAY WI 54302

PD
KATHLEEN M BARKOW MD
821 SOUTH QUINCY
GREEN BAY WI 54301

ON IM / IM
GERALD K BAYER MD
336 WINDWARD DRIVE
GREEN BAY WI 54302

OBG / OBG
RICHARD C BECHTEL JR MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

OPH / OPH
414-432-9261
MICHAEL J BELSON MD
923 ELIZA STREET
GREEN BAY WI 54301

GS TS BE / GS
414-468-5621
THOMAS J BENO MD
1751 DECKNER AVENUE
GREEN BAY WI 54302

EM / EM
JAMES M BERNER MD
ROUTE 2
OLDEN GLEN ROAD
DE PERE WI 54115

GS
JOHN C BISHOP MD
1203 S MILITARY AVENUE
GREEN BAY WI 54304

PTH / PTH
MARVIN D BLACKBURN JR MD
POST OFFICE BOX 27
EDGEWOOD TX 75117

OPH / OPH
414-437-6505
CLARENCE L BLAHNIK MD
POST OFFICE BOX 8087
GREEN BAY WI 54308-8087

ON HEM IM / MON IM
414-494-5611
JULES H BLANK MD
1551 DOUSMAN STREET
GREEN BAY WI 54303

DR R / DR R
414-494-1600
PAUL R BOLICH MD
1586 ARAPAHOE COURT
GREEN BAY WI 54303

TS GS / GS
ROBERT G BRAULT MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

NS / GS
BRUCE C BRESSLER MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

IM / IM
414-494-4781
JOHN D BRUSKY MD
1203 S MILITARY AVENUE
GREEN BAY WI 54304

IM / IM
414-494-9661
CHARLES E BUCK MD
1745 DOUSMAN STREET
GREEN BAY WI 54303-3291

P
414-435-8920
JAMES F CAFFREY MD
130 EAST WALNUT STREET
GREEN BAY WI 54301

GS TS / GS TS
414-465-8621
THOMAS L CAIN MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

TR NM
414-336-9007
RAYMOND R CALAGUAN MD
3320 MIRANDA COURT
GREEN BAY WI 54305

DR / R
414-499-1428
PATRICK MEL CARRIGAN MD
POST OFFICE BOX 3006
GREEN BAY WI 54303

OBG
414-468-3444
ROBERT A CAVANAUGH MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

FP / FP
414-433-3456
CHESTER W CRAWFORD MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

IM / IM
W MICHAEL CROSS MD
900 S WEBSTER AVENUE
GREEN BAY WI 54301

TR
LORENZO R CRUZ MD
3319 MIRANDA COURT
GREEN BAY WI 54301

P
NORMA PICIO CRUZ MD
3319 MIRANDA COURT
GREEN BAY WI 54301

GS CDS / GS
JAMES H CURL MD
404 POLARIS COURT
GREEN BAY WI 54302

PTH CLP / PTH
CHARLES F DAIS MD
1201 S MONROE AVENUE
GREEN BAY WI 54301

GS / GS
414-336-1253
HARRY H DANAHER MD
160 ROSEMONT DRIVE
GREEN BAY WI 54301-2613

CHP P / CHP P
414-468-1136
HOWARD W DAVIS MD
2900 ST ANTHONY DRIVE
GREEN BAY WI 54301

GP
414-468-5621
JOHN E DETTMANN MD
1751 DECKNER AVENUE
GREEN BAY WI 54302

OPH
414-432-1297
PAMELA G DOBSON DO
1164 GRIGNON
GREEN BAY WI 54301

P N / P N
414-435-8920
DAVID P DONARSKI MD
130 E WALNUT STREET
GREEN BAY WI 54301

CLP PTH / CLP
414-498-4659
JOHN H DRAHEIM MD
1726 SHAWANO AVENUE
GREEN BAY WI 54303

R / R
414-499-1428
LYLE H EDELBLUTE MD
POST OFFICE BOX 3006
GREEN BAY WI 54303

GP
MILO R ERICKSON MD
712 REDWOOD DRIVE
GREEN BAY WI 54304

GP
414-494-5611
MANUEL J FALK MD
1551 DOUSMAN STREET
GREEN BAY WI 54303

CD IM / CD IM
414-432-6776
PETER A FERGUS MD
3319 CAMELIA COURT
GREEN BAY WI 54301

IM RHU / IM RHU
414-494-3421
ALAN G FINESILVER MD
123 N MILITARY AVENUE
GREEN BAY WI 54303

OPH OTO / OTO
414-435-1341
WILLIAM W FORD MD
321 GREENE AVENUE
GREEN BAY WI 54301

OPH / OPH
414-437-6505
W JAMES FOSTER MD
417 S MONROE AVENUE
POST OFFICE BOX 8087
GREEN BAY WI 54308

ORS / ORS
ALBERT L FREEDMAN MD
606 BELLIN BUILDING
130 EAST WALNUT STREET
GREEN BAY WI 54301

IM CD / IM CD
414-494-5614
TIMOTHY J FREEMAN MD
1551 DOUSMAN STREET
GREEN BAY WI 54303

IM CD / IM CD
MATTHIAS A FUCHS MD
704 S WEBSTER STREET
GREEN BAY WI 54301

OBG
DONALD J GALLAGHER MD
124 SIEGLER STREET
GREEN BAY WI 54303

OBG
JOHN C GALLAGHER MD
124 SIEGLER STREET
GREEN BAY WI 54303

P
414-435-1103
JOHN V GEHRING MD
130 EAST WALNUT STRET
GREEN BAY WI 54301

GS CDS / GS
414-468-7913
THOMAS V GEOCARIS MD
618 BORDEAUX AVENUE
GREEN BAY WI 54301

GS CDS / GS
414-494-3421
STEWART W GIFFORD MD
123 N MILITARY AVENUE
GREEN BAY WI 54303

GP GS
JOHN R GOELZ MD
3583 QUAIL RIDGE DRIVE
BOYNTON BEACH FL 33436

IM / IM
414-494-3421
JOSEPH B GRACE MD
123 N MILITARY AVENUE
GREEN BAY WI 54303

IM GE
414-437-0431
JEREMY R GREEN MD
900 S WEBSTER AVENUE
GREEN BAY WI 54301

IM
414-494-3421
RICHARD C GREENE MD
123 N MILITARY AVENUE
GREEN BAY WI 54303

P
414-435-8816
LEO R GRIEBEN MD
2131 S WEBSTER AVENUE
GREEN BAY WI 54301

OPH / OPH
414-499-3102
PETER J GROESSL MD
1345 W MASON STREET
GREEN BAY WI 54303

NS
ROBERT A GRUESEN MD
845 D S WEBSTER AVENUE
GREEN BAY WI 54301

GP
414-437-4366
JOHN M GUTHRIE MD
621 EAST WALNUT STREET
GREEN BAY 54301

GP EM
ARTHUR W HAINES MD
435 SHADY DRIVE
ROUTE 1
ONEIDA WI 54155

OBG
414-499-4855
THOMAS J HALLOIN MD
124 SIEGLER STREET
GREEN BAY WI 54303

FP
414-433-3456
STEVEN A HALSEY MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

CDS TS GS / TS GS
414-468-3574
IRWIN HARRIS MD
845 S WEBSTER AVENUE
GREEN BAY WI 54301

R / R
414-499-1428
LOREN E HART MD
POST OFFICE BOX 3006
GREEN BAY WI 54303

PTH / AP CLP
414-433-3653
STEPHEN D HATHWAY MD
POST OFFICE BOX 1700
GREEN BAY WI 54305-5000

PD / PD
GORDON D HAUGAN MD
1551 DOUSMAN STREET
GREEN BAY WI 54303

GP
414-863-2005
GEORGE V HERING MD
POST OFFICE BOX 188
DENMARK WI 54208

ORS / ORS
414-494-0523
JAMES A HINCKLEY MD
1551 DOUSMAN STREET
GREEN BAY WI 54303

OPH / OPH
414-437-6505
OLIVER M HITCH MD
417 S MONROE AVENUE
POST OFFICE BOX 8087
GREEN BAY WI 54308

IM / IM
HARRY W HOEGEMEIER MD
1551 DOUSMAN STREET
GREEN BAY WI 54303

AN OTO
CHANG-EUI HONG MD
383 SWISS HILL DRIVE
GREEN BAY WI 54302

PS
414-468-7333
HAROLD J HOOPS JR MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

ORS / ORS
RICHARD D HORAK MD
118 N MONROE STREET
GREEN BAY WI 54301

IM / IM
414-494-9661
KENNETH J HUJET MD
1745 DOUSMAN STREET
GREEN BAY WI 54303-3291

P OS / P
414-432-0600
EDWARD J JOHNSON MD
SUITE 501
333 MAIN STREET
GREEN BAY WI 54301

AN
414-432-6373
JOEL M JOHNSON MD
1591 ARAPAHOE COURT
GREEN BAY WI 54303-6760

AN
SAMUEL B JOHNSON MD
APT 206
3001 SOUTH WEBSTER
GREEN BAY WI 54301

IM / IM
414-494-5611
ROBERT E JOHNSTON MD
1551 DOUSMAN STREET
GREEN BAY WI 54303

ORS / ORS
414-468-0246
WILLIAM D JONES MD
3131 RAVINE WAY
GREEN BAY WI 54301

DR / DR
414-469-1740
DAVID K JOSE MD
475 WILDWOOD DRIVE
GREEN BAY WI 54302

PD / PD
414-437-0431
G ROBERT KAFTAN MD
900 S WEBSTER AVENUE
GREEN BAY WI 54301

GP
ORRIS S KEISER MD
116 THIRD STREET
DE PERE WI 54115

PD / PD
W JOSEPH KELLNER MD
1821 S WEBSTER AVENUE
GREEN BAY WI 54301

ORS / ORS
414-468-0246
THOMAS G KEMPKEN MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

GS / GS
JACK A KILLINS MD
146 LAZARRE AVENUE
GREEN BAY WI 54301

GP
JOHN P KISER MD
2404 SANTA BARBARA DR
GREEN BAY WI 54303

IM / IM
PAUL D KOCH MD
3090 PINE RIDGE COURT
GREEN BAY WI 54301

IM / IM
414-468-5621
THOMAS P KOEHLER MD
1751 DECKNER AVENUE
GREEN BAY WI 54302

PD / PD
414-468-5621
DENNIS M KORGER MD
1751 DECKNER AVENUE
GREEN BAY WI 54302

IM / IM
414-494-5614
KENNETH R KUBSCH MD
1551 DOUSMAN STREET
GREEN BAY WI 54303

GP
414-863-2005
BERNARD KULKOSKI MD
POST OFFICE BOX 188
DENMARK WI 54208-0188

AN / AN
414-432-6373
JAY J KURITZ MD
2412 SANDY LANE
GREEN BAY WI 54302

HEM IM / HEM IM
414-435-4341
JAMES V LACEY MD
1821 S WEBSTER AVENUE
GREEN BAY WI 54301

IM CD / IM
414-494-3421
FREDERICK J LAMONT MD
123 N MILITARY AVENUE
GREEN BAY WI 54303

FP / FP
414-494-9661
PATRICK S S LEH MD
1745 DOUSMAN STREET
GREEN BAY WI 54303-3291

NA IM
ROYCE C LIN MD
2440 BRENNER PLACE
GREEN BAY WI 54301

ORS / ORS
ROLF S LULLOFF MD
2520 BETTY COURT
GREEN BAY WI 54301

GP
414-845-2351
HENRY E MAJESKI MD
206 MAIN STREET
POST OFFICE BOX C
LUXEMBURG WI 54217

GS
414-498-3252
ENRIQUE S MANABAT JR MD
812 SOUTH FISK STREET
GREEN BAY WI 54304

GS CDS / GS
414-494-1557
DAVID A MANKE MD
1551 DOUSMAN
GREEN BAY WI 54303

U / U
414-437-9613
MYRON M MARLETT MD
2021 S WEBSTER AVENUE
GREEN BAY WI 54301

R / R
JOHN E MARTIN MD
POST OFFICE BOX 3006
GREEN BAY WI 54303

IM AI / IM AI
414-494-2323
JAMES R MATTSON MD
501 S MILITARY AVENUE
GREEN BAY WI 54303

PTH / PTH
414-498-8548
RAYMOND A MC CORMICK MD
1165 HILL DRIVE
ONEIDA WI 54155

ON IM / ON IM
414-432-6049
JAMES D MC GOVERN MD
POST OFFICE BOX 13453
GREEN BAY WI 54307 3453

AN / AN
414-494-8477
AUSTIN R MC GUAN MD
1334 KELLOGG STREET
GREEN BAY WI 54303

ORS / ORS
GEORGE E MC GUIRE MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

FP / FP
MICHAEL G MC HENRY MD
314 SEMINOLE LANE
GREEN BAY WI 54303

PTH CLP / PTH CLP
414-498-4662
JAMES A MC INTYRE MD
1726 SHAWANO AVENUE
GREEN BAY WI 54303

IM CD
414-435-4341
DAVID H MC KENNA MD
1821 S WEBSTER AVENUE
GREEN BAY WI 54301

FP
414-433-3456
WESLEY E MC NEAL MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

GP
414-336-4255
GERALD B MERLINE MD
502 GEORGE STREET
DE PERE WI 54115

IM / IM
RODERICK L MEYES MD.
1751 DECKNER AVENUE
GREEN BAY WI 54302

PD
MARY C MEYER MD
1551 DOUSMAN
GREEN BAY WI 54303

PD / PD
414-437-9051
KENNETH C MICKLE MD
1821 S WEBSTER AVENUE
GREEN BAY WI 54301

OTO / OTO
414-497-9777
GARY T MILLER MD
1548 WESTERN AVENUE
GREEN BAY WI 54303

OTO / OTO
414-432-9261
JOHN M MILLS MD
923 ELIZA STREET
GREEN BAY WI 54301

GS / GS
414-494-9661
BERTRAM I MILSON MD
1745 DOUSMAN STREET
GREEN BAY WI 54303-3291

GP
414-494-9661
LOUIS MILSON MD
1745 DOUSMAN STREET
GREEN BAY WI 54303-3291

IM
STUART E MILSON MD
1745 DOUSMAN STREET
GREEN BAY WI 54303-3291

NM / NM
ALI A MOHAMMAD-ZADEH MD
1787 RAINBOW AVENUE
DE PERE WI 54115

ORS / ORS
WAYNE S MOHR MD
118 N MONROE AVENUE
GREEN BAY WI 54301

AN
GEETHA MURTHY MD
3000 RAVINE WAY
GREEN BAY WI 54301

PD A PDA / PD
414-437-9051
RICHARD L MYERS MD
1821 S WEBSTER AVENUE
GREEN BAY WI 54301

OPH
GEORGE NADEAU MD
141 WEBSTER HEIGHTS DR
GREEN BAY WI 54301

ORS / ORS
414-336-8078
JAMES W NELLEN MD
POST OFFICE BOX 489
DE PERE WI 54115-0489

IM / IM
414-437-0431
WILLIAM L NELSON JR MD
900 S WEBSTER AVENUE
GREEN BAY WI 54301

NS / NS
HIRO NISHIOKA MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

IM GE / IM GE
414-494-9661
CHARLES NORDELL MD
1745 DOUSMAN STREET
GREEN BAY WI 54303-3291

FP
CLARENCE G NOVOTNY MD
120 SIEGLER
GREEN BAY WI 54303

P / P
414-435-8920
MICHAEL J O'NEILL MD
3239 DELAHAUT STREET
GREEN BAY WI 54301

ORS / ORS
MICHAEL D O'REILLY MD
1551 DOUSMAN STREET
GREEN BAY WI 54303

P CHP / P
414-435-8816
EDWARD S ORMAN MD
2131 S WEBSTER AVENUE
GREEN BAY WI 54301

OPH / OPH
414-437-6505
JOHN A OTTUM MD
417 S MONROE AVENUE
POST OFFICE BOX 8087
GREEN BAY WI 54308

NS
RICHARD C OUDENHOVEN MD
609 SANDY HOOK DRIVE
PASS CHRISTIAN MS 39571

IM CD / IM CD
414-433-3640
HOWARD J PALAY MD
400 ROSELAWN BLVD
GREEN BAY WI 54301

CD IM / IM
BHARAT Y PATHAKJEE MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

EM
414-336-5575
EARL E PETERS MD
2617 LOST DAUPHIN ROAD
DE PERE WI 54115

GS / GS
414-468-7121
LOUIS D PHILIPP MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

EM / EM
414-336-3188
MICHAEL E PHILLIPS MD
ROUTE 1 WHISPER LANE
DE PERE WI 54115

IM / IM
414-435-4345
SUSAN M PIECHOWSKI MD
1821 S WEBSTER AVENUE
GREEN BAY WI 54301

IM / IM
414-432-4341
CHRISTOPHER C PINN MD
1821 S WEBSTER AVENUE
GREEN BAY WI 54301

OBG / OBG
414-437-4395
CARL R POLEY MD
1821 S WEBSTER AVENUE
GREEN BAY WI 54301

PD NPM / PD
414-437-0431
MICHAEL POREMBSKI MD
900 S WEBSTER AVENUE
GREEN BAY WI 54301

FP GP / FP
414-845-2351
HENRY C RAHR MD
346 WAGON WHEEL COURT
GREEN BAY WI 54302

IM HEM / IM
414-468-3422
JOHN H RANDALL MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

IM RHU / IM
JOHN J RANK MD
1551 DOUSMAN STREET
GREEN BAY WI 54303

P / PN
414-435-8920
HAROLD J REINHARD MD
501 BELLIN BUILDING
130 EAST WALNUT STREET
GREEN BAY WI 54301

IM END / IM END
414-468-9588
BENSON L RICHARDSON MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

DR / R
JAMES E ROBINSON MD
2941 SOUTH RIDGE ROAD
GREEN BAY WI 54304

GP GS
ROBERT J ROSE MD
621 EAST WALNUT STREET
GREEN BAY WI 54301

P
414-437-3360
CLARENCE A ROTHE MD
2573 OAKWOOD AVENUE
GREEN BAY WI 54301

U GS
DAVID L SAMUEL MD
1551 DOUSMAN STREET
GREEN BAY WI 54303

PD NPM / PD NPM
414-437-0431
DAVID P SAMUELS MD
900 S WEBSTER STREET
GREEN BAY WI 54301

OBG / OBG
414-468-3444
HERBERT F SANDMIRE MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

U / U
JOHN C SCHIEBLER MD
2021 S WEBSTER AVENUE
GREEN BAY WI 54303

TR R
414-433-8184
SALLY M SCHLISE MD
1124 CASS STREET
GREEN BAY WI 54301

OPH / OTO
414-432-9261
ROBERT T SCHMIDT MD
923 ELIZA STREET
GREEN BAY WI 54301

N / N
414-468-6372
ROBERT T SCHMIDT JR MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

PS HS GS / GS
414-468-7333
EUGENE H SCHMITT III MD
704 SOUTH WEBSTER AVE
GREEN BAY WI 54301-3583

ORS / ORS
WILLIAM F SCHNEIDER MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

AN
JOHN P SCHUMACHER MD
POST OFFICE BOX 1081
GREEN BAY WI 54305

OPH / OPH
414-499-3102
KARL L SCHWIESOW MD
1345 WEST MASON STREET
GREEN BAY WI 54303

OBG / OBG
414-433-9000
FREDERICK G SEHRING MD
2301 RIVERSIDE DRIVE
GREEN BAY WI 54301

OBG / OBG
414-499-1222
RICHARD L SHAFFER MD
1061 WEST MASON STREET
GREEN BAY WI 54303

PD ADL / PD
414-437-9051
DANIEL W SHEA MD
1821 S WEBSTER AVENUE
GREEN BAY WI 54301

FP
DONALD L SHERWOOD MD
1551 DOUSMAN STREET
GREEN BAY WI 54303

IM / IM
414-494-4781
GOWDAR S SHIVAMURTHY MD
1203 S MILITARY AVENUE
GREEN BAY WI 54304

IM / IM
414-437-0431
JOHN F SHRAKE MD
900 S WEBSTER AVENUE
GREEN BAY WI 54301

OBG / OBG
414-499-1222
DONALD R SIPES MD
1061 WEST MASON STREET
GREEN BAY WI 54303

PTH / PTH
DARRELL P SKARPHOL MD
2480 EDGEWOOD COURT
GREEN BAY WI 54301

U / U
CHARLES C SMITH MD
2021 S WEBSTER AVENUE
GREEN BAY WI 54301

D DMP / D DMP
414-499-0696
MICHAEL J SMULLEN MD
1239 WEST MASON STREET
GREEN BAY WI 54304-2047

TS / TS
JOHN R SOETER MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

N / PN
STEPHEN V SOMERVILLE MD
SUITE 5B
704 S WEBSTER AVENUE
GREEN BAY WI 54301

AN / AN
HWE JAE SONG MD
1969 LOST DAUPHIN ROAD
DE PERE WI 54115

OPH / OPH
414-432-9261
ANATOL J STANKEVYCH MD
923 ELIZA
GREEN BAY WI 54301

DR / DR
414-336-5965
HAROLD E STINE MD
4451 OAK RIDGE CIRCLE
DE PERE WI 54115

GS VS / GS
414-494-5611
BRUCE J STOEHR MD
1551 DOUSMAN STREET
GREEN BAY WI 54303

FP / FP
ROGER H STRUBE MD
2591 PARKWOOD DRIVE
GREEN BAY WI 54304

FP OBG / FP
DONEL R SULLIVAN MD
514 CONGRESS STREET
GREEN BAY WI 54301

IM
J SUNDLASS MD
2900 ST ANTHONY DRIVE
GREEN BAY WI 54301

GS CDS / GS
414-494-0580
JACK A SWELSTAD MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

OBG / OBG
414-437-0431
GEORGE J THEILER JR MD
900 S WEBSTER AVENUE
GREEN BAY WI 54301

DR / DR
414-336-6706
LOREN L THOMPSON MD
234 TERRACE COURT
GREEN BAY WI 54301

IM GE / IM GE
414-494-5611
RONALD G THUNE MD
2690 TAMARACK CIRCLE
GREEN BAY WI 54303

OTO / OTO
414-494-5611
RICHARD J TITULAER MD
1551 DOUSMAN STREET
GREEN BAY WI 54303

ORS / ORS
HUBERT A TRESSLER MD
118 N MONROE STREET
GREEN BAY WI 54301

U / U
414-433-6054
CHARLES W TROUP MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

U / U
414-437-9613
RICHARD H TROUP MD
2021 S WEBSTER AVENUE
GREEN BAY WI 54301

OPH OTO / OPH OTO
414-868-3779
WILSON J TROUP MD
7595 HORSESHOE BAY RD
EGG HARBOR WI 54209

OBG / OBG
414-437-4395
JOHN W UTRIF MD
1821 S WEBSTER AVENUE
GREEN BAY WI 54301

GP
FRANCIS B VANDE LOO MD
1819 RAINBOW AVENUE
DE PERE WI 54115

OTO / OTO
414-432-9261
S VANDER WOUDE MD
923 ELIZA STREET
GREEN BAY WI 54301

FP / FP
GERALD R VERSTOPPEN MD
913 DIVOT PLACE
GREEN BAY WI 54303

OBG
414-499-1222
EDWARD G VOGEL MD
1061 WEST MASON STREET
GREEN BAY WI 54303

GS / GS
414-437-0431
ROGER L VON HEIMBURG MD
900 S WEBSTER AVENUE
GREEN BAY WI 54301

ORS
DONALD L WACKWITZ MD
1551 DOUSMAN STREET
GREEN BAY WI 54303

IM GE / IM GE
414-433-0400
LEONARD J WAHL MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

GER IM / IM
414-822-3111
FRED H WALBRUN MD
940 S ST AUGUSTINE ST
PULASKI WI 54162

FP / FP
414-336-4255
BERNARD P WALDKIRCH MD
502 GEORGE STREET
DE PERE WI 54115

GP
RAYMOND M WALDKIRCH MD
502 GEORGE STREET
DE PERE WI 54115

AN
THOMAS F WALKER MD
1331 BELLEVUE - LOT G
GREEN BAY WI 54302

R / R
414-494-1600
JOHN F WALLERIUS MD
ROUTE 2 BOX 136A
DENMARK WI 54208

IM / IM
414-435-4341
ROBERT E WAMPLER MD
1821 S WEBSTER AVENUE
GREEN BAY WI 54301

N / PN
WILLIAM M WANAMAKER MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

AN
SUSAN E WARACZYNSKI MD
3643 ULMCREST COURT
GREEN BAY WI 54301

R / R
414-499-8859
ROGER C WARGIN MD
613 RIDGEVIEW COURT
GREEN BAY WI 54301-1439

PD / PD
JAMES R WARPINSKI MD
1551 DOUSMAN STREET
GREEN BAY WI 54303

FP / FP
CHRISTOPHER WATSON MD
POST OFFICE BOX 365
ONEIDA WI 54155

R / R
FRANK M WEINHOLD III MD
425 ARROWHEAD DRIVE
GREEN BAY WI 54301

NS AM / NS
414-465-1900
ALAN F WENTWORTH MD
704 S WEBSTER AVENUE
GREEN BAY WI 54301

OPH
KEVIN P WIENKERS MD
417 S MONROE AVENUE
POST OFFICE BOX 8087
GREEN BAY WI 54308-8087

OTO / OTO
414-432-9261
DAVID M WINEINGER MD
923 ELIZA STREET
GREEN BAY WI 54301

PD HEM
414-437-0431
JAMES F WINSTON MD
900 S WEBSTER AVENUE
GREEN BAY WI 54301

GS / GS
414-336-3057
ROBERT G WOCHOS MD
3301 DELAHAUT STREET
GREEN BAY WI 54301

GP EM
414-846-3444
JAMES R P WONG MD
855 SOUTH MAIN STREET
OCONTO FALLS WI 54154

CD / IM
DAVID E YARDLEY MD
519 S MONROE AVENUE
GREEN BAY WI 54301

EM / EM
414-336-2469
ROBERT C ZIMMERMAN MD
3509 HIDDEN VALLEY LN
GREEN BAY WI 54301

PD PDA / PD
414-437-0431
JOSEPH G ZONDLO MD
900 S WEBSTER AVENUE
GREEN BAY WI 54301

GS / GS
414-435-4341
KENNETH L ZUCKER MD
1821 S WEBSTER AVENUE
GREEN BAY WI 54301

CALUMET

FP / FP
414-756-5311
WILLIAM J CARLSON MD
117 PARK AVENUE
BRILLION WI 54110

FP / FP
414-756-2055
JULIO C DE ARTEAGA MD
133 WISCONSIN AVENUE
BRILLION WI 54110

GS CDS GYN / GS
414-849-2888
BADRI N GANJU MD
451 E BROOKLYN STREET
CHILTON WI 53014

PTH / PTH
JAMES H GLENN MD
1735 MEADOW LANE
LAS CRUCES NM 88005

PTH / PTH
414-849-2386
WILLIAM E HANNON MD
614 MEMORIAL DRIVE
CHILTON WI 53014

GP OTO
KENNETH R HUMKE MD
109 W CHESTNUT STREET
CHILTON WI 53014

GP
414-849-4112
JAMES W KNAUF MD
451 E BROOKLYN STREET
CHILTON WI 53014

GP
414-898-4412
FRANCIS P LARME MD
2101 MARY AVENUE
NEW HOLSTEIN WI 53061

R
414-849-9448
RICARTE E LOZADA MD
W 2143 DEBRA COURT
CHILTON WI 53014

GP EM
414-853-3203
JAMES C PINNEY MD
218 S EIGHTH STREET
HILBERT WI 54129

IM
ARTURO M YLAGAN MD
26 SCHOOL STREET
CHILTON WI 53014

CHIPPEWA

FP / FP
715-568-2110
MERNE W ASPLUND MD
1518 MAIN STREET
BLOOMER WI 54724

FP / FP
715-289-4221
CLIFFORD T BOWE MD
POST OFFICE BOX 35
CADOTT WI 54727-0035

OPH / OPH
JEFFREY F BROWN MD
2505 COUNTY TRUNK I
CHIPPEWA FALLS WI 54729

FP
715-644-5567
MYRNA A CASING MD
121 WEST EIGHTH AVENUE
STANLEY WI 54768

GP
715-644-5567
ROBERTO L CASING MD
121 WEST 8TH AVENUE
STANLEY WI 54768

AN / AN
FREDERICK D COOK MD
1315 RIDGEWOOD DRIVE
CHIPPEWA FALLS WI 54729

EM / EM
715-723-6625
STEVEN D COOK MD
601 W COLUMBIA STREET
CHIPPEWA FALLS WI 54729

ORS / ORS
GEORGE E FLEMING MD
3203 STEIN BOULEVARD
EAU CLAIRE WI 54701

GP OBG
804-384-8703
E CRUSBY GLENN MD
820 TRENTS FERRY ROAD
LYNCHBURG VA 24503-1122

GS
CAESAR R GONZAGA MD
127 W CENTRAL STREET
CHIPPEWA FALLS WI 54729

IM / IM
715-723-8827
LES HARRISON MD
2503 COUNTY TRUNK I
CHIPPEWA FALLS WI 54729

FP / FP
715-239-6344
ROBERT L HENDRICKSON MD
POST OFFICE BOX 248
CORNELL WI 54732

GS / GS
715-723-8886
BERNARD F HERZOG MD
218 ISLAND STREET
CHIPPEWA FALLS WI 54729

OPH / OPH
715-723-9375
PETER W HOLM MD
2505 COUNTY HIGHWAY I
CHIPPEWA FALLS WI 54729

FP / FP
PAUL M IPPEL MD
2501 COUNTY TRUNK I
CHIPPEWA FALLS WI 54729

FP CD / FP
715-723-4037
CHARLES A KEMPER MD
727 MAPLE STREET
POST OFFICE BOX 699
CHIPPEWA FALLS WI 54729

FP / FP
JOHN L LARSON MD
POST OFFICE BOX 187
BLOOMER WI 54724

IM / IM
715-723-8827
JOHN H LAYER MD
2503 COUNTY TRUNK I
CHIPPEWA FALLS WI 54729

FP
ROBERT S LEA MD
1102 DOVER STREET
CHIPPEWA FALLS WI 54729

OBG
SANG B LEE MD
890 HIGHWAY 178
CHIPPEWA FALLS WI 54729

GP
715-644-5542
ROBERT J MATHWIG MD
121 WEST EIGHTH AVENUE
POST OFFICE BOX 112
STANLEY WI 54768

PD
715-726-2131
PATRICIA MC GUIRE MD
890 HIGHWAY 178
CHIPPEWA FALLS WI 54729

IM GP / IM
RICARDO S OBCENA MD
754 NORTH MAIN STREET
CADOTT WI 54727

FP EM
WILLIAM R O'SHIELDS MD
347 PRAIRIE VIEW ROAD
CHIPPEWA FALLS WI 54729

FP / FP
715-839-7964
ALBON W OVERGARD MD
MT WASHINGTON CLUB
1930 CLEVELAND AV A236
EAU CLAIRE WI 54703

IM / IM
STEVEN Q PAULSON MD
2503 COUNTY TRUNK I
CHIPPEWA FALLS WI 54729

FP EM
715-723-4067
LYMAN W PICOTTE MD
1420 MILES STREET
CHIPPEWA FALLS WI 54729

ORS / ORS
A FREDERICK PROETT MD
2507 COUNTY HIGHWAY I
CHIPPEWA FALLS WI 54729

GP
BRUNO F RAHN MD
ROUTE 6 BOX 253
CHIPPEWA FALLS WI 54729

FP / FP
715-568-3153
GORDON H ROSENBROOK MD
1905 SOUTH MAIN STREET
BLOOMER WI 54724

GP / FP
715-644-5526
DOUGLAS A SALLIS MD
305 EAST FIRST AVENUE
STANLEY WI 54768

FP
CLARENCE SAMUELSON MD
ROUTE 1 BOX 49-A
PARK LANE DRIVE
JIM FALLS WI 54748

FP IM PUD / FP
715-289-4331
ROMULO M SANCHEZ MD
EAST - 621 CHIPPEWA
CADOTT WI 54727

GP U
715-723-4498
JOHN J SAZAMA MD
658 HERITAGE COURT
CHIPPEWA FALLS WI 54729

TR R / TR R
715-723-8162
FRANKLIN H SWENSON MD
ROUTE 6 BOX 290
CHIPPEWA FALLS WI 54729

P / P
MAHMOUD S TAMAN MD
705 BAY STREET
CHIPPEWA FALLS WI 54729

GS CDS
JOHN E WALZ MD
230 EAST FOURTH STREET
STANLEY WI 54768

FP
715-723-9138
TIMOTHY J WOLTER MD
2501 COUNTY TRUNK I
CHIPPEWA FALLS WI 54729

PTH / PTH
715-726-3260
WARREN K WRIGHT MD
2661 COUNTY TRUNK I
CHIPPEWA FALLS WI 54729

GP
715-289-3321
CLARENCE E ZENNER MD
POST OFFICE BOX 61
CADOTT WI 54727

CLARK

GS ABS / GS
715-743-3231
NAZARIO R CAPATI MD
216 SUNSET PLACE
NEILLSVILLE WI 54456

AN GS
SAMPATH K CHENNAMANENI MD
604 EAST SECOND STREET
NEILLSVILLE WI 54456

IM ON / IM ON
715-743-3231
RUPA CHENNAMANENI MD
216 SUNSET PLACE
NEILLSVILLE WI 54456

FP / FP
715-267-6600
RUSSELL A DEAN MD
134 SOUTH MAIN STREET
GREENWOOD WI 54437

FP / FP
715-743-3231
BAHRI O GUNGOR MD
216 SUNSET PLACE
NEILLSVILLE WI 54456

FP / FP
WILLIAM P HOPKINS MD
106 EAST FIFTH STREET
OWEN WI 54460

FP / FP
715-267-6600
GARY J JANSSEN MD
134 SOUTH MAIN STREET
GREENWOOD WI 54437

GP
715-229-2993
JOHN W JOHNSON MD
POST OFFICE BOX 154
WITHEE WI 54498

GP
715-223-2331
JAMES W KOCH MD
106 S SECOND STREET
COLBY WI 54421

FP PD / FP
RANI S KURAPATI MD
POST OFFICE BOX 338
LOYAL WI 54446

GP
715-743-3520
KENNETH F MANZ MD
604 WEST SECOND STREET
NEILLSVILLE WI 54456

IM CD / IM CD
715-743-3231
NARASIMHULU NEELAGARU MD
216 SUNSET PLACE
NEILLSVILLE WI 54456

GP
715-223-2331
E DOLF PFEFFERKORN MD
COLBY CENTER
COLBY WI 54421

PD A / PD
715-743-3231
REGANTI V R REDDY MD
216 SUNSET PLACE
NEILLSVILLE WI 54456

DR IM / DR R
715-743-3101
VANGALA J REDDY MD
216 SUNSET PLACE
NEILSVILLE WI 54456

COLUMBIA-MARQUETTE-ADAMS

OPH / OPH
608-742-8806
REED C ANDREW MD
POST OFFICE BOX 178
PORTAGE WI 53901-0178

GS
608-589-5181
RENATO R BAYLON MD
POST OFFICE BOX 9
OXFORD WI 53952-0009

GP GS
608-742-6968
FREDRICK H BRONSON MD
ROUTE 2 BOX 133
PORTAGE WI 53901

GP
CLEMENT F CHELI MD
923 PARK AVENUE
COLUMBUS WI 53925

FP
608-742-7161
RICHARD E CHRISTIANSON MD
916 SILVER LAKE DRIVE
PORTAGE WI 53901

GP
608-742-7161
ROBERT T COONEY MD
916 SILVER LAKE DRIVE
PORTAGE WI 53901

OBG
RENATO C DIANCIN MD
130 WARREN STREET
BEAVER DAM WI 53916

GS / GS
608-339-3326
MUHAMMED ESMAILI MD
POST OFFICE BOX 10
FRIENDSHIP WI 53934

FP
FREDERICK W GISSAL MD
392 FUR DRIVE
WISCONSIN DELLS WI 53965

FP / FP
608-742-7161
DAVID D GREGORY MD
916 SILVER LAKE DRIVE
PORTAGE WI 53901

GP
608-742-4139
VICTOR C GUZMAN JR MD
POST OFFICE BOX 472
PORTAGE WI 53901

GP
608-742-8238
KARL M HOFFMANN MD
DEPT/FAMILY PRACTICE
WV MEDICAL CENTER
MORGANTOWN WV 26506

GP GS
608-592-4100
WALLACE G IRWIN MD
109 FIRST STREET
LODI WI 53555

FP / FP
608-339-3326
MARTIN L JANSSEN MD
POST OFFICE BOX 10
FRIENDSHIP WI 53934-0010

IM / IM
414-623-2323
BRUCE A KRAUS MD
1511 PARK AVENUE
POST OFFICE BOX 310
COLUMBUS WI 53925

IM PUD
GUALBERTO B MEJIA MD
POST OFFICE BOX 9
OXFORD WI 53952-0009

GS VS / GS
608-339-6350
MUZAFFAR B MIRZA MD
206 WEST LAKE STREET
POST OFFICE BOX 160
FRIENDSHIP WI 53934

GP IM
608-742-2131
JOSEPH W PAVELSEK MD
1508 NEW PINERY ROAD
PORTAGE WI 53901

GP GS
414-623-5000
JOHN F POSER MD
635 PARK AVENUE
COLUMBUS WI 53925

IM / IM
414-623-5000
ROLF O F POSER MD
635 PARK AVENUE
COLUMBUS WI 53925

GP
608-592-4100
DANIEL C RUSSLER MD
109 FIRST STREET
LODI WI 53555

PD / PD
RAMAKRISHNAN SANKARAN MD
POST OFFICE BOX 10
FRIENDSHIP WI 53934

GS
RAHMATOLLAH SIMANI MD
POST OFFICE BOX 10
FRIENDSHIP WI 53934

IM / IM
608-742-7161
PAUL J SLAVIK MD
916 SILVER LAKE DRIVE
PORTAGE WI 53901

FP / FP
608-339-6350
CAROL D STODOLA MD
206 WEST LAKE STREET
POST OFFICE BOX 160
FRIENDSHIP WI 53934

U
LEONAS P SULAS MD
POST OFFICE BOX 387
PORTAGE WI 53901-0387

ORS / ORS
608-742-8389
DONALD J TAYLOR MD
1015 W PLEASANT STREET
POST OFFICE BOX 387
PORTAGE WI 53901

GP
608-742-4242
STEWART F TAYLOR MD
108 EAST COOK STREET
POST OFFICE BOX 320
PORTAGE WI 53901

ORS
STEWART F TAYLOR JR MD
POST OFFICE BOX 387
PORTAGE WI 53901

GP
EDWARD F TIERNEY MD
316 WEST COOK STREET
PORTAGE WI 53901

DR
RAYMUNDO M VERZOSA MD
205 SADDLE RIDGE EST
PORTAGE WI 53901

GP GS OBG
608-742-4139
CELSO A VILLAVICENCIO MD
118 EAST MARION STREET
PORTAGE WI 53901-1739

CRAWFORD

FP / FP
608-326-6402
JAMES C BLOOM MD
421 S BEAUMONT ROAD
PRAIRIE DU CHIEN WI 53821

GP ORS
608-326-6978
ELI M DESSLOCH MD
POST OFFICE BOX 89
PRAIRIE DU CHIEN WI 53821

FP / FP
608-326-6466
MICHAEL S GARRITY MD
610 EAST TAYLOR STREET
PRAIRIE DU CHIEN WI 53821

DANE

MARK K AASEN
526 WEST SHORE DRIVE
MADISON WI 53715-1624

GE IM / IM
608-241-4611
DAVID E ADAMS MD
1912 ATWOOD AVENUE
MADISON WI 53704

CDS TS GS / GVS TS GS
608-252-8400
KHOSRO ADIB MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

608-251-0635
GERARD G ADLER
1530 ADAMS STREET
MADISON WI 53711

KENNETH P ADLER
APT 3B
2924 HARVEY STREET
MADISON WI 53705-3528

PM / PM
JAMES C AGRE MD
600 HIGHLAND AVENUE
MADISON WI 53792

ON IM
608-233-5205
MARK R ALBERTINI MD
646 ANTHONY LANE
MADISON WI 53711-1502

IM / IM
EDWIN C ALBRIGHT MD
3901 EUCLID AVENUE
MADISON WI 53711

FP
JOHN G ALBRIGHT MD
1912 ATWOOD AVENUE
MADISON WI 53704

AN / AN
608-263-8100
S CRAIGHEAD ALEXANDER MD
B6/387 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

608-233-3041
UFUK FUSUN ALGAN
APT 4
4921 ASCOT LANE
MADISON WI 53711

PDE PD
DAVID B ALLEN MD
H4/444 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

OPH / OPH
608-263-7171
JAMES C ALLEN MD
OPHTHALMOLOGY DEPT
600 HIGHLAND AVENUE
MADISON WI 53792

OM
JOHN R ALLEN MD
795 LAKEWOOD BLVD
MADISON WI 53704

IM / IM
608-233-2082
ROBIN N ALLIN MD
802 HURON HILL
MADISON WI 53711

608-233-7687
JOHN K AMUZU
108 B EAGLE HEIGHTS
MADISON WI 53705

608-271-7678
JAMES R ANDERSEN
6606 REGIS ROAD
MADISON WI 53711

GS / GS
608-238-9070
A D ANDERSON MD
5110 MANITOWOC PARKWAY
MADISON WI 53705

OTO / OTO
608-257-3696
ASHLEY G ANDERSON JR MD
SUITE 350
20 SOUTH PARK STREET
MADISON WI 53715-1348

OPH
CHARLES J ANDERSON MD
314 ACADIA DRIVE
MADISON WI 53717

CRAIG D ANDERSON
APT 1
323 E JOHNSON STREET
MADISON WI 53703

IM / IM
GARY D ANDERSON MD
202 SOUTH PARK STREET
MADISON WI 53715

OS PUD
HENRY A ANDERSON MD
5101 CONEY WESTON PL
MADISON WI 53711

OM GPM / OM GPM
608-266-1253
HENRY A ANDERSON III MD
POST OFFICE BOX 309
ONE WEST WILSON
MADISON WI 53701

OBG / OBG
608-257-4386
JOHN M ANDERSON MD
SUITE 450
20 SOUTH PARK STREET
MADISON WI 53715

JOHN S ANDREWS
APT 2
2011 MONROE STREET
MADISON WI 53711-1963

PD / PD
608-833-7500
CONRAD L ANDRINGA MD
202 SOUTH GAMMON ROAD
MADISON WI 53717

AN PD / PD
608-274-4622
RICHARD C ANDRINGA MD
DEPT OF ANETHESIOLOGY
202 SOUTH PARK STREET
MADISON WI 53715

608-257-1330
FELIX K ANKEL
APT 2
615 EAST GORHAM STREET
MADISON WI 53703

ON GP
715-794-2451
FRED J ANSFIELD MD
POST OFFICE BOX 41
CLAM LAKE WI 54517

R NM / R NM
608-255-4576
TAMNIT ANSUSINHA MD
SUITE 201
20 SOUTH PARK STREET
MADISON WI 53715

CHP P PD
608-273-4940
L APPELBAUM MD
17 DUMONT CIRCLE
MADISON WI 53711

OPH / OPH
608-258-4520
RICHARD E APPEN MD
1025 REGENT STREET
MADISON WI 53715

IM / IM
RICHARD G ARMSTRONG MD
1912 ATWOOD AVENUE
MADISON WI 53704

P
608-256-5176
RICHARD B ARNESEN MD
920 CASTLE PLACE
MADISON WI 53703

SCOTT J ASCHENBRENER
933 W JOHNSON STREET
MADISON WI 53715-1023

AN / AN
608-263-8109
JOHN L ATLEE MD
B6/386 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

R / R
DAVID T ATWELL MD
309 W WASHINGTON AVE
MADISON WI 53703

RICHARD M AUCHTER
1923 SHERMAN AVE #10
MADISON WI 53704

AN / AN
PAMELA G AVERY MD
6018 HAMMERSLEY ROAD
MADISON WI 53711

J MICHAEL BACHARACH
APT 1
2737 LYNNE TERRACE
MADISON WI 53705

AN / AN
MARK F BACKS MD
238 CARILLON DRIVE
MADISON WI 53705

GS / GS
KLAUS D BACKWINKEL MD
106 PLEASANT VALLEY
JOHNS ISLAND SC
29455-5725

GS
ANDREW BAERTSCH MD
2914 SALEM DRIVE
MADISON WI 53713

OBG / OBG
608-256-7781
ROBERT M BAKER MD
20 SOUTH PARK STREET
MADISON WI 53715

AN / AN
608-263-8110
BETTY J BAMFORTH MD
B6/387 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

CD IM / CD IM
GEORGE T BANDOW MD
1313 FISH HATCHERY RD
MADISON WI 53715

ORS / ORS
608-252-8458
HARVEY L BARASH MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

ORS / ORS
608-241-6567
WALTER BARANOWSKI MD
1912 ATWOOD AVENUE
MADISON WI 53704

EM / FP
BARBARA S BARNETT DO
APT 7
3226 CREEK VIEW
MIDDLETON WI 53562-1968

CD IM / CD IM
608-241-4611
KAY M BARRETT MD
1912 ATWOOD AVENUE
MADISON WI 53704

OBG
CINDY L BARRON MD
713 N W 10TH AVENUE
DANIA FL 33004

AN / AN
608-238-4353
JOHN H BARSCH MD
146 NAUTILUS DRIVE
MADISON WI 53705

OTO
THAD E BARTELL MD
DEPT OTO
600 HIGHLAND AVENUE
MADISON WI 53792

ORS / ORS
608-238-9311
DAVID H BARTLETT MD
2704 MARSHALL COURT
MADISON WI 53705

PD / PD
608-833-7500
WILLIAM H BARTLETT MD
213 CARILLON DRIVE
MADISON WI 53705

FP / FP
608-837-2206
MARTIN M BARTOLAC MD
1270 WEST MAIN STREET
SUN PRAIRIE WI 53590

608-274-4183
ALFONSO J BASILE
2303 CHAMBERLAIN AVE
MADISON WI 53705-3824

OPH / OPH
RICHARD F BASKE MD
1708 SUMMIT AVENUE
MADISON WI 53705

GS TS CDS / GS TS
608-274-1100
JOHN F BATSON MD
5714 ODANA ROAD
MADISON WI 53719

FP / FP
608-263-7373
JOHN W BEASLEY MD
777 SOUTH MILLS STREET
MADISON WI 53715

OBG / OBG
JAMES P BECK MD
1912 ATWOOD AVENUE
MADISON WI 53704

IM RLB / IM
GARY A BECKER MD
POST OFFICE BOX 5905
MADISON WI 53705-0905

608-249-2887
JUDY BECKER
APT 302
1602 FORDEM AVENUE
MADISON WI 53704

OTO HNS / OTO
608-257-3696
MICHAEL E BECKER MD
SUITE 350
20 SOUTH PARK STREET
MADISON WI 53715-1348

EM IM / EM IM
608-845-6095
PAUL W BECKFIELD MD
104 OAK COURT
VERONA WI 53593

PTH FP / FP
DANIEL R BECKMAN MD
1413 NORTH WESTFIELD
MIDDLETON WI 53562

AN / AN
608-252-8087
RONALD E BEHLING MD
5855 SCHUMANN DRIVE
MADISON WI 53711

FP
608-837-9700
JOSEPH F BEHREND MD
850 SCHUSTER ROAD
SUN PRAIRIE WI 53590

IM / IM
608-252-8023
ROBERT L BEILMAN MD
1313 FISH HATCHERY RD
MADISON WI 53715

608-251-7016
LAURIE B BEINE
APT 1
1714 ADAMS STREET
MADISON WI 53711-2142

IM / IM
608-257-7875
ELSTON L BELKNAP JR MD
20 SOUTH PARK STREET
MADISON WI 53715

608-257-6944
STEVEN A BELL
1204 CHANDLER
MADISON WI 53715

608-233-0480
JOSEPH A BELLISSIMO
118 BREESE TERRACE #M
MADISON WI 53705

P BELLISSIMO
5317 JONQUIL COURT
MIDDLETON WI 53562-1211

GS OS / GS
608-263-1377
FOLKERT O BELZER MD
G5/359 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

GP OM
GEORGE A BENISH MD
1206 SHERMAN AVENUE
MADISON WI 53703

OTO / OTO
608-222-5017
E MAXINE BENNETT MD
3110 WACHEETA TRAIL
MADISON WI 53711

FP / FP
608-246-2270
GEORGE D BENTON MD
3434 E WASHINGTON AVE
MADISON WI 53704

P / PN
MARY C BERG MD
4801 HOLIDAY DRIVE
MADISON WI 53711

CDS TS / GS TS
608-263-5214
HERBERT A BERKOFF MD
H4/358 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

608-263-5927
ALVIN L BERMAN PhD
1014 BELOIT COURT
MADISON WI 53705

CDS TS GS / CDS TS GS
608-252-8066
LOUIS C BERNHARDT MD
1313 FISH HATCHERY RD
MADISON WI 53715

OTO / OTO
608-252-8414
NORVAL E BERNHARDT MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

608-251-3784
DANA R BERNSTEIN
1615 MONROE STREET
MADISON WI 53711

PS / PS
608-257-2208
STEPHEN A BERNSTEN MD
7016 APPLEWOOD DRIVE
MADISON WI 53711

BRIAN G BERTHA
APT 2
2326 SOMMERS AVENUE
MADISON WI 53704-5611

D / D
608-252-8173
JOHN R BERTRAM MD
1313 FISH HATCHERY RD
MADISON WI 53715

608-233-8905
LAWRENCE J BERTRAM
914 A EAGLE HEIGHTS
MADISON WI 53705-1602

608-274-5305
VANDANA Y BHIDE
4535 THURSTON LANE #2
MADISON WI 53711

GP
608-836-3488
MICHAEL L BISHOP MD
5625 HIGHLAND WAY
MIDDLETON WI 53562

STEVEN V BITTORF
4258 VENETIAN LANE
MADISON WI 53704-6658

PAMELA O BLACK
1820 FISHER STREET
MADISON WI 53713

IM
FREDERICK W BLANCKE MD
801 BUTTERNUT ROAD
MADISON WI 53704

PTH END FOP / PTH FOP
608-256-1901
J M B BLOODWORTH JR MD
2500 OVERLOOK TERRACE
MADISON WI 53705

OPH / OPH
608-257-4286
FRED G BLUM JR MD
SUITE 400
ONE SOUTH PARK STREET
MADISON WI 53715

NS / NS
608-252-8035
WOJCIECH M BOGDANOWICZ MD
1313 FISH HATCHERY RD
MADISON WI 53715

608-273-0841
BRIAN J BOHLMANN
NO 225
4859 SHEBOYGAN AVENUE
MADISON WI 53705

GS TS CDS / GS
608-255-6709
EDWARD I BOLDON JR MD
20 SOUTH PARK STREET
MADISON WI 53715

AN / AN
608-274-4622
JOHN C BONCYK MD
DEPT OF ANETHESIOLOGY
202 SOUTH PARK STREET
MADISON WI 53715

RHU IM / RHU IM
608-252-8511
ROBERT A BONEBRAKE MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

608-233-9289
KAREN M BONJOUR
713 N BLACKHAWK AVE
MADISON WI 53705

608-263-4900
MICHELLE R BONNESS
APT 1
404 WEST DOTY STREET
MADISON WI 53703

608-258-9562
SONYA BOSSER
APT 2
213 N BROOKS STREET
MADISON WI 53715

GS TS / GS
608-252-8064
RICHARD J BOTHAM MD
1313 FISH HATCHERY RD
MADISON WI 53715

608-238-9230
GEORGE A BOUSH
109 GREEN LAKE PASS
MADISON WI 53705

EM IM / IM
608-263-5007
H MICHAEL BOWMAN MD
B4/341 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

N OS OS / N
608-252-8531
STANLEY W BOYER MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

608-233-5428
SUZANNE M BRADMON
APT 321-D
234 RANDOLPH DRIVE
MADISON WI 53717-1639

OTO HNS AM / OTO
608-263-7064
JAMES H BRANDENBURG MD
F4/218 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

608-238-8047
MICHAEL BRAUN
1719 BAKER STREET
MADISON WI 53705

608-271-1929
JOHN BRENDEL
#205
2632 HIGHRIDGE TRAIL
MADISON WI 53713

OPH / OPH
GEORGE H BRESNICK MD
F4/244
600 HIGHLAND AVENUE
MADISON WI 53792

OBG / OBG
608-252-8400
BARBARA A BREW MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

608-271-3769
PAUL R BREYER
1117 CHAPEL HILL ROAD
MADISON WI 53711

IM / IM
608-249-8288
GARY R BRIDGWATER MD
3713 MILWAUKEE STREET
MADISON WI 53714

OPH / OPH
608-258-4520
FREDERICK S BRIGHTBILL MD
1025 REGENT STREET
MADISON WI 53715

AN / AN
608-274-4622
JAMES J BRILL MD
DEPT OF ANETHESIOLOGY
202 SOUTH PARK STREET
MADISON WI 53715

OPH OTO HNS / OPH OTO
608-233-6571
BENJAMIN I BRINDLEY MD
1013 TUMALO TRAIL
MADISON WI 53711

608-238-2591
ANN M BRINGE
6417 KEDSON DRIVE
MADISON WI 53705

N / PN
608-252-8400
DANIEL E BRITTON MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

JEFFREY W BRITTON
APT 1
2126 ALLEN BOULEVARD
MIDDLETON WI 53562-2926

ORS / ORS
608-252-8095
WILLIAM T BRODHEAD MD
1313 FISH HATCHERY RD
MADISON WI 53715

MICHAEL M BROOK
APT 3
1751 N CAMBRIDGE AVE
MILWAUKEE WI 53202

PTH / PTH
608-263-4910
ARNOLD L BROWN MD
1217 MED SCIENCES CTR
1300 UNIVERSITY AVENUE
MADISON WI 53706

P
608-255-9040
JOSEPH G BROWN MD
812 OWEN ROAD
MADISON WI 53716

GE IM / IM
608-257-3008
THOMAS H BROWNING MD
SUITE 355
20 SOUTH PARK STREET
MADISON WI 53715-1348

EM / FP
608-251-2371
PATRICIA K BRUENS MD
309 W WASHINGTON AVE
MADISON WI 53703

IM
608-252-8400
KAREN R BRUNGARD MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

U / U
608-263-1359
REGINALD C BRUSKEWITZ MD
600 HIGHLAND AVENUE
MADISON WI 53792

ON PA
GEORGE T BRYAN MD
719 DEARHOLT ROAD
MADISON WI 53711-1146

OBG TR / OBG
DOLORES A BUCHLER MD
H4/634 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

EM FP
608-252-8086
KATHRYN S BUDZAK MD
1313 FISH HATCHERY RD
MADISON WI 53715

GS
ROBERT J BUGARIN MD
610 CONSTITUTION LANE
MADISON WI 53711

PDA AI PUD / PD AI
608-252-8000
DONALD A BUKSTEIN MD
1313 FISH HATCHERY RD
MADISON WI 53715

A
MYRA E BURKE MD
APT 1202
110 SOUTH HENRY STREET
MADISON WI 53703

IM EM
608-837-8364
TIMOTHY W BURKE DO
418 BAILINGER COURT
SUN PRAIRIE WI 53590

ELIZABETH S BURLINGAME
4637 BLUFFSIDE DRIVE
RACINE WI 53402-9788

AN / AN
608-274-4622
RICHARD W BURNER MD
DEPT OF ANETHESIOLOGY
202 SOUTH PARK STREET
MADISON WI 53715

AN
D BURRER-SCHUSTER MD
RR1 6401 PURCELL
BELLEVILLE WI 53508-9786

AN / AN
608-263-8100
GEORGE L BUSH MD
B6/379 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

IM / IM
608-238-8928
KENNETH L BUSSAN MD
2758 CHAMBERLAIN AVE
MADISON WI 53705

OBG / OBG
608-251-2803
KENNETH R BYCE MD
SUITE 525
ONE SOUTH PARK STREET
MADISON WI 53715

REBECCA L BYERS
4008 HIAWATHA DRIVE
MADISON WI 53711

P
608-238-8799
BARBARA L CALHOUN MD
4344 HILLCREST CIRCLE
MADISON WI 53705

FP / FP
608-271-2333
ROBERT E CAPE MD
5722 RAYMOND ROAD
MADISON WI 53711

ON IM / MON
PAUL P CARBONE MD
K4/614
600 HIGHLAND AVENUE
MADISON WI 53792

PTH CLP / PTH CLP
608-833-7663
WILLIAM H CARD MD
707 SOUTH MILLS STREET
MADISON WI 53715

AN
SHEILA K CARLSON MD
SIX GLACIER COURT
MADISON WI 53705

R / R
THOMAS L CARTER MD
202 SOUTH PARK STREET
MADISON WI 53715

608-238-8376
MICHAEL K CASE
APT 5C
510 SHEPARD TERRACE
MADISON WI 53705

NS / NS
608-255-4826
KRISADA CHANBUSARAKUM MD
ROOM 202
20 SOUTH PARK STREET
MADISON WI 53715

OPH / OPH
608-263-6644
SURESH R CHANDRA MD
F4/342 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

GS
608-233-2148
SAMUEL L CHASE MD
1054 WOODROW STREET
MADISON WI 53711

JEFFREY J CHERNEY
THREE MEADOWLARK LANE
MADISON WI 53714-2625

OBG / OBG
DENNIS D CHRISTENSEN MD
SUITE 280
ONE SOUTH PARK STREET
MADISON WI 53715

OBG / OBG
608-252-8048
ROBERT P CHRISTMANN MD
1313 FISH HATCHERY RD
MADISON WI 53715

608-251-5736
PAUL S CHRISTY
1606 JEFFERSON
MADISON WI 53711

PAUL CHU
FIVE FARMINGTON COURT
MADISON WI 53717

SANDRA CHU
APT 237
4833 SHEBOYGAN AVENUE
MADISON WI 53705-2959

608-256-7633
MICHAEL R CHUN
1518 JEFFERSON
MADISON WI 53711

PD CHN / PD
608-263-8551
RAYMOND W M CHUN MD
H4/450 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

608-233-6361
ELIZABETH L CIURLIK
702 EUGENIA
MADISON WI 53705

P IM / PN IM
PETER J CLAGNAZ MD
1313 FISH HATCHERY RD
MADISON WI 53715

ORS / ORS
608-263-1356
WILLIAM G CLANCY JR MD
G5/331 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

IM
608-251-8765
WILLIAM D CLAPP MD
720 CLARK COURT
MADISON WI 53715

IM
608-643-8651
NORMAN M CLAUSEN MD
9928 COUNTY TRUNK Y
ROUTE 1
MAZOMANIE WI 53560

P
GERALD L CLINTON MD
3535 TOPPING ROAD
MADISON WI 53705-1440

608-257-4416
RICHARD H COCHRANE
933 WEST JOHNSON
MADISON WI 53715

PD AI / PD AI
608-255-7414
MARCUS COHEN MD
TWO WEST GORHAM STREET
MADISON WI 53703

DR R / DR R
R MARSHALL COLBURN JR MD
4335 SCHNEIDER DRIVE
OREGON WI 53575

FP / FP
608-274-1100
ROBERT L COLE MD
5714 ODANA ROAD
MADISON WI 53719

P
608-238-7343
FREDERICK W COLEMAN MD
2115 CHADBOURNE AVENUE
MADISON WI 53705

PD / PD
WENDY S COLEMAN MD
345 W WASHINGTON AVE
PO BOX 222
MADISON WI 53701-0222

MICHAEL J COMBS
APT 4
1920 BIRGE TERRACE
MADISON WI 53705-2307

608-233-7623
ELLEN B COMISKY
APT 3E
2102 UNIVERSITY AVE
MADISON WI 53705

PTH / PTH
DEAN M CONNORS MD
707 SOUTH MILLS STREET
MADISON WI 53715

IM / IM
DAVID U COOKSON MD
4910 LAKE MENDOTA DR
MADISON WI 53705

PDC CD IM / PDC CD IM
608-256-3943
ROBERT J CORLISS MD
707 SOUTH MILLS STREET
MADISON WI 53715

IM
RICHARD D CORNWELL MD
UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

IM AN / IM AN
608-263-9131
DOUGLAS B COURSIN MD
B6/387 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

ORS / ORS
608-255-9414
ARCH E COWLE MD
TWO W GORHAM STREET
MADISON WI 53703

D IM / D
DEREK J CRIPPS MD
F4/225 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

IM / IM
608-257-7107
LAURENCE G CROCKER MD
20 SOUTH PARK STREET
MADISON WI 53715

608-257-5583
DEBORAH J CROWE
1813 KEYES STREET
MADISON WI 53711-2005

IM / IM
608-257-7107
WILLIAM P CROWLEY JR MD
20 SOUTH PARK STREET
MADISON WI 53715

R / R
608-263-8360
ANDREW B CRUMMY JR MD
D4/348 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

U / U
608-263-1358
KENNETH B CUMMINGS MD
G5/335 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

ORS
608-257-2097
MILFRED A CUNNINGHAM MD
2760 MARSHALL PARKWAY
MADISON WI 53713

OBG MFM / OBG MFM
608-262-0198
LUIS B CURET MD
202 SOUTH PARK STREET
MADISON WI 53715

DR / DR
MICHAEL J CURTIN MD
SUITE 201
20 SOUTH PARK STREET
MADISON WI 53715

AI PD / AI PD
608-252-8510
MARSHALL E CUSIC MD
345 W WASHINGTON AVE
MADISON WI 53703

608-257-4297
DAVID CYPCAR
APT A
913 VILAS AVENUE
MADISON WI 53715

GS
608-233-1355
A D'ALESSANDRO MD
APT 3
2126 ALLEN BLVD
MIDDLETON WI 53562

IM / IM
ALFRED D DALLY MD
2138 ROWLEY AVENUE
MADISON WI 53705

DR / R
MICHAEL G DAMM MD
1142 WABAN HILL
MADISON WI 53711

CD IM / IM
DANIEL DANAHY MD
37 OXWOOD CIRCLE
MADISON WI 53717

IM OPH
RONALD P DANIS JR MD
600 HIGHLAND AVENUE
MADISON WI 53792

IM END / IM
608-252-8000
DONALD A DAUGHERTY MD
1313 FISH HATCHERY RD
MADISON WI 53715

PS / PS
GORDON DAVENPORT JR MD
202 SOUTH PARK STREET
MADISON WI 53715

IM RHU
608-233-4672
JAMES R DAVIDSON MD
222 WALNUT STREET
MADISON WI 53705

IM / IM
PAUL L DAVIDSON MD
TWO WEST GORHAM STREET
MADISON WI 53703

OPH / OPH
608-258-4539
FREDERICK J DAVIS MD
424 NEW CASTLE WAY
MADISON WI 53704

FP / FP
608-263-5976
JAMES E DAVIS MD
777 SOUTH MILLS STREET
MADISON WI 53715

GE IM / GE IM
608-252-8418
JEFFREY D DAVIS MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

R / R
JOHN B DAVIS MD
491 BEACHCOMBER LANE
SHANNON IL 61078-9776

OPH / OPH
608-263-6071
MATTHEW D DAVIS MD
F4/340 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

608-274-4548
DANIEL J DE BEHNKE
APT 212
4801 SHEBOYGAN AVENUE
MADISON WI 53705

CDS TS GS / TS GS
608-252-8000
DAVID G DE COCK MD
1313 FISH HATCHERY RD
MADISON WI 53715

608-238-0015
ALBERT J DEIBELE III
1609 CHADBOURNE AVENUE
MADISON WI 53705

PS / PS
VAUGHN DEMERGIAN MD
7077 APPLEWOOD DRIVE
MADISON WI 53719

OBG
JEAN DEMOPOULOS MD
1912 ATWOOD AVENUE
MADISON WI 53704

PA
608-241-7200
SUSANA R K de DENNIS MD
1301 SHERMAN AVENUE
MADISON WI 53703

608-221-1699
JOHN DENNY
112 EAST DAYTON STREET
MADISON WI 53703

IM
STEPHEN R DERNLAN
16A PONDEROSA DRIVE
SYRACUSE NY 13215

FP EM
714-770-6000
GERALD J DERUS MD
23962 ALICIA PARKWAY
MISSION VIEJO CA 92691

DR IM / DR
ARTHUR A DE SMET MD
DEPT OF DIAG RADIOLOGY
600 HIGHLAND AVENUE
MADISON WI 53792

ROBERT J DE TROYE
533 CENTER AVENUE
OOSTBERG WI 53070

OPH / OPH
608-263-7171
GUILLERMO B DEVENECIA MD
F4/384 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

FP
KENNETH DEVRIES MD
208 SOUTH CENTURY
WAUNAKEE WI 53597

IM HEM / IM
608-252-8400
RICHARD T DE WITT MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

PS GS / PS S
608-263-1367
DAVID G DIBBELL MD
G5/355 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

OTO / OTO
PHILLIP A DIBBLE MD
1313 FISH HATCHERY RD
MADISON WI 53715

PUD IM / PUD IM
608-233-1259
HELEN AIRD DICKIE MD
501 CLIFDEN DRIVE
MADISON WI 53711

OBG
608-256-7781
KLAUS D DIEM MD
SUITE 307
20 SOUTH PARK STREET
MADISON WI 53715-2387

IM
608-257-7107
DONALD G DIETER MD
20 SOUTH PARK STREET
MADISON WI 53715

ON IM / MON IM
608-252-8000
CHARLES H DIGGS MD
1313 FISH HATCHERY RD
MADISON WI 53715

OPH OTO / OTO
608-244-5081
WALDO B DIMOND MD
APT 305D
1614 FORDEM AVENUE
MADISON WI 53704

IM OM OS / GPM OM
608-263-1905
VERNON N DODSON MD
504 N WALNUT STREET
MADISON WI 53705

IM / IM
608-233-9746
CHARLES A DOEHLERT MD
4410 REGENT STREET
MADISON WI 53705

AN
TERRENCE E DOELER MD
POST OFFICE BOX 4388
MADISON WI 53711

608-251-4271
MICHAEL J DOLAN
1425 MOUND STREET
MADISON WI 53711

N PM
608-833-2130
MARY L DOMBOVY MD
3996 SHAWN TRAIL
MIDDLETON WI 53562

N PD / PD
MARY K DOMINSKI MD
1313 FISH HATCHERY RD
MADISON WI 53715

GP
WILLIAM F DONLIN MD
150 RIVER STREET
BELLEVILLE WI 53508

OTO
S THOMAS DONOVAN MD
1313 FISH HATCHERY RD
MADISON WI 53715

OTO / OTO
TIMOTHY J DONOVAN MD
1313 FISH HATCHERY RD
MADISON WI 53715

PUD IM / PUD IM
608-241-4611
WILLIAM N DONOVAN MD
1912 ATWOOD AVENUE
MADISON WI 53704

OPH / OPH
608-258-4520
RICHARD K DORTZBACH MD
1025 REGENT STREET
MADISON WI 53715

608-273-4785
DAVID W DOZER
APT B
2511 GRANADA WAY
MADISON WI 53713-2640

N OPH / N
608-255-4826
IVY J DREIZIN MD
SUITE 202
20 SOUTH PARK STREET
MADISON WI 53715

R NR NM / R NM
608-255-4573
STEPHEN DUDIAK MD
SUITE 201
20 SOUTH PARK STREET
MADISON WI 53715

OPH / OPH
PETER A DUEHR MD
3322 MOUND VIEW ROAD
VERONA WI 53593

FP / FP
FRANKLIN N DUKERSCHEIN MD
ROUTE 1
5528 WILLIAMSBURG ROAD
OREGON WI 53575

N
DOUGLAS A DULLI MD
DEPT OF NEUROLOGY
600 HIGHLAND AVENUE
MADISON WI 53792

R PD PDC / PD
ROBERT E DURNIN MD
SUITE 201
20 SOUTH PARK STREET
MADISON WI 53715

GS
DENNIS S DURZINSKY MD
DEPARTMENT OF SURGERY
600 HIGHLAND AVENUE
MADISON WI 53792

PD PHO / PD PHO
PAUL F DVORAK MD
7102 COLONY DRIVE
MADISON WI 53717

JAMES R EBBEN
603-J EAGLE HEIGHTS
MADISON WI 53705-1514

OM GPM / OM GPM
608-256-1901
PAUL R EBLING MD
2500 OVERLOOK TERRACE
MADISON WI 53705

OBG / OBG
608-255-9414
GORDON L ECKERT MD
TWO WEST GORHAM STREET
MADISON WI 53703

DAN L ECKLUND
907-C EAGLE HEIGHTS
MADISON WI 53705-1609

P / P
608-244-2411
LE ROY ECKLUND MD
3501 MEMORIAL DRIVE
MADISON WI 53704

N CHN PD / N PD
608-255-4826
FREDERICK S EDELMAN MD
20 SOUTH PARK STREET
MADISON WI 53715

R / R
JOHN S EDWARDS MD
202 SOUTH PARK STREET
MADISON WI 53715

MARK L EDWARDS
505 L EAGLE HEIGHTS
MADISON WI 53705-2039

414-648-2727
RAINER K EFFENHAUSER
POST OFFICE BOX 155
LAKE MILLS WI 53551-0155

BRIAN J EGGENER MD
3810 MEYER AVENUE
MADISON WI 53711

N IM / N
608-263-7542
PETER L EICHMAN MD
H5/6 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

AN / AN
608-274-4622
DONALD M EILER MD
DEPT OF ANETHESIOLOGY
202 SOUTH PARK STREET
MADISON WI 53715

PD / PD
608-831-2720
RICHARD L ELLIS MD
2630 AMHERST ROAD
MIDDLETON WI 53562

608-238-0055
JOHN ENG
APT 1
1912 BIRGE TERRACE
MADISON WI 53705

ON HEM IM / HEM IM
608-252-8204
JAMES E ENGELER JR MD
1313 FISH HATCHERY RD
MADISON WI 53715

EM PD / EM PD
C PETER ERSKINE MD
718 ONEIDA PLACE
MADISON WI 53711

SCOTT A ESCHER
1425 MOUND STREET
MADISON WI 53711-2221

OBG / OBG
608-233-9746
MARGARET A ESTRIN MD
4410 REGENT STREET
MADISON WI 53705

D / D
DAVID K FALK MD
345 W WASHINGTON AVE
MADISON WI 53703

FP PM / FP
608-263-3115
EUGENE S FARLEY JR MD
777 SOUTH MILLS STREET
MADISON WI 53715

CD IM / CD IM
608-252-8525
DENNIS JOHN FARNHAM MD
345 W WASHINGTON AVE
MADISON WI 53703

AN
CAROLYN J FARRELL MD
B6/387 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

IM / IM
ROBERT X FARRELL MD
1313 FISH HATCHERY RD
MADISON WI 53715

608-238-2870
RAYMOND T FEDDERLY
APT 13
630 WEST BADGER ROAD
MADISON WI 53713-2078

PS / PS
THEODORE C FEIERABEND MD
C/O IAM
POST OFFICE BOX 625
KABUL AFGHANISTAN

JAMES R FELTES
705 SCHMITT PLACE
MADISON WI 53705-3519

608-258-9287
THOMAS O FELTON
APT 16
620 WEST BADGER ROAD
MADISON WI 53713

IM / IM
608-849-7891
EDWIN E FERGUSON MD
208 S CENTURY AVENUE
WAUNAKEE WI 53597

AN
FELIX J FERNANDES MD
B6/387 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

AN
ANDERS C FEX MD
2938 CIMARRON TRAIL
MADISON WI 53719-2409

FP / FP
MARSHALL FIELDS MD
1912 ATWOOD AVENUE
MADISON WI 53704

OTO HNS / OTO
608-257-3696
WILLIAM W FINCH MD
SUITE 350
20 SOUTH PARK STREET
MADISON WI 53715-1348

PD HEM / PD
608-833-6315
JONATHAN L FINLAY MD
606 BLUE RIDGE PARKWAY
MADISON WI 53705

DR R / R
608-274-0064
DAVID R FISHER MD
3113 ASHFORD LANE
MADISON WI 53713

AN / AN
608-233-5298
RAND I FISHLEDER MD
5026 FLAMBEAU ROAD
MADISON WI 53705

AN / AN
JAMES H FITZPATRICK JR MD
488 RUSHMORE LANE
MADISON WI 53711

608-238-7394
JONATHAN E FLIEGEL
2010 UNIVERSITY AVENUE
MADISON WI 53705

P CHP / P CHP
608-238-9354
MARTIN B FLIEGEL MD
2727 MARSHALL COURT
MADISON WI 53705-2287

GP
WILLIAM J FOCKE MD
405 EAST HUDSON STREET
POYNETTE WI 53955

OBG / OBG
608-252-8229
JOSEPH S FOK MD
1313 FISH HATCHERY RD
MADISON WI 53715

OTO PS / OTO
608-263-7064
CHARLES N FORD JR MD
F4/270 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

N P / N P
513-984-1739
FRANCIS M FORSTER MD
21 FALLEN BRANCH LANE
CINCINNATI OH 45241-3242

P / PN
FREDERICK A FOSDAL MD
2727 MARSHALL COURT
MADISON WI 53705

GS TS
OSCAR F FOSEID MD
ROUTE 1
BLACK EARTH WI 53515

STEPHEN P FOX
APT 5
3633 NAPOLI LANE
MIDDLETON WI 53562-2162

OPH / OPH
608-263-6414
THOMAS D FRANCE MD
F4/330 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

GREGORY A FRANCKEN
APT 1
2126 ALLEN BOULEVARD
MIDDLETON WI 53562

MICHAEL O FRANK
APT 501
1932 UNIVERSITY AVENUE
MADISON WI 53705

OTO HNS / OTO
608-263-7064
TERRENCE W FRANK MD
DEPT OF OTO
600 HIGHLAND AVENUE
MADISON WI 53792

AN / AN
608-274-4403
NANCY C FREDERICKS MD
5609 BARTON ROAD
MADISON WI 53711

DR
RICHARD O FRIDAY MD
1050 WOODROW STREET
MADISON WI 53711

IM
608-833-7500
LISA C FRIEDMAN MD
202 SOUTH GAMMON ROAD
MADISON WI 53717

FP / FP
WILLIAM G FRITSCHEL MD
2516 REGENCY PARK DR
MURFREESBORO TN 37130

715-384-9587
THOMAS C GABERT MD
2015 E EMERALD STREET
MARSHFIELD WI 54449-2424

608-251-9149
ERIC S GAENSLEN
1008 SPRING STREET
MADISON WI 53715

FP / FP
608-274-4042
ROBERT B GAGE MD
14 SHEFFORD CIRCLE
MADISON WI 53719

AN / AN
TIMOTEO L GALVEZ MD
POST OFFICE BOX 5367
MADISON WI 53705

P / P
608-233-7003
LEONARD J GANSER MD
475 AGNES DRIVE
MADISON WI 53711

608-274-9022
JAMES P GAPINSKI
APT 212
2401 POST ROAD
MADISON WI 53713

AN / AN
608-271-7095
GORDON M GARNETT MD
POST OFFICE BOX 4256
MADISON WI 53711

AN
JAMES G GARNETT MD
5835 SCHUMANN DRIVE
MADISON WI 53711

MICHAEL J GARREN
7214 SECOND AVENUE
KENOSHA WI 53140-5505

D
BRYON GAUL MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

JEFFREY W GAVER
35059 WAYFAIR TRAIL
OCONOMOWOC WI 53066

GP OS
608-241-3451
CHRISTOPHER A GENCHEFF DO
2830 DRYDEN DRIVE
MADISON WI 53704

PD / PD
CHARLES H GEPPERT MD
1313 FISH HATCHERY RD
MADISON WI 53715

PD / PD
THOMAS V GEPPERT MD
1313 FISH HATCHERY RD
MADISON WI 53715

608-255-2748
STEVEN J GERNDT
APT 218
22 LANGDON STREET
MADISON WI 53703

P PYM
608-263-7013
CARL J GETTO MD
F6/248 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

EM
608-845-8458
TERRY F GEURKINK MD
1675 BARTLETT COURT
BELLEVILLE WI 53508

608-251-3931
ROBERT D GIBSON
1805 BAIRD STREET
MADISON WI 53713

NS
608-271-6440
MARK J GICHERT MD
5105 KNOX LANE
MADISON WI 53711

IM / IM
608-241-4611
ROBERT D GILBERT MD
1912 ATWOOD AVENUE
MADISON WI 53704

PD
612-488-7498
ELLEN M GILBERTSON
APT 210
565 W SANDHURST DRIVE
ROSEVILLE MN 55113

IM CD A / IM
608-257-5188
LAURENCE T GILES MD
20 SOUTH PARK STREET
MADISON WI 53715

608-255-5515
J ROD GIMBEL
APT 2
152 EAST GORHAM STREET
MADISON WI 53703-2130

608-233-4299
MICHAEL J GITTER
2604 KENDALL AVENUE
MADISON WI 53705

IM
608-238-6039
JAMES GOEKE MD
APT 4
2134 ALLEN BOULEVARD
MIDDLETON WI 53562

AN / AN
SUSAN L GOELZER MD
UW CSC DEPT OF ANES
600 HIGHLAND AVENUE
MADISON WI 53792

608-233-4688
STEVEN P GOFF
APT 603-I
EAGLE HEIGHTS
MADISON WI 53705

R / R
608-238-5734
FARRELL F GOLDEN MD
3921 PLYMOUTH CIRCLE
MADISON WI 53705

NEAL S GOLDSTEIN
6502 GETTYBURG DRIVE
MADISON WI 53705

R / R
FRANK F GOLLIN MD
3114-2 CREEK VIEW DR
MIDDLETON WI 53562

OBG / OBG
414-461-5220
WILLIAM M GOODMAN MD
SUITE 200
2350 W VILLARD AVENUE
MILWAUKEE WI 53209

608-231-3847
DAVID C GOODSPEED
910 A EAGLE HEIGHTS
MADISON WI 53705

PD / PD
CHRISTAL A GORDON MD
3713 MILWAUKEE STREET
MADISON WI 53714

IM / IM
415-322-0608
ABRAHAM M GOTTLIEB MD
APT 103
101 ALMA STREET
PALO ALTO CA 94301

608-233-3011
MARY J GOULD
APT 304
2020 UNIVERSITY AVENUE
MADISON WI 53705

608-233-8990
MARK F GOURLEY MD
1767 NORMAN WAY
MADISON WI 53705

N / N
608-252-8152
ROBERT W GRAEBNER MD
1313 FISH HATCHERY RD
MADISON WI 53715

ORS
BEN K GRAF MD
600 HIGHLAND AVENUE
MADISON WI 53792

U / U
608-257-1454
RICHARD A GRAF MD
SUITE 405
20 SOUTH PARK STREET
MADISON WI 53715

608-258-9711
LARRY D GRANT
APT 306
725 W WASHINGTON AVE
MADISON WI 53715-1476

IM GER
STEFAN GRAVENSTEIN MD
706 NORTH MEADOW LANE
MADISON WI 53705

608-238-5443
TODD M GREATENS
421 GRAND AVENUE #1
MADISON WI 53705

HNS OTO PSF / HNS OTO
608-252-8414
JUDITH N GREEN MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

AN OS / AN
RAY E GREEN MD
1835 WISCONSIN AVENUE
SUN PRAIRIE WI 53590

U / U
608-241-4611
EARL B GREENBERG MD
1912 ATWOOD AVENUE
MADISON WI 53704

RICHARD J GRIESHOP
5013 FLAMBEAU ROAD
MADISON WI 53705

CD IM / IM CD
E WAYNE GROGAN JR MD
H6/339 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

WILLIAM J GROH
214 THEIS STREET
PORT WASHINGTON WI
53074-1246

608-251-2201
KAY A GRULING
APT 113
2302 UNIVERSITY AVENUE
MADISON WI 53705-3862

608-251-8032
THOMAS R GUSE
435 W MIFFLIN STREET
MADISON WI 53703-2501

PD NPM / PD
GARY R GUTCHER MD
202 SOUTH PARK STREET
MADISON WI 53715

GS PDS / GS
JAMES E GUTENBERGER MD
1313 FISH HATCHERY RD
MADISON WI 53715

OTO
608-231-3746
REX S HABERMAN II MD
717 BRUCE COURT
MADISON WI 53705

608-873-1985
JOHN HAEBERLIN
RT 4 BOX 764
BAYVIEW HEIGHTS
STOUGHTON WI 53589

FP EM / FP
608-246-2279
DAVID L HAHN MD
3434 E WASHINGTON AVE
MADISON WI 53704

608-231-1411
MARK B HALLETT
1726 REGENT STREET
MADISON WI 53705

IM
JUANITA J HALLS MD
1218 BIRCH HAVEN CIR
MONONA WI 53716-3008

PM PD / PM
608-263-8635
DANIEL HALPERN MD
E3/352 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

PS MS MFS / PS
608-257-2208
JOHN E HAMACHER MD
20 SOUTH PARK STREET
MADISON WI 53715

WILLIAM HAMMAN
APT 4
506 N FRANKLIN AVENUE
MADISON WI 53705

AN / AN
YOSHIO HANDA MD
306 ROBIN PARKWAY
MADISON WI 53705

GPM PH OM / GPM PH
GEORGE H HANDY MD
10210 ROYAL OAK ROAD
SUN CITY AZ 85351

OBG / OBG
GEORGE C HANK MD
1337 CHICAGO DRIVE
ROUTE 1
FRIENDSHIP WI 53934

P CHP HYP / PN
608-256-1996
MAREK J HANN MD
SUITE 403
20 SOUTH PARK STREET
MADISON WI 53715

BARBARA J HANSEN
5220 MANITOWOC PARKWAY
MADISON WI 53705

FP / FP
JOHN P HANSEN MD
3930 PLYMOUTH CIRCLE
MADISON WI 53705

PD / PD
608-263-1701
MARC F HANSEN MD
4201 WANETAH TRAIL
MADISON WI 53711

608-238-4271
ROBERT C HARDIE
705 SCHMITT PLACE
MADISON WI 53705-3519

608-233-7920
CHRISTOPHER P HARKIN
2318 WEST LAWN AVENUE
MADISON WI 53711

PD / PD
MARY N HARKNESS MD
10 TOWER DRIVE
SUN PRAIRIE WI 53590

ORS / GS
LEWIS B HARNED MD
1313 FISH HATCHERY RD
MADISON WI 53715

OM GS / GS
608-249-6924
SAMUEL B HARPER MD
THREE BAYSIDE DRIVE
MADISON WI 53704

IM RHU / IM RHU
608-251-7003
J HARRINGTON JR MD
SUITE 301
20 SOUTH PARK STREET
MADISON WI 53715

OTO / OTO
JAMES E HARRISON MD
1313 FISH HATCHERY RD
MADISON WI 53715

OTO A / OTO
THEODORE L HARTRIDGE MD
5501 TONYAWATHA TRAIL
MADISON WI 53716

THOMAS S HARTZHEIM
APT 2
402 CHAMBERLAIN AVENUE
MADISON WI 53705

NM
MOHAMMAD ABNE HASAN MD
APT 207-C
230 RANDOLPH DRIVE
MADISON WI 53717-1618

DIANE G HEATLEY
607 GLENWAY STREET
MADISON WI 53711

GREGG A HEATLEY
607 GLENWAY STREET
MADISON WI 53711

FP / FP
KAY A HEGGESTAD MD
4221 VENETIAN LANE
MADISON WI 53704

608-238-0395
LINDA HEGSTRAND
610 GATELY TERRACE
MADISON WI 53711

ORS / ORS
608-257-3961
JACK D HEIDEN MD
SUITE 455
20 SOUTH PARK STREET
MADISON WI 53715

FP
608-271-4759
WILLIAM R HEIFNER MD
70 SUNFISH COURT
MADISON WI 53713

FP / FP
608-836-1091
THOMAS F HEIGHWAY MD
2009 MAYFLOWER DRIVE
MIDDLETON WI 53562

OBG MFM / OBG MFM
608-262-3864
PERRY A HENDERSON MD
202 SOUTH PARK STREET
MADISON WI 53715

CD IM / CD IM
608-252-8000
ROBERT R HENDERSON MD
4927 TONYAWATHA TRAIL
MADISON WI 53716

IM
608-241-4611
RICHARD J HENDRICKS MD
1912 ATWOOD AVENUE
MADISON WI 53704

OPH / OPH
608-873-3314
ORIN A HERMUNDSTAD MD
1520 VERNON STREET
STOUGHTON WI 53589

608-238-7394
RUSSELL J HERMUS
APT 3
506 N FRANKLIN AVENUE
MADISON WI 53705

DOUGLAS E HERTFORD
2102 UNIVERSITY AVENUE
MADISON WI 53705-2331

OBG / OBG
608-252-8400
PAUL A HERZOG MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

IM ID / IM
608-252-8253
CYRIL M HETSKO MD
1313 FISH HATCHERY RD
MADISON WI 53715

715-356-9288
JAMES N HIKEN
CAMP TIMBERLANE
WOODRUFF WI 54568

IM
NELS A HILL MD
4032 MANDAN CIRCLE
MADISON WI 53711

FP
RICHARD W HILL MD
125 CHURCH STREET
STOUGHTON WI 53589

IM CD
608-252-8400
PAUL H HINDERAKER MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

RHU IM / IM
THOMAS J HIRSCH MD
1313 FISH HATCHERY RD
MADISON WI 53715

AN
608-274-4622
CHARLES W HIRSCHLER MD
DEPT OF ANETHESIOLOGY
202 SOUTH PARK STREET
MADISON WI 53715

IM / IM
608-257-7107
WILLIAM J HISGEN MD
SUITE 504
20 SOUTH PARK STREET
MADISON WI 53715

AN / AN
608-274-4622
PHILIP A HOFFMAN MD
DEPT OF ANETHESIOLOGY
202 SOUTH PARK STREET
MADISON WI 53715

JEFFREY J HOFFMANN
APT 201
2302 UNIVERSITY AVENUE
MADISON WI 53705-3863

608-849-8208
MARK T HOFFMANN
209 WEST THIRD STREET
WAUNAKEE WI 53597

AN / AN
515-473-7086
LARRY H HOGAN MD
2771 VIA CABALLERO
DEL SUR
SANTA FE NM 87505

N / PN
608-252-8266
BASIL B HOLOYDA MD
NINE COLONY CIRCLE
MADISON WI 53717

EM FP / FP
MICHAEL C HOLT MD
4210 YUMA DRIVE
MADISON WI 53711-3058

608-238-1751
MICHAEL R HOLT
5606 TREMPEALEAU TRAIL
MADISON WI 53705

PS
414-468-7333
DAVID E HOOPS
APT 5
905 WEST BADGER ROAD
MADISON WI 53713

PD
608-249-6055
CHARLES E HOPKINS MD
419 COLEMAN ROAD
MADISON WI 53704

EM / EM
ROY S HORRAS MD
18 PINEHURST CIRCLE
MADISON WI 53717

OBG / OBG
608-831-2720
C WEIR HORSWILL MD
2630 AMHERST ROAD
MIDDLETON WI 53562

DR R / DR R
LANNING W HOUSTON MD
APT 118
9240 UNIVERSITY AVENUE
COON RAPIDS MN 55433

SHANNON HOWE
1302 JEWEL COURT APT 3
MADISON WI 53711

ORS / ORS
608-238-0397
JAMES M HUFFER MD
3968 PLYMOUTH CIRCLE
MADISON WI 53705-5212

MARK A HUFTEL MD
APT 3
513 N FRANKLIN AVENUE
MADISON WI 53705

IM GPM / IM
608-263-3083
VERNON B HUNT MD
J5/213 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

FP / FP
608-257-9700
MERLE A HUNTER MD
ONE SOUTH PARK STREET
MADISON WI 53715

PAUL HUNTER
12003 W VERONA COURT
WEST ALLIS WI 53227

608-251-9588
STEVEN J HUNTER
APT 210
745 WEST WASHINGTON
MADISON WI 53715

IM PUD / IM
608-252-8515
D WILLIAM HURST MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

OPH / OPH
608-251-2361
CLARE F HUTSON MD
1025 REGENT STREET
MADISON WI 53715

IM
PETER B IDSVOOG MD
7102 MINERAL POINT RD
MADISON WI 53717

608-251-4816
LAURA B IMIG
APT 4
1315 DRAKE STREET
MADISON WI 53715

608-233-1581
JOHN W INGALLS
905 D EAGLE HEIGHTS
MADISON WI 53705

GP
608-764-5183
CLAYTON L INGWELL MD
630 TERRACE ROAD
DEERFIELD WI 53531

PTH CLP / PTH CLP
608-262-1293
STANLEY L INHORN MD
465 HENRY MALL
MADISON WI 53706

IM / IM
608-437-3064
KENNETH ISRAEL MD
600 N EIGHTH STREET
MOUNT HOREB WI 53572

CD
608-263-1530
HAYTHAM M A JABI MD
H6/339 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

OBG / OBG
608-256-7781
C ROBERT JACKSON MD
SUITE 307
20 SOUTH PARK STREET
MADISON WI 53715-2387

LOIS JACOBS
ROUTE 3 BOX 295
LAKE GENEVA WI 53147-9414

AN / AN
PAUL M JACOBSEN MD
3159 SHADY OAK LANE
VERONA WI 53593

KIRK L JACOBSON MD
APT 305
1350 W BETHUNE AVENUE
DETROIT MI 48202-2660

EM
STEVEN M JACOBSON MD
1144 STRAIGHT STREET
MADISON WI 53703

PTH / PTH
608-233-3694
WALTER H JAESCHKE MD
2313 KENDALL AVENUE
MADISON WI 53705

PD / PD
608-255-9414
CHARLES L JAHN MD
TWO WEST GORHAM STREET
MADISON WI 53703

608-238-0567
TIMOTHY W JAHN
5802 DRIFTWOOD AVENUE
MADISON WI 53705

SANJEEV JAIN
APT D
508 NORTH HENRY STREET
MADISON WI 53703-1815

AN / AN
LESLIE C JAMESON MD
B6/387 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

FP / FP
608-256-3171
DON R JANICEK MD
333 W MIFFLIN STREET
MADISON WI 53703

FP / FP
DAVID A JANSSEN
POST OFFICE BOX 6215
SAGINAW MI 48608-6215

608-274-3034
DEBRA L JARYSZAK
APT 112
5156 ANTON DRIVE
MADISON WI 53719

FP
608-798-3344
DANIEL R JARZEMSKY MD
2418 BREWERY ROAD
CROSS PLAINS WI
53528-9470

NS / NS
608-263-1410
MANUCHER J JAVID MD
H4/346 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

EM
608-836-8469
MARK W JEFFRIES MD
8150 OLD SAUK ROAD
CROSS PLAINS WI 53528

P
608-231-1538
PATRICIA A JENS MD
APT 102
5329 BRODY DRIVE
MADISON WI 53705

IM / IM
608-263-1771
NORMAN M JENSEN MD
6210 DAVENPORT DRIVE
MADISON WI 53711

DR R / R
STEVEN R JENSEN MD
600 HIGHLAND AVENUE
MADISON WI 53792

AMIE C JEW
APT 2
1620 MADISON STREET
MADISON WI 53711-2171

IM GER
608-256-1901
KAY E JEWELL MD
2500 OVERLOOK TERRACE
MADISON WI 53705

IM
608-241-5168
JANET B JOHANSSON MD
105 MEADOWLARK DRIVE
MADISON WI 53714

OPH / OPH
ELMER E JOHNSON MD
4513 VERNON BOULEVARD
MADISON WI 53705

608-241-9206
MILTON H JOHNSON JR
1821 RUTLEDGE STREET
MADISON WI 53704

PETER R JOHNSON
2450 NORTH PAGE STREET
STOUGHTON WI 53589

D / D
STURE A M JOHNSON MD
10306 HUTTON DRIVE
SUN CITY AZ 85351

PD / PD
608-833-3600
PATRICIA A JOO MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

DANIEL M JORGENSEN
C/O FENSTER
8500 E OCOTILLO DRIVE
TUCSON AZ 85715-9624

PH / GPM
EDWIN H JORRIS MD
3315 SPRING MILL CIR
SARASOTA FL 33579

P
THOMAS S JOSEPHSON MD
SUITE 403
20 SOUTH PARK STREET
MADISON WI 53715

OBG / OBG
608-274-4100
DUSAN JOVANOVIC MD
5520 MEDICAL CIRCLE
MADISON WI 53719

FP / FP
608-837-4521
ROBERT N JUSTL MD
10 TOWER DRIVE
SUN PRAIRIE WI 53590

IM PYM / IM
608-262-1885
JD KABLER MD
1552 UNIVERSITY AVENUE
MADISON WI 53705

OPH / OPH
608-252-8062
JEROME G KADELL MD
4127 MANITOU WAY
MADISON WI 53711-3013

IM PUD / IM
608-238-2236
FREDERICK W KAHN MD
321 NORTH OWEN DRIVE
MADISON WI 53705

P
608-251-8063
CONSTANCE M KALINOWSKI MD
APT 2
104 EAST GILMAN
MADISON WI 53703

FP / FP
608-222-3404
SANDRA A KAMNETZ MD
5001 MONONA DRIVE
MADISON WI 53716

OPH / OPH
608-258-4520
ALBERT V KANNER MD
1025 REGENT STREET
MADISON WI 53715

PD / PD
PETER S KAROFSKY MD
H6/444 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

GP
608-222-3404
EARL T KASKE MD
5001 MONONA DRIVE
MADISON WI 53716

P / P
608-256-1996
DAVID A KASUBOSKI MD
20 SOUTH PARK STREET
MADISON WI 53715

PD PH / PD
608-263-6235
MURRAY L KATCHER PhD MD
1130 SHOREWOOD BLVD
MADISON WI 53705

608-251-0844
DANIEL I KAUFER
420 N CARROLL STREET
MADISON WI 53703

IM / IM
MARK A KAUFMAN MD
209 GLACIER DRIVE
MADISON WI 53705-2413

OPH / OPH
608-263-7171
PAUL L KAUFMAN MD
F4/328 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

ORS
JAMES S KEENE MD
F4/322 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

FP OBG GS / FP
608-244-5561
JAY P KEEPMAN MD
3602 ATWOOD AVENUE
MADISON WI 53714

608-233-9572
JOHN M KEGGI
1606 HOYT STREET
MADISON WI 53705

GP
LLOYD S KELLOGG MD
650 SODEN STREET
OREGON WI 53575

IM / IM
608-255-9414
PETER R KELLY MD
TWO WEST GORHAM STREET
MADISON WI 53703

AN
ALLEN D KEMP MD
POST OFFICE BOX 4388
MADISON WI 53711

608-255-2931
J CHRISTOPHER KERR
APT 306
765 W WASHINGTON AVE
MADISON WI 53715

KEVIN L KETCHUM
APT 4
321 WALNUT STREET
MADISON WI 53705-3855

IM RHU / IM RHU
608-252-8511
FRANK W KILPATRICK MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

PH / PH
608-222-6131
CHARLES K KINCAID MD
3036 WAUNONA WAY
MADISON WI 53713

608-274-8291
GEORGE PENN KING II
APT 106
2002 TRACEWAY DRIVE
MADISON WI 53713

OPH IM / OPH
BARBARA E K KLEIN MD
DEPT OF OPHTHALMOLOGY
600 HIGHLAND AVENUE
MADISON WI 53792

OPH / OPH
608-263-6641
RONALD KLEIN MD
126 FOREST STREET
MADISON WI 53705

ORS PD / ORS
THOMAS F KLING JR MD
G6/322 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

AN
THOMAS R KLOOSTERBOER MD
5752 MONTICELLO WAY
MADISON WI 53719-1604

R NM / R NM
608-255-4573
IVAN KNEZEVIC MD
SUITE 201
20 SOUTH PARK STREET
MADISON WI 53715

EM
CHRISTOPHER J KNUTH MD
3834 EDNOR ROAD
BALTIMORE MD 21218

P / P
608-238-9355
FRED H KOENECKE JR MD
2727 MARSHALL COURT
MADISON WI 53705

608-238-5443
CARY J KOHLENBERG
421 GRAND AVENUE
MADISON WI 53705

SCOTT C KOLBECK
APT 2
2028 FISH HATCHERY RD
MADISON WI 53713-1251

OBG / OBG
WILLIAM S KOLLER JR MD
20 SOUTH PARK STREET
MADISON WI 53715

PD AI / PD AI
608-257-7311
J BRENT KOOISTRA MD
ONE SOUTH PARK STREET
MADISON WI 53715

IM AI / IM AI
608-252-8133
WILLIAM L KOPP MD
1313 FISH HATCHERY RD
MADISON WI 53715

P / P
608-255-0694
JOHN F KOPPA MD
106 EAST DOTY STREET
MADISON WI 53703

FP / FP
608-222-7647
ROBERT F KORBITZ MD
410 MIDLAND LANE
MONONA WI 53716

FP / FP
608-837-4521
PAUL A KORNAUS MD
TEN TOWER DRIVE
SUN PRAIRIE WI 53590

PD / PD
STEVEN S KOSLOV MD
TWO WEST GORHAM STREET
MADISON WI 53703

IM / IM
ANDREW L KOSSEFF MD
1313 FISH HATCHERY RD
MADISON WI 53715

IM
608-252-8608
CAROL A KOTZAN MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

IM
608-831-3500
JEFFREY KOWITZ MD
#101
6120 CENTURY AVENUE
MIDDLETON WI 53562

R N / R
JOHN A KOZAREK MD
4214 YUMA DRIVE
MADISON WI 53711

FP / FP
608-838-3158
EDWARD J KRAMPER MD
5020 FARWELL STREET
MC FARLAND WI 53558

PD
319-351-1015
RITA KRAUSE
927 EAST JEFFERSON
IOWA CITY IA 52240

FP
DEAN G KRESGE MD
333 W MC KINLEY STREET
STOUGHTON WI 53589-1632

GS
608-263-1378
DAVID CHARLES KRESS MD
600 HIGHLAND AVENUE
MADISON WI 53719

AN / AN
NANCY A KRESSIN MD
B6/387 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

AN / AN
608-256-1901
JOHN F KREUL MD
ANESTHESIOLOGY - B6050
2500 OVERLOOK TERRACE
MADISON WI 53705

NS / NS
608-255-4826
FREDERICK C KRISS MD
SUITE 202
20 SOUTH PARK STREET
MADISON WI 53715

AI IM / AI IM
608-257-7311
ROBERT J KRIZ MD
ONE SOUTH PARK STREET
MADISON WI 53715

GS TS / GS TS
608-263-5215
GEORGE M KRONCKE MD
6006 GALLEY COURT
MADISON WI 53705

PM / PM
608-267-6176
ROBERT M KROUT MD
202 SOUTH PARK STREET
MADISON WI 53715

608-257-3024
RANDY J KRSZJZANIEK
APT 1
318 E MIFFLIN STREET
MADISON WI 53703

U
608-257-1454
MICHAEL E KUGLITSCH MD
SUITE 405
20 SOUTH PARK STREET
MADISON WI 53715

U / U
608-274-9317
PALMER R KUNDERT MD
4914 WHITCOMB DRIVE
MADISON WI 53711

FP / FP
608-274-1100
ROBERT R KURITZ MD
5714 ODANA ROAD
MADISON WI 53719

OPH / OPH
608-238-7733
BURTON J KUSHNER MD
3416 BLACKHAWK DRIVE
MADISON WI 53705

US
CLEMENT L LACKE MD
APT 1211
110 SOUTH HENRY STREET
MADISON WI 53703

P
ANNA KANE LAIRD MD
1118 RISSER ROAD
MADISON WI 53705

DIANA J LAMPSA MD
APT D
1664 MONROE STREET
MADISON WI 53711

P OTO / OTO
608-233-2352
JAMES F LAND MD
710 HURON HILL
MADISON WI 53711

OTO / OTO
608-257-4214
ROLLO D LANGE MD
20 SOUTH PARK STREET
MADISON WI 53715

608-238-0015
ROSS A LANGE
1609 CHADBOURNE AVENUE
MADISON WI 53705

NS / NS
608-257-4567
WERNER E LANGHEIM MD
SUITE 306
20 SOUTH PARK STREET
MADISON WI 53715

TR
608-263-8500
PER LANGELAND MD
UW CSC, K4/B100
600 HIGHLAND AVENUE
MADISON WI 53792

D / D
608-256-0627
LARRY R LANTIS MD
SUITE 540
ONE SOUTH PARK STREET
MADISON WI 53715

AN / AN
RAYMOND B LARAVUSO MD
B6/387 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

D / D FP
608-263-6226
PAUL O LARSON MD
3583 RICHIE ROAD
VERONA WI 53593

PD OS
RENATA LAXOVA MD
1500 HIGHLAND AVENUE
MADISON WI 53705

IM / IM
608-252-8253
TIMOTHY E LECHMAIER MD
1313 FISH HATCHERY RD
MADISON WI 53715

IM
608-831-5797
MARK LEGA MD
APT #3
1242 SWEENEY DRIVE
MIDDLETON WI 53562

OTO
608-231-2106
JEFFREY LEHMAN MD
210 NAUTILUS DRIVE
MADISON WI 53705

OPH / OPH
608-258-4520
BRADLEY N LEMKE MD
1025 REGENT STREET
MADISON WI 53715

GS / GS
608-233-6782
KENNETH E LEMMER MD
111 VIRGINIA TERRACE
MADISON WI 53705

ORS
RICHARD A LEMON MD
2215 MIDDLETON BEACH
MIDDLETON WI 53562

608-233-0480
STEPHEN E LEMOS
APT M
118 BREESE TERRACE
MADISON WI 53705

US
608-233-1359
THOMAS A LEONARD JR MD
5717 CENTURY AVENUE
MIDDLETON WI 53562

AN / AN
PETER F LEONOVICZ JR MD
3534 BLACKHAWK DRIVE
MADISON WI 53705

NS / NS
608-263-1410
ALLAN B LEVIN MD
H4/338 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

U / U
608-252-8187
GARY M LICKLIDER MD
1313 FISH HATCHERY RD
MADISON WI 53715

OBG / OBG
JAMES A LINDBLADE MD
TWO WEST GORHAM STREET
MADISON WI 53703

P CHP / P
608-274-0355
ROBERT E LINDEN MD
5534 MEDICAL CIRCLE
MADISON WI 53719-1298

608-833-9259
ERIC D LINDGREN
25 MILLSTONE ROAD
MADISON WI 53717-1458

R NM / R NM
608-271-4494
RICHARD D LINDGREN MD
6006 GREEN TREE ROAD
MADISON WI 53711

PTH US / PTH
ANTON LINDNER MD
MADERSPERGERSTR 8
6020 INNSBRUCK
AUSTRIA

P / P
608-274-0355
RUDOLF W LINK MD
5534 MEDICAL CIRCLE
MADISON WI 53719-1298

STEVEN C LINK
NAVAL HOSPITAL
DEPT OF SURGERY
SAN DIEGO CA 92134-5000

608-238-0039
STEVEN J LIPSCOMB
1530 ADAMS STREET
MADISON WI 53711-2138

IM ON
608-831-4139
GREGORY J LITTON MD
5542-3 CENTURY
MIDDLETON WI 53562

FP / FP
608-838-3158
STANLEY LIVINGSTON III MD
5020 FARWELL STREET
MC FARLAND WI 53558

FP
BALDWIN E LLOYD MD
524 WEST VERONA AVENUE
VERONA WI 53593

GE IM
608-257-1081
MARK L LLOYD MD
221 W LAKESIDE STREET
MADISON WI 53715

PD / PD
CHARLES C LOBECK MD
ROOM 1217
1300 UNIVERSITY AVENUE
MADISON WI 53706

FP EM / FP
608-273-2770
BRIAN E LOCHEN MD
1102 MOHICAN PASS
MADISON WI 53711

608-257-7447
JEAN M LOFTUS
APT 253
2302 UNIVERSITY AVENUE
MADISON WI 53705

CD IM / IM
DONALD C LOGAN MD
1313 FISH HATCHERY RD
MADISON WI 53715

R / R
608-267-6094
RICHARD LOGAN MD
2147 MIDDLETON BCH RD
MIDDLETON WI 53562

TS GS / GS
B JACK LONGLEY MD
14 MERLHAM DRIVE
MADISON WI 53705

JANE F LOOK
APT 602-C
305 N FRANCES STREET
MADISON WI 53703

608-251-0018
PAUL D LOOMIS
701 SCHMITT PLACE
MADISON WI 53705-3519

ALAN D LORENZ
8067 HIGHWAY G
VERONA WI 53593

608-273-4376
KIRSTEN LORENZEN
APT 311
5154 ANTON DRIVE
MADISON WI 53719

NS
JEFFREY A LOUIE MD
5730 NORFOLK DRIVE
MADISON WI 53719

N
608-255-4826
HOWARD S LUBAR MD
SUITE 202
20 SOUTH PARK STREET
MADISON WI 53715

P / P
608-274-0355
HAROLD N LUBING MD
5642 LAKE MENDOTA DR
MADISON WI 53705

OPH / OPH
608-258-4520
NEIL J LUCCHESE MD
1025 REGENT STREET
MADISON WI 53715

GYN GP / OBG
WILLIAM V LUETKE MD
1013 WOODWARD DRIVE
MADISON WI 53704

PD / PD
608-252-8400
FRANCOIS M LUYET MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

AN
608-274-4622
JOHN C LYDON MD
DEPT OF ANETHESIOLOGY
202 SOUTH PARK STREET
MADISON WI 53715

PYA P / P
608-256-2869
WILLIAM H LYONS MD
ROOM 701
30 WEST MIFFLIN STREET
MADISON WI 53703

608-273-2963
JAMES R MACKMAN
APT 118
5002 SHEBOYGAN AVENUE
MADISON WI 53705

ABS GS ON / GS
608-252-8477
SANFORD MACKMAN MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

WILLIAM MAC MILLAN MD
1506 WINSLOW LANE
MADISON WI 53711

AN / AN
608-244-3067
RENATE E MADSEN MD
24 FULLER COURT
MADISON WI 53704

608-238-1119
KATHLEEN R MAGINOT
APT 253
2302 UNIVERSITY AVENUE
MADISON WI 53705

ORS / ORS
608-233-2192
HOWARD W MAHAFFEY MD
10 PARKLAWN PLACE
MADISON WI 53705

U / U
608-257-1454
JOHN H MAHLER MD
ROOM 405
20 SOUTH PARK STREET
MADISON WI 53715

U / U
608-252-8400
GHOLAM H MALEK MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

IM ON / IM ON
608-257-9700
FELIPE B MANALO MD
ONE SOUTH PARK STREET
MADISON WI 53715

PS / PS GS
608-221-2459
BRADLEY L MANNING MD
1108 NISHISHIN TR NE
MADISON WI 53716

DANIEL A MANSFIELD
1917 UNIVERSITY AVENUE
MADISON WI 53705-4012

NEP IM / IM
608-258-3206
LAUREL BLIMA MARK MD
309 W WASHINGTON AVE
MADISON WI 53703

CRS
GORDON V MARLOW MD
4721 LAFAYETTE DRIVE
MADISON WI 53705

P / PN
JOHN R MARSHALL MD
D6/246 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

OBG / OBG MFM
608-263-1202
CHESTER B MARTIN JR MD
H4/654 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

STEVEN L MAYER
541 NORTH 62ND STREET
WAUWATOSA WI 53213-4169

DIANE M MAYLAND
509 RIVERSIDE DRIVE
MADISON WI 53704

608-256-3402
STEVEN D MAYO
701 SCHMIDT STREET
MADISON WI 53705-3519

IM / IM
608-252-8400
WILLIAM J MC AWEENEY MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

ORS / ORS
ANDREW A MC BEATH MD
G5/327 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

PD ADL / PD
608-833-3600
EDWARD B MC CABE MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

OPH / OPH
608-258-4520
PETER J MC CANNA MD
1025 REGENT STREET
MADISON WI 53715

608-257-4416
KELLY L MC CLEAN
933 W JOHNSON STREET
MADISON WI 53715

AN / AN
JOHN L MC CLUNG MD
POST OFFICE BOX 4388
MADISON WI 53711

GS / GS
608-257-3753
JOHN P MC DERMOTT MD
SUITE 500
ONE SOUTH PARK STREET
MADISON WI 53715

OTO PS / OTO
MICHAEL H MC DONALD MD
1812 WAUNONA WAY
MADISON WI 53713

D / D
ROBERT A MC DONALD MD
1313 FISH HATCHERY RD
MADISON WI 53715

608-238-2591
JOAN M MC GRATH
24 GRAND AVENUE
MADISON WI 53705-3706

MARY E MC GRATH
APT D
1324 MC CUTCHEON
ST LOUIS MO 63144

U / U
608-257-1454
JAMES F MC INTOSH MD
SUITE 405
20 SOUTH PARK STREET
MADISON WI 53715

608 873-7477
DEBORAH L P MC LEISH
917 EISENHOWER ROAD
STOUGHTON WI 53589

OBG / OBG
608-252-8444
PAUL A MC LEOD MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

IM
608-233-4601
EDWARD JOHN MC MANUS MD
2140 KENDALL AVENUE
MADISON WI 53705

OTO / OTO
608-257-3696
WILLIS G MC MILLAN MD
SUITE 350
20 SOUTH PARK STREET
MADISON WI 53715-1348

JAMES E MEADE
1524 JEFFERSON STREET
MADISON WI 53711-2106

R GS
608-263-8500
MINESH MEHTA MD
K4/B100 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

OPH / OPH
608-873-8011
WILLIAM E MEISEKOTHEN MD
1671 BONNER TRAIL
OREGON WI 53575

TS GS / TS GS
608-256-1901
JOHN T MENDENHALL MD
2500 OVERLOOK TERRACE
MADISON WI 53705

AN
ALAN J MERKOW MD
509 OZARK TRAIL
MADISON WI 53705

R / R
608-255-4573
ANTHONY L MERLIS MD
20 SOUTH PARK STREET
MADISON WI 53715

608-255-6701
BARBARA J MERZ
APT 2
1603 JEFFERSON STREET
MADISON WI 53711

AN / AN
608-274-4622
THOMAS J MESCHER MD
DEPT OF ANETHESIOLOGY
202 SOUTH PARK STREET
MADISON WI 53715

U ON / U
608-263-9534
EDWARD M MESSING MD
G5/347 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

P / P
608-256-1996
CHARLES T MEYER MD
SUITE 403
20 SOUTH PARK STREET
MADISON WI 53715

IM EM / IM
KEITH C MEYER MD
4320 HILLCREST CIRCLE
MADISON WI 53705-5017

FP
715-845-2220
MICHAEL J MEYER MD
1307 W WAUSAU AVENUE
WAUSAU WI 54401

TIMOTHY A MEYER
APT 111
2221 POST ROAD
MADISON WI 53713

PDC / PD
608-263-2852
THOMAS C MEYER MD
SUITE 450
610 N WALNUT STREET
MADISON WI 53706

FP EM / FP
THOMAS D MEYER MD
707 SOUTH MILLS STREET
MADISON WI 53715

FP / FP
608-274-1100
BERNARD F MICKE MD
5714 ODANA ROAD
MADISON WI 53719

GS CDS / GS
JOHN D MIDDLETON MD
TWO WEST GORHAM STREET
MADISON WI 53703

DOUGLAS W MIELKE
APT 212
2925 FISH HATCHERY RD
MADISON WI 53713-3159

P / P
608-274-0355
STANLEY MIEZIO MD
5534 MEDICAL CIRCLE
MADISON WI 53719-1278

MARY M MILBRATH
W296 N2180 GLEN COVE
PEWAUKEE WI 53072

N / PN
CHARLES E MILEY III MD
2115 MADISON STREET
MADISON WI 53711

P / PN
608-244-2411
ROBERT D MILLER MD
301 TROY DRIVE
MADISON WI 53704

608-257 9307
RONALD J MINTER
APT 101
201 LANGDON
MADISON WI 53703-1201

IM MON / IM
NICHOLAS E MISCHLER MD
TWO WEST GORHAM STREET
MADISON WI 53703

PD
608-783-2434
MARY J MISHEFSKE MD
1406 HYDE AVENUE
LA CROSSE WI 54601

608-233-0603
JULIE K MITBY MD
726 ONEIDA PLACE
MADISON WI 53711

GS
608 833-1102
JON T MOEN MD
35 TRILLIUM COURT
MADISON WI 53719

GS OS
608-263 6226
FREDERIC E MOHS MD
3616 LAKE MENDOTA DR
MADISON WI 53705

MIMI H MONTGOMERY
2118 ALLEN BOULEVARD
MIDDLETON WI 53562

PAUL M MOORE
1923 SHERMAN AVENUE
MADISON WI 53704-5763

CD IM / IM
608-252-8400
JOHN H MORLEDGE MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

FP
LUTHER J MORTON DO
1912 ATWOOD AVENUE
MADISON WI 53704

D / D
608-252-8460
HUBERT V MOSS JR MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

IM / IM
608-837-4521
GREGORY H MOTL MD
10 TOWER DRIVE
SUN PRAIRIE WI 53590

GS TS / GS TS
608-255-9414
GUSTAVE C MUELLER MD
TWO WEST GORHAM STREET
MADISON WI 53703

U / U
608-233-7923
JOHN J MUELLER MD
1527 WOOD LANE
MADISON WI 53705

JAMES E MULLEN
2220 MONROE STREET
MADISON WI 53711-1902

OBG
608-244-4330
MAUREEN A MULLINS MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

IM
JOHN W MURPHY MD
APT 2
19 BRIDGE STREET
YARMOUTH ME 04096

N
608-255-4826
M JOHN MURPHY MD
SUITE 202
20 SOUTH PARK STREET
MADISON WI 53715

FP
608-839-4774
ALBERT J MUSA MD
4455 BAXTER ROAD
COTTAGE GROVE WI 53527

CD IM / CD IM
608-267-6259
W EUGENE MUSSER MD
202 SOUTH PARK STREET
MADISON WI 53715

GYN / OBG
608-252-8047
WILLIAM C MUSSEY MD
1313 FISH HATCHERY RD
MADISON WI 53715

OPH OS / OPH
608-263-1468
FRANK L MYERS MD
F4/348 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

OPH / OPH
608-252-8012
CHARLES E NAHN MD
1313 FISH HATCHERY RD
MADISON WI 53715

BRUCE M NEAL
402 B EAGLE HEIGHTS
MADISON WI 53705

608-273-0770
CHRISTINE P NEAL
7109 PAGHAM DRIVE
MADISON WI 53719-2123

IM
EDDIE A NEGRON MD
APT 3
203 ALHAMBRA PLACE
MADISON WI 53713

GP
DAVID L NELSON MD
1520 VERNON STREET
STOUGHTON WI 53589

FP
608-837-2236
EUGENE J NELSON MD
216 WEST MAIN STREET
SUN PRAIRIE WI 53590

IM / IM
608-258-9430
MARGARET V NELSON MD
2202 WEST LAWN
MADISON WI 53711

608-233-2094
JOHN C NEMCEK
1931 UNIVERSITY AVENUE
MADISON WI 53705-4012

IM / IM
608-255-9414
PAUL M NEMOVITZ MD
TWO WEST GORHAM STREET
MADISON WI 53703

JAMES C NETTUM
2152 FOX AVENUE
MADISON WI 53711

GP
608-246-2270
CHARLES A NEUHAUSER MD
3434 E WASHINGTON AVE
MADISON WI 53704

IM END
608-231-1159
DAVID N NEVIN MD
214 KAREN COURT
MADISON WI 53705

PD / PD
KATHRYN P NICHOL MD
2753 MARSHALL PARKWAY
MADISON WI 53713

ORS / ORS
608-255-9414
WILLIAM R NIEDERMEIER MD
2 WEST GORHAM STREET
MADISON WI 53703

ORS / ORS
608-238-9311
EUGENE J NORDBY MD
2704 MARSHALL COURT
MADISON WI 53705

GP
608-873-7125
VINCENT W NORDHOLM MD
POST OFFICE BOX 247
STOUGHTON WI 53589

NED G NORDIN
POST OFFICE BOX 440
OCONTO WI 54153-0440

OM GPM IM / GPM
JERRY J NOREN MD
707 WARF BUILDING
610 N WALNUT STREET
MADISON WI 53705

PD
DOROTHY H W OAKLEY MD
3009 GRANDVIEW BLVD
MADISON WI 53713

PTH
TERRY D OBERLEY MD
2500 OVERLOOK TERRACE
MADISON WI 53705

608-256-2373
WILLIAM J O'BRIEN
APT 2302
1315 SPRING STREET
MADISON WI 53715

EM FP / FP
608-267-6206
KEVIN O'CONNELL DO
202 SOUTH PARK STREET
MADISON WI 53715

CHP P / CHP P
608-238-9354
ROBERT E O'CONNOR MD
2727 MARSHALL COURT
MADISON WI 53705

FP
MARY M O'DWYER MD
6100 WINNEQUAH ROAD
MONONA WI 53716

FP / FP
608-274-1100
DENNIS A OETH MD
5714 ODANA ROAD
MADISON WI 53719

GS
MARTIN G O'GRADY MD
GLOUSECTERSHIRE
ROYAL HOSPITAL
ENGLAND

PATRICK O'LEARY
CT 2
2442 CHALET GARDENS
MADISON WI 53711

FP / FP
608-222-3404
MARK B OLINGER MD
5001 MONONA DRIVE
MADISON WI 53716

EM IM / EM IM
608-258-3215
MARK OLSKY MD
309 W WASHINGTON AVE
MADISON WI 53703

DR / DR
JAMES G OLSON MD
309 W WASHINGTON AVE
MADISON WI 53703

FP / FP
608-837-7913
JANET E OLSON MD
709 HANLEY DRIVE
SUN PRAIRIE WI 53590

OBG / OBG MFM
608-267-6306
RONALD W OLSON MD
202 SOUTH PARK STREET
MADISON WI 53715

608-233-8042
SUSAN R ONESON
APT 237
4833 SHEBOYGAN AVENUE
MADISON WI 53705-2959

OPH PD / OPH PD
608-233-4931
GEORGE E OOSTERHOUS MD
121 STANDISH COURT
MADISON WI 53705

608-251-9189
SANDRA M ORFGEN
APT 1
2005 MONROE STREET
MADISON WI 53711

CD IM / CD IM
608-263-5131
JUDITH E ORIE MD
H6/336 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

P
608-263-6100
COLLEEN JOYCE O'ROURKE MD
DEPT OF PSYCHIATRY
600 HIGHLAND AVENUE
MADISON WI 53792

PD / PD
608-241-4611
SANDRA L OSBORN MD
1912 ATWOOD AVENUE
MADISON WI 53704

AN
DALE P OSTRANDER MD
B6/387 CSC
600 HIGHLAND AVENUE
MADISON WI 53706

608-255-9956
ANTHONY A OTTERS
APT 201
1314 W JOHNSON STREET
MADISON WI 53715

A IM / AI IM
608-257-7311
JOHN J OUELLETTE MD
SUITE 600
ONE SOUTH PARK STREET
MADISON WI 53715

FP
608-754-9271
RICHARD S OVERTON MD
1331 ELIDA STREET
JANESVILLE WI 53545

608-256-7402
ALEXANDER F PAK
#207
415 WEST GILMAN STREET
MADISON WI 53703

JEFFREY D PALARSKI
APT 10
640 E JOHNSON STREET
MADISON WI 53703-1554

608-271-6503
MICHAEL J PANZER
APT 104
2221 POST ROAD
MADISON WI 53713

FP EM / FP
608-835-3156
ROBERT M PASTER MD
726 NORTH MAIN STREET
OREGON WI 53575

FP / FP
608-256-3983
JEFFREY J PATTERSON DO
2532 BALDEN STREET
MADISON WI 53713

EM / EM
608-267-6206
MELVYN A PEARLMAN MD
202 SOUTH PARK STREET
MADISON WI 53715

OBG / OBG
BEN M PECKHAM MD
5975 WOODCREEK LANE
MIDDLETON WI 53562

ORS / ORS
608-252-8191
ERNEST A PELLEGRINO JR MD
1313 FISH HATCHERY RD
MADISON WI 53715

TS GS / TS GS
608-263-1383
JOHN R PELLETT MD
G5/351 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

FP
608-233-2414
JOSEPH F PELLICER MD
205 HIGHLAND AVENUE
MADISON WI 53705

N P / N P
608-263-5420
HENRY A PETERS MD
600 HIGHLAND AVENUE
MADISON WI 53792

R / R
MARY E PETERS MD
4413 SOMERSET LANE
MADISON WI 53711

OPH / OPH
608-257-1481
DONALD A PETERSON MD
20 SOUTH PARK STREET
MADISON WI 53715

ORS
PAUL D PETERSON MD
2704 MARSHALL COURT
MADISON WI 53705

N
608-255-4826
WILLIAM G PETERSON MD
SUITE 202
20 SOUTH PARK STREET
MADISON WI 53715

FP HYP / FP
608-241-9020
LYNN A PHELPS MD
1225 BURNING WOOD WAY
MADISON WI 53704

R / R
JERALD H PIETAN MD
7833 OXTRAIL WAY
VERONA WI 53593

PTH CLP / PTH CLP
608-756-6000
PHILIP G PIPER MD
1000 MINERAL POINT RD
JANESVILLE WI 53545

IM / IM
JOHN D PIRSCH MD
345 W WASHINGTON AVE
PO BOX 222
MADISON WI 53701-0222

NS / NS
FREDERICK R PITTS JR MD
COLONIA DEL PRADO
CUIDAD COLON DE MORA
COSTA RICA

CHP P / P
608-238-7343
EVAN F PIZER MD
2725 MARSHALL COURT
MADISON WI 53705

ORS / PS
GEORGE J PLZAK MD
6018 S HIGHLANDS AVE
MADISON WI 53705

IM
BRAD POHLMAN MD
6710-D PARK RIDGE DR
MADISON WI 53719

608-257-3333
SHELDON M POLONSKY
APT 205
1308 SPRING STREET
MADISON WI 53715

GREGORY R POLSTON
5440 OAKWOOD AVENUE
STEVENS POINT WI
54481-9162

IM ID / IM
608-257-7107
FRANK P POLYAK MD
SUITE 504
20 SOUTH PARK STREET
MADISON WI 53715

608-257-4760
ATHENA POPPAS
APT 1
121 N HANCOCK STREET
MADISON WI 53703

IM RHU / IM
JAMES F PORTER MD
2910 ROBIN COURT
MADISON WI 53711

DR NM / R
MYRON A POZNIAK MD
E3/311 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

ON HEM IM / MON HEM IM
EDWARD J PRENDERGAST MD
535 SOUTH SHORE DRIVE
MADISON WI 53715

IM PUD / IM PUD
608-252-8400
GEOFFREY R PRIEST MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

PD
MARGARET J PROUTY MD
3110 WACHEETA TRAIL
MADISON WI 53711

IM GE / IM
608-256-8954
KARVER L PUESTOW MD
2113 ADAMS STREET
MADISON WI 53711

PD / PD
608-257-9700
NATHANIEL J PULVER MD
ONE SOUTH PARK STREET
MADISON WI 53715

IM
ABRAHAM A QUISLING MD
#1102
6209 MINERAL POINT RD
MADISON WI 53705

IM
SVERRE QUISLING MD
APT 16
SIX WHITCOMB CIRCLE
MADISON WI 53711

NOEL A RADCLIFFE
21 EAST BADGER ROAD
MADISON WI 53713-2701

IM
608-274-2783
RANDALL RAGO MD
APT 125
5002 SHEBOYGAN AVENUE
MADISON WI 53705

CD IM / IM
608-836-7077
PETER S RAHKO MD
10 E NEW HAVEN CIRCLE
MADISON WI 53717

GS / GS
608-222-3404
JOHN P RAHM JR MD
5001 MONONA DRIVE
MADISON WI 53716

608-231-1369
KEVIN A RAHN
APT 10
2217 UNIVERSITY AVENUE
MADISON WI 53705

TARA A RAKOWSKI
APT NO 38
933 W JOHNSON STREET
MADISON WI 53715-1023

R / R
PHILIP P RANK MD
309 W WASHINGTON AVE
MADISON WI 53703

AN
608-274-4622
MITCHELL A RAPKIN MD
DEPT OF ANETHESIOLOGY
202 SOUTH PARK STREET
MADISON WI 53715

IM ID / IM ID
608-252-8400
RICHARD M REICH MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

GE IM / GE IM
608-257-3008
MARK REICHELDERFER MD
SUITE 355
20 SOUTH PARK STREET
MADISON WI 53715-1348

IM ON / IM
608-271-3185
SCOT C REMICK MD
10 WESTOVER COURT
MADISON WI 53719

GP
608-231-1759
JOHN L RENS MD
APT 4
1659 CAPITAL AVENUE
MADISON WI 53705

608-233-3008
LORI J RENS MD
2546 KENDALL AVENUE
MADISON WI 53705

DANIEL J RESOP
809E EAGLE HEIGHTS
MADISON WI 53705-1565

GS / GS
608-341-2477
MAURICE G RICE MD
1556 PINE STREET
STEVENS POINT WI 54481

R / R
FREDERICK M RICH MD
5530 MEDICAL CIRCLE
MADISON WI 53719

JOSEPH V RICHARDS
125 S BRITTINGHAM PL
MADISON WI 53715

IM / IM
608-257-7107
ANTHONY J RICHTSMEIER MD
SUITE 504
20 SOUTH PARK STREET
MADISON WI 53715

D / D
608-241-4611
HAL B RIDGWAY MD
1912 ATWOOD AVENUE
MADISON WI 53704

FP / FP
LEE M ROBAK MD
55 PRAIRIE AVENUE
PRAIRIE DU SAC WI
53578-1598

P IM / IM
608-252-8226
KENNETH I ROBBINS MD
1313 FISH HATCHERY RD
MADISON WI 53715

IM
MARK L ROBBINS MD
APT 6
7345 CENTURY PLACE
MIDDLETON WI 53562

P
JOHN A ROBERTS MD
APT 1
1431 MORRISON STREET
MADISON WI 53703

ORS / ORS
608-257-3961
J MARK ROBERTS MD
SUITE 455
20 SOUTH PARK STREET
MADISON WI 53715

JAMES C ROBINSON MD
APT 3D
954 RICHMOND COURT
KALAMAZOO MI 49009-1411

IM / IM
608-241-4611
WILLIAM ROCK MD
1912 ATWOOD AVENUE
MADISON WI 53704

608-233-6361
DAVE RODEBERG
702 EUGENIA AVENUE
MADISON WI 53705

U
608-238-9554
PAUL N RODRIGUEZ MD
1727 NORMAN WAY
MADISON WI 53705

ORS / ORS
608-221-1875
JOHN S ROGERSON MD
2918 WAUNONA WAY
MADISON WI 53713

R DR / R DR
GEORGE F ROGGENSACK MD
1014 HILLSIDE AVENUE
MADISON WI 53705

608-251-7719
DAVID C ROHDE
APT 101
4817 SHEBOYGAN AVENUE
MADISON WI 53705

OBG / OBG
608-257-4386
EVERETT L ROLEY MD
SUITE 408
20 SOUTH PARK STREET
MADISON WI 53715

ORS / ORS
608-252-8459
DAVID J ROLNICK MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

IM / IM
608-252-8133
JAMES W ROSE JR MD
1313 FISH HATCHERY RD
MADISON WI 53715

FP / FP
MELVIN H ROSEN MD
202 S CENTURY AVENUE
WAUNAKEE WI 53597-1208

AMY M ROSENBLATT
APT 4G
2924 HARVEY STREET
MADISON WI 53705-3530

AN
608-256-4557
JOHN E ROSS MD
906 EDGEWATER COURT
MADISON WI 53715

OPH / OPH
608-258-4520
HARRY ROTH MD
1025 REGENT STREET
MADISON WI 53715

IM
LAURENCE ROTHSTEIN MD
DEPT OF MEDICINE
600 HIGHLAND AVENUE
MADISON WI 53792

IM / IM
608-256-8363
ROYAL ROTTER MD
1901 MONROE STREET
MADISON WI 53711

R / R
WAYNE M ROUNDS MD
6218 S HIGHLANDS AVE
MADISON WI 53705

FP
MARY G ROWE MD
7409 FARMINGTON WAY
MADISON WI 53717

N
608-263-5443
JACK M ROZENTAL MD
1745 NORMAN WAY
MADISON WI 53705

OBG / OBG
608-252-8160
KARL A RUDAT MD
1313 FISH HATCHERY RD
MADISON WI 53715

OBG
608-252-8400
SHERWIN M RUDMAN MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

ORS / ORS
RONALD C RUDY MD
1313 FISH HATCHERY RD
MADISON WI 53715

608-271-3822
RANDY O RUMMLER
2102 FRISCH ROAD
MADISON WI 53711

FP / FP
WILLIAM T RUSSELL MD
304 N BRISIOL STREET
SUN PRAIRIE WI 53590

AN / AN
608-263-8111
BEN F RUSY MD
B6/387 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

LYNN M RUSY
218 FUDD STREET
MADISON WI 53714

IM / IM
608-252-8000
EDWARD K RYDER JR MD
1313 FISH HATCHERY RD
MADISON WI 53715

PD ID / PD
608-831-2720
THOMAS N SAARI MD
2630 AMHERST ROAD
MIDDLETON WI 53562

ORS / ORS
608-238-9311
KENNETH M SACHTJEN MD
2704 MARSHALL COURT
MADISON WI 53705

R / R
JOSEPH F SACKETT MD
E3/360 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

P / P
608-274-0355
ROBERT J SALINGER MD
5534 MEDICAL CIRCLE
MADISON WI 53719-1298

LAUREL B SALTON
2925 HARVEY STREET
MADISON WI 53705

608-238-2136
DAVID A SANDMIRE
2628 STEVENS STREET
MADISON WI 53705

AN / AN
608-263-8122
FRANK J SASSE MD
B6/387 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

SCOTT A SASSE
APT 120
4859 SHEBOYGAN AVENUE
MADISON WI 53705-2940

608-233-1555
MICHAEL A SAVIN MD
APT #4
2130 ALLEN BOULEVARD
MIDDLETON WI 53562

DEREK A SCAMMELL
APT 2
2308 KENDALL AVENUE
MADISON WI 53705-3805

DR / R DR
608-238-7098
KATHLEEN A SCANLAN MD
5438 HAMPTON COURT
MADISON WI 53705

FP / FP
608-873-9431
FRANCIS M SCHAMMEL MD
214 S FORREST STREET
STOUGHTON WI 53589

608-836-7092
RANDI A SCHEA
5120 CONCORD DRIVE
MIDDLETON WI 53562

IM / IM
608-263-2556
WILLIAM E SCHECKLER MD
777 SOUTH MILLS STREET
MADISON WI 53715

FP / FP
608-845-8841
WILLIAM R SCHEIBEL MD
203 MELODY LANE
VERONA WI 53593

608-233-8528
PAUL J SCHERER
APT 24
2121 UNIVERSITY AVENUE
MADISON WI 53705

FP / FP
JAMES P SCHIEFFER MD
7429 HUBBARD AVENUE
MIDDLETON WI 53562

PUD IM / PUD IM
JOHN P SCHILLING MD
TWO WEST GORHAM STREET
MADISON WI 53703

FP / FP
608-274-1100
RICHARD G SCHMELZER MD
5714 ODANA ROAD
MADISON WI 53719

AN
608-241-2607
CARL W SCHMIDT MD
49 LAKEWOOD GARDENS LN
MADISON WI 53704

608-256-2445
CHRISTOPHER C SCHMIDT
923 DRAKE STREET
MADISON WI 53715

FP / FP
608-837-4521
MARY H SCHMIDT MD
TEN TOWER DRIVE
SUN PRAIRIE WI 53590

FP / FP
PAUL L SCHMIDT MD
10 TOWER DRIVE
SUN PRAIRIE WI 53590

R / R
ROBERT C SCHMITZ MD
5314 FAYETTE STREET
MADISON WI 53713

GS / GS
608-873-7278
PHILLIP J SCHOENBECK MD
110 EAST MAIN STREET
STOUGHTON WI 53589

FP
608-258-9689
ELLEN K SCHOENFELDER MD
718D S ORCHARD STREET
MADISON WI 53715

PD / PD
608-263-6477
CHARLES D SCHOENWETTER MD
H6/434 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

ON
608-257-0561
JOHN M SCHROEDER MD
20 SOUTH PARK STREET
MADISON WI 53715

AN / AN
608-263-8104
MARK E SCHROEDER MD
B6/373
600 HIGHLAND AVENUE
MADISON WI 53792

MARY K SCHROTH
APT 7
318 FINKBINE LANE
IOWA CITY IA 52240

ON / OBG
608-231-3441
ALWIN E SCHULTZ MD
222 NORTH MIDVALE BLVD
MADISON WI 53705

608-845-6063
ROBERT J SCHULTZ
317 LINCOLN STREET
VERONA WI 53593

608-251-1555
SANDRA B SCHULTZ
APT F
1650 MONROE STREET
MADISON WI 53711

ORS
TIMOTHY K SCHULTZ MD
APT 7A
1707 N PROSPECT AVENUE
MILWAUKEE WI 53202-1907

GS
608-241-4611
JAMES T SCHULZ MD
1912 ATWOOD AVENUE
MADISON WI 53704

D / D
608-238-7179
DONALD S SCHUSTER MD
4414 REGENT STREET
MADISON WI 53705

N / N
608-263-5448
HENRY S SCHUTTA MD
DEPT OF NEUROLOGY
600 HIGHLAND AVENUE
MADISON WI 53792

FP / FP
608-241-9020
WILLIAM SCHWAB MD
3209 DRYDEN DRIVE
MADISON WI 53704

ROBERT L SCHWARTZ
W1627 10TH AVENUE
SPOKANE WA 99203-4103

OTO / OTO
608-257-3696
JOHN K SCOTT MD
SUITE 350
20 SOUTH PARK STREET
MADISON WI 53715-1348

608-255-0086
MARK P SCOTT
125 S BRITTINGHAM PL
MADISON WI 53715

IM / IM
608-273-3742
JAMES W SEHLOFF MD
17 MESA COURT #1
MADISON WI 53719

FP
608-837-2206
NANCY J SELFRIDGE MD
1270 WEST MAIN STREET
SUN PRAIRIE WI 53590

OTO GS
608-238-0399
ARIF J SHAIKH MD
APT 30
2060 ALLEN BOULEVARD
MIDDLETON WI 53562

CDS TS GS / CDS TS GS
608-252-8006
JOHN M SHANNAHAN MD
1313 FISH HATCHERY RD
MADISON WI 53715

OPH
608-251-2361
MICHAEL B SHAPIRO MD
1025 REGENT STREET
MADISON WI 53715

CHP / PN
608-274-0355
ROBERT B SHAPIRO MD
5534 MEDICAL CIRCLE
MADISON WI 53719-1298

OBG END / OBG RE
608-263-1218
SANDER S SHAPIRO MD
H4/630 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

MARK S SHAPSON
840 EAST GORHAM STREET
MADISON WI 53703

OBG IM / OBG
GERALD W SHAY MD
1912 ATWOOD AVENUE
MADISON WI 53704

IM / IM
608-836-1644
GREGORY L SHEEHY MD
1205 CANTERBURY CIRCLE
MIDDLETON WI 53562

P
608-238-9354
EDWIN O SHELDON JR MD
2727 MARSHALL COURT
MADISON WI 53705

P N / P N
608-238-9354
RUTH T SHELDON MD
2727 MARSHALL COURT
MADISON WI 53705

NEP IM / NEP IM
608-258-3221
WELDON D SHELP MD
309 W WASHINGTON AVE
MADISON WI 53703

D / D
608-262-7793
PHILIP D SHENEFELT MD
2759 FLORANN DRIVE
MADISON WI 53711

KETAN K SHETH
APT 101
4817 SHEBOYGAN AVENUE
MADISON WI 53705-2910

N
608-252-8531
KARL E SHEWMAKE MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

608-256-6618
JAMES H SHROPSHIRE
APT 1
221 N LIVINGSTON ST
MADISON WI 53703

FP / FP
608-222-3404
RICHARD W SHROPSHIRE MD
5001 MONONA DRIVE
MONONA WI 53716

EM FP / FP
608-258-6800
PHILIP M SHULTZ MD
5705 COVE CIRCLE
MONONA WI 53716-3009

PM / PM
608-267-6175
ROBERT A SIEVERT MD
202 SOUTH PARK STREET
MADISON WI 53715

P
608-238-9284
KATHLEEN A SIGRIST MD
409 NORTH OWEN DRIVE
MADISON WI 53705

JORGE L SIFUENTES
17402 VAN AKEN BLVD
SHAKER HEIGHTS OH 44122

IM END / IM
608-252-8400
CARL G SILVERMAN MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

DAVID J SIMENSTAD
POST OFFICE BOX 218
OSCEOLA WI 54020-0218

IM / IM
608-252-8133
PAUL O SIMENSTAD MD
1313 FISH HATCHERY RD
MADISON WI 53715

GYN ON
608-263-1210
NANCY LOUISE SIMON MD
H4/636 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

HENRY J SIMPSON
APT 2
2308 KENDALL AVENUE
MADISON WI 53705-3805

IM GE / IM
608-263-4033
JOHN L SIMS MD
942 S MIDVALE BLVD
MADISON WI 53711

GS / GS
608-835-3152
RUSSELL P SINAIKO MD
5437 HIGHWAY M
OREGON WI 53575

608-257-0091
DON SIPES
1308 SPRING STREET
MADISON WI 53715

OBG / OBG
608-252-8049
W JAMES SIVERHUS MD
1313 FISH HATCHERY RD
MADISON WI 53715

IM GER
SIGURD E SIVERTSON MD
ROOM 1245A
1300 UNIVERSITY AVENUE
MADISON WI 53706

608-255-6167
KATHERINE K SKAGGS
1143 ERIN STREET
MADISON WI 53715

JULIE C SKINNER
402 WOODVIEW DRIVE
SUN PRAIRIE WI 53590-2354

GS / GS
608-222-8041
EUGENE E SKROCH MD
710 FROST WOODS ROAD
MADISON WI 53716

608-257-4297
ROBERT SLATER
APT A
913 VILAS AVENUE
MADISON WI 53715

ORS / ORS
608-255-9414
JAMES S SLATTERY MD
2 WEST GORHAM STREET
MADISON WI 53703

608-231-2933
MARCIA J SLATTERY
APT 5
2127 UNIVERSITY AVENUE
MADISON WI 53705-2324

AN / AN
608-263-8116
VERA SLAVIC-SVIRCEV MD
B6/356 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

GS TS / GS
608-256-4656
DEAN B SMITH MD
20 SOUTH PARK STREET
MADISON WI 53715

PD / PD
608-241-4611
GREGORY G SMITH MD
1912 ATWOOD AVENUE
MADISON WI 53704

P / P
608-274-0355
MAX M SMITH MD
5534 MEDICAL CIRCLE
MADISON WI 53719-1298

JEFFREY SMUKALLA
8464 SOUTH JEAN AVENUE
OAK CREEK WI 53154-3217

SEAN M SMULLEN
119 LATHROP STREET
MADISON WI 53705-4018

608-274-8291
RICKEY L SNIPES
2002 TRACEWAY DRIVE
MADISON WI 53713

OS PSF / D
608-263-6226
STEPHEN N SNOW MD
600 HIGHLAND AVENUE
MADISON WI 53792

PD
608-271-0725
GLEN C SNYDERS MD
APT 234
4833 SHEBOYGAN AVENUE
MADISON WI 53705

FP / FP
608-263-6585
CATHERINE SODERQUIST MD
777 SOUTH MILLS STREET
MADISON WI 53715

ORS HS
608-238-9311
DAVID A SOLFELT MD
2704 MARSHALL COURT
MADISON WI 53705

IM / IM
608-252-8133
DAVID A SORBER MD
1313 FISH HATCHERY RD
MADISON WI 53715

AN
608-263-8100
JEFFRY A SPAIN MD
B6/387 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

OBG / OBG
608-257-4386
JAMES P SPEICHINGER MD
20 SOUTH PARK STREET
MADISON WI 53715

AN / AN
608-263-9246
SCOTT R SPRINGMAN MD
DEPT OF ANESTHESIOLOGY
600 HIGHLAND AVENUE
MADISON WI 53792

PD / PD
608-252-8400
PATRICIA V STAATS MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

FP
608-233-0682
MICHAEL K STAHL MD
2502 GREGORY STREET
MADISON WI 53711

IM
608-238-5449
LAURA L STAHNKE MD
4702 CRESCENT ROAD
MADISON WI 53711-4606

EM / EM
608-233-8490
RICHARD L STALEY MD
4106 ST CLAIR STREET
MADISON WI 53711

CONNIE L STAMPEL
1313 NORTH 64TH STREET
WAUWATOSA WI 53213

IM
JOHN A STANCHER MD
2030 WESTBROOK LANE
MADISON WI 53711

GS / GS
608-263-1387
JAMES R STARLING MD
5509 TREMPEALEAU TRAIL
MADISON WI 53705

GS
608-233-0257
MICHAEL J STATZ MD
3112 BLUFF STREET #5
MADISON WI 53705

608-836-1970
THOMAS G STAUSS MD
5306 SOUTH RIDGEWAY
MIDDLETON WI 53562

TR ON / TR
608-263-8500
RICHARD A STEEVES MD
K4/B100 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

R / R
DENNIS H STEFFEN MD
309 W WASHINGTON AVE
MADISON WI 53703

CHRISTOPHER P STEFFES
APT 215
4723 SHEBOYGAN AVENUE
MADISON WI 53705-3146

ROBERT D STEINER
SUITE 702
4817 SHEBOYGAN AVENUE
MADISON WI 53705

GS CD / GS
GEORGE P STEINMETZ JR MD
110 OZARK TRAIL
MADISON WI 53705-2531

JEFFREY A STEPHENSON MD
UW CSC K4/B100
600 HIGHLAND
MADISON WI 53792

608-233-2860
GARY W STERKEN MD
3528 CROSS STREET
MADISON WI 53711

OPH / OPH
THOMAS S STEVENS MD
208 LATHROP STREET
MADISON WI 53705

PTH / PTH
DONALD J STEVENSON MD
3443 EDGEHILL PARKWAY
MADISON WI 53705

R / R
MICHAEL F STIEGHORST MD
SUITE 201
20 SOUTH PARK STREET
MADISON WI 53715

EM FP / FP
608-831-4066
PAUL M STIEGLER MD
TWO PINEHURST CIRCLE
MADISON WI 53717

ORS
JEFFREY R STITGEN MD
601 BLUE RIDGE PARKWAY
MADISON WI 53705

608-256-7281
JOSEPH STOECKL
APT 301
311 E JOHNSON STREET
MADISON WI 53703

AN / AN
RUTH A STOERKER MD
1910 WAUNONA WAY
MADISON WI 53713

608-238-9527
THOMAS R STOIBER
APT 15
2130 UNIVERSITY AVENUE
MADISON WI 53705

PTH / PTH
608-267-6267
DENNIS W STONE MD
36 SOUTH BROOKS STREET
MADISON WI 53715

MARK R STORM
3649 MARIGOLD CIRCLE
MIDDLETON WI 53562

IM
608-274-7064
B STOWE-CARPENTER MD
6602 PILGRIM ROAD
MADISON WI 53711

CHARLES R STRANCKE
APT 250
2302 UNIVERSITY AVENUE
MADISON WI 53705-3864

IM
ROBERT A STRAUGHN MD
263 EMPORIA
SAN ANTONIO TX 78209

IM / IM
ERIC M STREICHER MD
1313 FISH HATCHERY RD
MADISON WI 53715

IM P
JOEL E STREIM MD
DEPT OF PSYCHIATRY
600 HIGHLAND AVENUE
MADISON WI 53792

AN / AN
608-274-4622
JOHN M STROHM MD
DEPT OF ANETHESIOLOGY
202 SOUTH PARK STREET
MADISON WI 53715

GS / GS
608-255-9414
GLEN J STUESSER MD
TWO WEST GORHAM STREET
MADISON WI 53703

OPH / OPH
608-258-4520
RODNEY J STURM MD
1025 REGENT STREET
MADISON WI 53715

608-238-1179
DAVID L SUSMAN
2707 COLGATE ROAD
MADISON WI 53705

EM PD
JAMES E SVENSON MD
EMERGENCY DEPARTMENT
202 SOUTH PARK STREET
MADISON WI 53715

608-255-5429
NANCY K SWEITZER
2313 FISH HATCHERY RD
MADISON WI 53713

CHP P / CHP P
608-263-6099
WILLIAM J SWIFT JR MD
B6/262 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

AN / AN
W STUART SYKES MD
B6/387 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

FP
608-837-5158
JOSEPH SYTY MD
TEN TOWER DRIVE
SUN PRAIRIE WI 53590

EM FP / FP
CHERYL J SZABO MD
1404 LUMPKIN
TUPELO MS 38801-2217

PD
608-831-4130
SUSAN SZABO MD
#6
5258 BRINDISI COURT
MIDDLETON WI 53562

OTO / OTO
608-244-7271
CHARLES R TABORSKY MD
240 LAKEWOOD BOULEVARD
MADISON WI 53704

IM A1 / IM
608-767-2593
JOHN R TALBOT MD
5335 REEVE ROAD
MAZOMANIE WI 53560

LM EM D
608-271-8847
ALOYS L TAUSCHECK MD
2356 BLUE GRASS TRAIL
MADISON WI 53711

IM / IM
608-256-1901
BENTON C TAYLOR MD
3906 PRISCILLA LANE
MADISON WI 53705

AN / AN
CLAUDE A TAYLOR JR MD
6341 LANDFALL DRIVE
MADISON WI 53705

N / N
608-255-4826
GAMBER F TEGTMEYER JR MD
SUITE 202
20 SOUTH PARK STREET
MADISON WI 53715

PD / PD
HORACE K TENNEY III MD
125 S WEBSTER STREET
POST OFFICE BOX 7841
MADISON WI 53707

608-233-6714
DENNIS SUNIL THAKOR MD
APT 242
4725 SHEBOYGAN AVENUE
MADISON WI 53705

D / D
608-221-8189
DIANE THALER MD
5705 COVE CIRCLE
MONONA WI 53716

IM CD
608-831-4415
JACKSON L THATCHER JR MD
7324 MOCKINGBIRD LANE
MIDDLETON WI 53562

IM / IM
608-833-3616
MICHAEL L THOM MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

FP / FP
608-222-3404
STEPHEN C THOMAS MD
5001 MONONA DRIVE
MADISON WI 53716

CHARLES THOMPSON
APT 301
112 NORTH MILLS STREET
MADISON WI 53715

AN EM
NANCY E THORN MD
2653 CHAMBERLAIN AVE
MADISON WI 53705

P N / P
608-263-6081
RICHARD J THURRELL MD
B6/256 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

NS / NS
608-255-4826
JAMES C TIBBETTS MD
SUITE 202
20 SOUTH PARK STREET
MADISON WI 53715

FP
608-839-4021
KAREN MARIE TIERNEY MD
3593 NATVIG ROAD
COTTAGE GROVE WI 53527

AN / AN
608-274-4622
BONNIE M TOMPKINS MD
DEPT OF ANETHESIOLOGY
202 SOUTH PARK STREET
MADISON WI 53715

OBG
608-256-7781
JAMES B TORHORST MD
SUITE 307
20 SOUTH PARK STREET
MADISON WI 53715

GP U
608-241-4445
THOMAS W TORMEY JR MD
2453 ATWOOD AVENUE
MADISON WI 53704

PD / PD
608-252-8181
ORDEAN L TORSTENSON MD
1313 FISH HATCHERY RD
MADISON WI 53715

N
608-249-2151
JOHN B TOUSSAINT MD
317 KNUTSON DRIVE
MADISON WI 53704

OPH
NORBERT F TOUSSAINT JR MD
345 W WASHINGTON AVE
PO BOX 222
MADISON WI 53701-0222

NS GS / NS
608-252-8230
STEVEN M TOUTANT MD
1313 FISH HATCHERY RD
MADISON WI 53715

RICHARD W TSCHOEKE
1425 MOUND STREET
MADISON WI 53711-2221

FP / FP
608-837-2206
MARC D TUMERMAN MD
1270 WEST MAIN STREET
SUN PRAIRIE WI 53590

608-238-5594
ROSE MARIE TURBA
4321 CRITCHELL TERRACE
MADISON WI 53711

CDS GS / GVS GS
608-263-1388
WILLIAM D TURNIPSEED MD
H4/330 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

PTH CLP / PTH CLP
608-258-3228
DEBORAH M TURSKI MD
309 W WASHINGTON AVE
MADISON WI 53703

R / R
PATRICK A TURSKI MD
DEPT OF RADIOLOGY
600 HIGHLAND AVENUE
MADISON WI 53792

608-257-4827
RENEE T TUTTLE
APT 201
104 SOUTH BROOKS
MADISON WI 53715

GP
608-256-0523
J KENT TWEETEN MD
333 W MIFFLIN STREET
MADISON WI 53703

P / P
608-833-3554
GILBERT B TYBRING MD
7109 COLONY DRIVE
MADISON WI 53717

608-256-0781
PETER ULLRICH JR
APT 1A
1314 SPRING STREET
MADISON WI 53715

P
DEBORAH M UMSTEAD MD
DEPT OF PSYCHIATRY
600 HIGHLAND AVENUE
MADISON WI 53792

R TR / R
608-263-8349
JUNE M D UNGER MD
UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

MARK A URBAN
916 S FARRAGUT TERRACE
PHILADELPHIA PA
19143-3607

P
WALTER J URBEN MD
1219 WELLESLEY ROAD
MADISON WI 53705

DAVID A VAN DE LOO
701 SCHMITT PLACE
MADISON WI 53705

IM GE / IM
JAMES E VANDER MEER MD
1313 FISH HATCHERY RD
MADISON WI 53715

PD / PD
HART E VAN RIPER MD
APT 308
115 LAKE EMEALD DRIVE
OAKLAND PARK FL 33309

JEROME VAN RUISWYK MD
APT 2
2956 NORTH 76TH STREET
MILWAUKEE WI 53222-5010

608-233-2779
DALE F VASLOW
APT 1A
602 FRANKLIN AVENUE
MADISON WI 53705

ABS TRS GS / GS
608-252-8477
ROLAND J VEGA MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

ROBERT E VLACH JR
404 I EAGLE HEIGHTS
MADISON WI 53705-2014

ORS / ORS
608-257-3961
GEORGE H VOGT MD
SUITE 455
20 SOUTH PARK STREET
MADISON WI 53715

FP / FP
608-271-2333
VICTORIA A VOLLRATH MD
5722 RAYMOND ROAD
MADISON WI 53711

608-238-5332
JACK VON RUTENBERG
2631 UNIVERSITY AVE #2
MADISON WI 53705

OPH / OPH
608-263-6646
INGOLF H L WALLOW MD
F4/370 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

GP
EUGENE J WALSH MD
2830 DRYDEN DRIVE
MADISON WI 53704

P CHP
608-833-7976
BETH WALTERS-JONES MD
264 GRAND CANYON DRIVE
MADISON WI 53705

P / P
608-836-3959
JUDITH D WALTON MD
6411 MOUND DRIVE
MIDDLETON WI 53562

608-257-5702
RICKY J WANIGER
APT 4
2501 FISH HATCHERY RD
MADISON WI 53713-3830

JACQUELINE WARNER
702 EUGENIA AVENUE
MADISON WI 53705

FP / FP
608-263-7682
JAMES D WARRICK MD
777 SOUTH MILLS STREET
MADISON WI 53715

IM
608-252-8522
LOUIS F WARRICK JR MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

FP / FP
608-274-1100
WALTER L WASHBURN MD
5714 ODANA ROAD
MADISON WI 53719

R / RP
602-971-9081
WILLIAM L WASKOW MD
4205 E PARADISE LANE
PHOENIX AZ 85032

IM / IM
608-252-8418
BLAKE E WATERHOUSE MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

AN / AN
DARWIN D WATERS MD
26 HERITAGE DRIVE
LAKE WYLIE SC 29710

U / U
608-252-8000
RAUL F WATERS MD
1313 FISH HATCHERY RD
MADISON WI 53715

OBG / OBG
608-835-3014
ALICE D WATTS MD
2402 LALOR ROAD
POST OFFICE BOX 98
OREGON WI 53575-0098

PD ADL / PD
608-251-6440
CURTIS R WEATHERHOGG MD
SUITE 303
20 SOUTH PARK STREET
MADISON WI 53715

FP
608-837-4521
DAVID L WEBER MD
TEN TOWER DRIVE
SUN PRAIRIE WI 53590

DAVID R WEBER
59 EAST SHORE DRIVE
RANDOM LAKE WI 53075-9427

608-238-0396
MARIA T WEBER
APT 2
1109 MILTON STREET
MADISON WI 53715

U / U
608-252-8555
JOHN D WEGENKE MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

R / R
GENE P WEGNER MD
4815 TONYAWATHA TRAIL
MADISON WI 53716

608-238-6275
MARK A WEINER
APT 8
401 CHAMBERLAIN AVENUE
MADISON WI 53705

PS
608-271-0578
MICHAEL A WEINER MD
5520 MEDICAL CIRCLE
MADISON WI 53719

OPH / OPH
JOEL M WEINSTEIN MD
DEPT OF OPHTHALMOLOGY
600 HIGHLAND AVENUE
MADISON WI 53792

IM / IM
608-257-7107
RICHARD O WELNICK MD
SUITE 504
20 SOUTH PARK STREET
MADISON WI 53715

GS VS / GS
608-241-4611
RONALD D WENGER MD
1912 ATWOOD AVENUE
MADISON WI 53704

FP / FP
608-221-1501
PAUL A WERTSCH MD
4221 VENETIAN LANE
MADISON WI 53704

CHP P / CHP P
608-263-6097
JACK C WESTMAN MD
D6/292 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

IM / IM
608-252-8400
CARL B WESTON MD
345 W WASHINGTON AVE
POST OFFICE BOX 222
MADISON WI 53701-0222

GS
305-565-1468
ROBERT M WHEELER MD
2119 NE 16TH AVENUE
FORT LAUDERDALE FL 33305

ORS / ORS
608-257-3961
JOHN R WHIFFEN MD
SUITE 455
20 SOUTH PARK STREET
MADISON WI 53715

GYN GPM / OBG
RAYMOND E WHITSITT MD
4905 SHERWOOD ROAD
MADISON WI 53711

TR NM / TR NM
608-263-8500
ALBERT L WILEY JR MD
K4/113B CSC
600 HIGHLAND AVENUE
MADISON WI 53792

IM PUD OM / IM
608-831-5410
JAMES M WILKIE MD
8075 OLD SAUK PASS RD
ROUTE 1
CROSS PLAINS WI 53528

CDS GS / CDS GS
WARREN A WILLIAMSON MD
345 W WASHINGTON AVE
PO BOX 222
MADISON WI 53701-0222

OM
608-845-8458
ALISON S WILMETH MD
1675 BARTLETT COURT
BELLEVILLE WI 53508

RICHARD B WINDSOR JR MD
APT 225
305 NORTH 95TH STREET
MILWAUKEE WI 53226

DR / R
MARGARET C WINSTON MD
APT 3C
1029 SPAIGHT STREET
MADISON WI 53703

R / R
GEORGE W WIRTANEN MD
2884 TIMBERLANE
ROUTE 9
VERONA WI 53593

OPH / OPH
JAMES P WISE MD
SUITE 401
20 SOUTH PARK STREET
MADISON WI 53715

RICHARD J WITTCHOW MD
1751 RIVERWOOD LANE
WISCONSIN RAPIDS WI 54494

IM
608-233-5545
JOHN T WITTE MD
5333 BRODY DRIVE
MADISON WI 53705

ORS / ORS
414-854-4541
RICHARD C WIXSON MD
739 LITTLE SISTER ROAD
SISTER BAY WI 54234

GS / GS
608-263-8604
WILLIAM H WOLBERG MD
K4 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

AGNES WONG
534 SOUTH PARK STREET
MADISON WI 53715

608-833-4930
CHRIS WONG
APT 112B
226 RANDOLPH DRIVE
MADISON WI 53717

NS / NS
608-252-8022
JOHN E WOODFORD MD
1313 FISH HATCHERY RD
MADISON WI 53715

IM / IM
GARY WOROCH MD
1313 FISH HATCHERY RD
MADISON WI 53715

R / R
STANLEY F WYNER MD
APT 406
1300 OAK CREEK DRIVE
PALO ALTO CA 94304

AN / AN
608-263-8104
MARTHA M WYNN MD
B6/387 UW CSC
600 HIGHLAND AVENUE
MADISON WI 53792

PD GE / PD
608-252-8181
MICHAEL R YAFFE MD
301 ACADIA DRIVE
MADISON WI 53717

GS TS / GS TS
608-263-1383
CHARLES E YALE MD
G5/357 CSC
600 HIGHLAND AVENUE
MADISON WI 53792

GE IM / IM
608-257-3008
DENNIS T YAMAMOTO MD
SUITE 355
20 SOUTH PARK STREET
MADISON WI 53715

608-257-7100
DEAN A YEAGER
624 WEST DOTY STREET
MADISON WI 53703

PD / PD
WILLIAM H YLITALO MD
TWO WEST GORHAM STREET
MADISON WI 53703

608-233-1600
JAMES M YOHANAN
5013 FLAMBEAU ROAD
MADISON WI 53705

FP EM / FP
608-231-7151
JOHN C YOST MD
437 VIRGINIA TERRACE
MADISON WI 53705

TS CDS GS / TS GS
608-233-7720
WILLIAM P YOUNG MD
1239 WELLESLEY ROAD
MADISON WI 53705

PD / PD
KOK-PENG YU MD
345 W WASHINGTON AVE
PO BOX 222
MADISON WI 53701-0222

608-274-8720
JOHN R ZANDT
APT 5
4613 THURSTON LANE
MADISON WI 53711

TERRY A ZARLING
2466 NORTH 74TH STREET
WAUWATOSA WI 53213

KATHY L ZENTNER
105 N SPOONER STREET
MADISON WI 53705

N IM / N IM
608-255-4826
RONALD A ZEROFSKY MD
SUITE 202
20 SOUTH PARK STREET
MADISON WI 53715

JOSEPH D ZIRNESKIE MD
APT 3
478 N AUSTIN BOULEVARD
OAK PARK IL 60302

PD N / PD
MARY L ZUPANC MD
DEPT OF NEUROLOGY
600 HIGHLAND AVENUE
MADISON WI 53792

DODGE

GS CDS TS / GS
414-885-5576
M AHMAD ALI MD
SUITE 102
130 WARREN STREET
BEAVER DAM WI 53916

PD FP
414-387-2111
MICHAEL W BACHHUBER MD
410 SHORT STREET
MAYVILLE WI 53050

ORS
414-887-1645
RAFAEL BARAJAS MD
130 WARREN STREET
BEAVER DAM WI 53916

R / R
414-887-1505
JACK R BARTHOLMAI MD
ROUTE 4 BOX 182
BEAVER DAM WI 53916

GP GS
ROGER I BENDER MD
205 S UNIVERSITY AVE
BEAVER DAM WI 53916

ORS / ORS
414-887-8491
JAMES S BERRY MD
130 WARREN STREET
BEAVER DAM WI 53916

GS / GS
414-885-5576
ROBERT F BOOCK MD
SUITE 102
130 WARREN STREET
BEAVER DAM WI 53916

FP / FP
414-887-1753
CURTIS W BUSH MD
130 WARREN STREET
BEAVER DAM WI 53916

FP PTH / PTH
414-324-4572
VICTOR W CACERES MD
600 FERN STREET
WAUPUN WI 53963-0511

GS / GS
414-623-3040
CRAIG W CAMPBELL MD
1511 SOUTH PARK AVENUE
COLUMBUS WI 53925

FP / FP
414-887-7101
EDWARD F CODY MD
1200 N CENTER STREET
BEAVER DAM WI 53916

R / R
R SANFORD COOK MD
41 ROSEWOOD TRAIL
DE LAND FL 32724-1358

FP OBG / FP
414-398-2022
DOWE P CUPERY MD
POST OFFICE BOX 247
MARKESAN WI 53946

FP / FP
414-887-8836
STANLEY G CUPERY MD
130 WARREN STREET
BEAVER DAM WI 53916

FP / FP
414-885-4433
RICHARD A DAMON MD
130 WARREN STREET
BEAVER DAM WI 53916

OPH / OPH
414-887-1151
GEORGE E DAVIS MD
130 WARREN STREET
BEAVER DAM WI 53916

OPH
THAYER C DAVIS MD
130 WARREN STREET
BEAVER DAM WI 53916

GP
414-885-3614
GEORGE G DRESCHER MD
215 N CENTER STREET
BEAVER DAM WI 53916

OPH
ALAN A EHRHARDT MD
130 WARREN STREET
BEAVER DAM WI 53916

FP / FP
414-485-4341
DANIEL R ERICKSON MD
ROUTE 1 HIGHWAY 28
POST OFFICE BOX 127
HORICON WI 53032-0127

FP / FP
414-887-7101
CHARLES W FRINAK MD
1200 N CENTER STREET
BEAVER DAM WI 53916

ABS
WILLIAM E FUNCKE MD
130 WARREN STREET
BEAVER DAM WI 53916

P / P
414-887-8853
KENNETH C GRAUPNER MD
SUITE 3D
200 FRONT STREET
BEAVER DAM WI 53916

IM
414-887-8337
SHARON L HAASE MD
RT 3 BOX 97
BEAVER DAM WI 53916

FP
414-386-4479
FREDERIC G HAESSLY MD
107 E CENTER STREET
JUNEAU WI 53039

FP / FP
414-623-2240
CHARLES E HANSELL MD
1511 PARK AVENUE
POST OFFICE BOX 327
COLUMBUS WI 53925-0327

GP
FREDERIK A KARSTEN MD
514 EAST LAKE STREET
HORICON WI 53032

FP / FP
414-885-4747
WAQAR A KHAN MD
205 S UNIVERSITY AVE
POST OFFICE BOX 294
BEAVER DAM WI 53916

IM
GERALD H KLOMBERG MD
130 WARREN STREET
BEAVER DAM WI 53916

FP
414-488-3101
GREGORY P LANGENFELD MD
110 SOUTH MILWAUKEE
POST OFFICE BOX 187
THERESA WI 53091-0187

GS CDS / GS
414-324-2601
R SCOTT LIEBL MD
14 BEAVER DAM STREET
WAUPUN WI 53963

GP
DARRELL L LINK MD
1200 N CENTER STREET
BEAVER DAM WI 53916

GS / GS
JOSEPH M MILITELLO MD
130 WARREN STREET
BEAVER DAM WI 53916

FP PD / FP
414-324-9621
LAWRENCE H MILLER MD
529 EAST LINCOLN ST
WAUPUN WI 53963

NM PTH / NM PTH
414-885-9231
RODOLFO MOLINA MD
130 WARREN STREET
BEAVER DAM WI 53916

AN / AN
414-885-5871
JANG BU PARK MD
BEAVER DAM COMM HOSP
BEAVER DAM WI 53916

D / D
TARA L PASSOW MD
14 BEAVER DAM STREET
WAUPUN WI 53963

GP
414-324-5545
WILLIAM J PETTERS MD
600 FERN STREET
POST OFFICE BOX 571
WAUPUN WI 53963-0571

OTO / OTO
414-887-1373
VICKI R PRELL MD
148 WARREN STREET
BEAVER DAM WI 53916

FP
414-885-4813
CHARLES L QUALLS MD
112 EAST MAPLE AVENUE
BEAVER DAM WI 53916

DR R / R
414-887-1153
STEVEN J RAWLINS MD
116 MONROE STREET
BEAVER DAM WI 53916

PTH NM / PTH
414-885-9231
WILLIAM G RICHARDS MD
130 WARREN STREET
BEAVER DAM WI 53916

PTH NM CLP / PTH CLP
414-885-9231
THEODORE ROWAN MD
130 WARREN STRET
BEAVER DAM WI 53916

IM PD / PD
414-887-7731
AYAZ M SAMADANI MD
148 WARREN STREET
POST OFFICE BOX 678
BEAVER DAM WI 53916

GP
NORMAN H SCHULZ MD
130 WARREN STREET
BEAVER DAM WI 53916

FP
414-485-4636
JOHN A SMITH MD
1014 E WALNUT STREET
HORICON WI 53032

GP
414-885-9238
WILLIAM H SNOOK MD
130 WARREN STREET
BEAVER DAM WI 53916

PTH CLP / PTH CLP
414-885-9231
JOHN F SULLIVAN MD
130 WARREN STREET
BEAVER DAM WI 53916

CD / IM
414-887-0359
JOHN A SZWEDA MD
130 WARREN STREET
BEAVER DAM WI 53916

FP OBS
414-324-5564
PETER W TIMMERMANS MD
14 BEAVER DAM
WAUPUN WI 53963

IM NEP
414-324-4511
HER-LANG TU MD
14 BEAVER DAM STREET
WAUPUN WI 53963

FP / FP
414-885-5640
ROBERT E URBANEK MD
1233 LAKE SHORE DRIVE
BEAVER DAM WI 53916

FP / FP
ANDREW P VRABEC MD
605 EAST SOUTH STREET
POST OFFICE BOX 517
BEAVER DAM WI 53916

PTH / PTH
EDWARD B WOHLWEND MD
130 WARREN STREET
BEAVER DAM WI 53916

DOOR-KEWAUNEE

FP GP / FP
414-487-5266
VALENTINO S ANCHETA MD
316 STEELE STREET
ALGOMA WI 54201

FP
MARJORIE D BASS MD
WASHINGON IS CLINIC
WASHINGTON ISLAND WI
54246

FP / FP
414-743-7261
JOHN J BECK MD
345 SOUTH 18TH AVENUE
POST OFFICE BOX 447
STURGEON BAY WI
54235-0447

FP / FP
414-743-6231
JEFFREY J BROOK MD
108 SOUTH TENTH AVENUE
STURGEON BAY WI 54235

IM / IM
DAVID G CONGER MD
POST OFFICE BOX 150
STURGEON BAY WI
54235-0150

R
ROLAND G EVENSON MD
535 S EIGHTH AVENUE
STURGEON BAY WI 54235

PTH / PTH
414-743-5566
WILLIAM FALLER MD
330 SOUTH 16TH PLACE
POST OFFICE BOX 466
STURGEON BAY WI
54235-0466

GP OBG
414-388-4022
FRANCIS GILBERT MD
1017 MILWAUKEE STREET
KEWAUNEE WI 54216

GS / GS
414-743-7261
JOHN L HERLACHE MD
345 SOUTH 18TH AVENUE
POST OFFICE BOX 447
STURGEON BAY WI
54235-0447

GP
414-743-2113
WALTER S HOBSON MD
50 S MADISON AVENUE
STURGEON BAY WI 54235

FP
GLENN KIMMEL MD
ONE SOUTH PARK STREET
MADISON WI 53715

FP CD / FP
414-487-1660
JACK F MARCH MD
413 FOURTH STREET
ALGOMA WI 54201

FP / FP
414-743-7261
EDWARD P MC AULIFFE MD
345 SOUTH 18TH AVENUE
POST OFFICE BOX 447
STURGEON BAY WI
54235-0447

U / U
414-743-6974
MICHAEL R MC FADDEN MD
342 LOUISIANA STREET
STURGEON BAY WI
54235-0447

GS / GS
414-743-7261
GEORGE D MULDER MD
345 SOUTH 18TH AVENUE
POST OFFICE BOX 447
STURGEON BAY WI
54235-0447

GP
414-388-3540
REYNOLD M NESEMANN MD
804 MILWAUKEE STREET
KEWAUNEE WI 54216

GP
DAVID E PAPENDICK MD
801 FOURTH STREET
ALGOMA WI 54201

OPH / OPH
414-743-9532
HANSI R PATIENCE MD
PARK FARM
2045 HIGHWAY S
STURGEON BAY WI 54235

GP
EDWARD H REGEHR MD
1304 FIRST STREET
KEWAUNEE WI 54216

FP / FP
414-743-7261
GEORGE H ROENNING MD
345 SOUTH 18TH AVENUE
POST OFFICE BOX 447
STURGEON BAY WI 54235

R / R
414-743-1877
BARBARA A SANDEFUR MD
3772 N BAYSHORE DRIVE
STURGEON BAY WI 54235

ORS / ORS
414-743-7261
THOMAS W SCHUEPPERT MD
345 SOUTH 18TH AVENUE
POST OFFICE BOX 447
STURGEON BAY WI
54235-0447

FP
414-743-6231
WELDON G SHEETS MD
108 SOUTH TENTH AVENUE
STURGEON BAY WI 54235

IM
414-743-7966
THOMAS M STEED MD
POST OFFICE BOX 150
STURGEON BAY WI
54235-0150

GS GP
414-743-3383
ALFONSO G TAMAYO MD
1623 RHODE ISLAND
POST OFFICE BOX 107
STURGEON BAY WI
54235-0107

GP OBG
414-743-6268
NICHOLAS R WAGENER MD
POST OFFICE BOX 62
STURGEON BAY WI
54235-0062

DR R / DR R
414-743-3155
BRIAN D WAKE MD
1116 N THIRD AVENUE
STURGEON BAY WI 54235

GP ADI
414-743-2174
JOAN P WAKE MD
1116 N THIRD STREET
STURGEON BAY WI 54235

FP / FP
414-487-2660
MARK O WEISSE MD
413 FOURTH STREET
ALGOMA WI 54201

GP
813-634-6373
ERIE W WITS MD
2218 GRENADIER DRIVE
SUN CITY CENTER FL 33570

FP / FP
414-388-4640
THOMAS M ZENNER MD
1304 FIRST STREET
KEWAUNEE WI 54216

DOUGLAS

R NM / R
715-392-8281
MOHAMED W AL-AZEM MD
14 WINDSOR STREET
SUPERIOR WI 54880

GS VS / GS
715-394-7885
JAMES K BLANKE DO
POST OFFICE BOX 69
SUPERIOR WI 54880

OPH OTO
715-392-4942
THOMAS J DOYLE MD
2626 OGDEN AVENUE
SUPERIOR WI 54880

OTO / OTO
715-392-2273
DAVID J FONTAINE DO
28TH AND HILL
SUPERIOR WI 54880

PD / PD
715-392-8111
JON F FRANCO MD
3600 TOWER AVENUE
SUPERIOR WI 54880

NS / NS
218-720-3166
RICHARD E FREEMAN MD
SUITE 200
205 WEST SECOND STREET
DULUTH MN 55802-1901

GP
RICHARD P FRUEHAUF MD
1514 OGDEN AVENUE
SUPERIOR WI 54880

GS
715-392-8111
JOSEPH B FULLER MD
3600 TOWER AVENUE
SUPERIOR WI 54880

OBG
715-392-8518
FRED G JOHNSON JR MD
704 E SEVENTH STREET
SUPERIOR WI 54880

IM
GENE G KARWOSKI MD
3600 TOWER AVENUE
SUPERIOR WI 54880

R / R
715-392-3053
JOHN A KNIGHTS MD
APT 8
2818 JOHN AVENUE
SUPERIOR WI 54880

GS / GS
ENZO KRAHL MD
33 MAGNOLIA CROSSING
SAVANNAH GA 31411

IM
ANTONIO L LAO MD
3600 TOWER AVENUE
SUPERIOR WI 54880

GP
ISRAEL H LAVINE MD
3600 TOWER AVENUE
SUPERIOR WI 54880

IM / IM
715-392-8111
ALFRED E LOUNSBURY MD
3600 TOWER AVENUE
SUPERIOR WI 54880

FP / FP
ROBERT R MATACZYNSKI MD
1514 OGDEN AVENUE
SUPERIOR WI 54880

GP
JAMES P MC GINNIS MD
11109 PALMERAS DRIVE
SUN CITY AZ 85373

OBG / OBG
715-392-8111
DOUGLAS R MEYER MD
3600 TOWER AVENUE
SUPERIOR WI 54880

GP
715-398-6612
CHARLES J PICARD MD
1310 EAST SIXTH STREET
SUPERIOR WI 54880-3314

U / U
715-392-8111
KONANUR G RAMESH MD
3600 TOWER AVENUE
SUPERIOR WI 54880

OBG
ANN M ROCK MD
3600 TOWER AVENUE
SUPERIOR WI 54880

FP / FP
715-392-2273
CLARENCE M SCOTT MD
N 28TH ST AND HILL AVE
SUPERIOR WI 54880

FP / FP
715-392-2273
ROBERT L SELLERS MD
N 28TH ST AND HILL AVE
SUPERIOR WI 54880

GP
715-394-7166
EDWARD G STACK JR MD
SUITE 421
1507 TOWER AVENUE
SUPERIOR WI 54880-2562

FP / FP
715-392-2273
JON C STEPHENSON MD
N 28TH ST AND HILL AVE
SUPERIOR WI 54880

GS FP / GS FP
715-394-9550
DWAIN L STONE MD
1514 OGDEN AVENUE
SUPERIOR WI 54880

EAU CLAIRE-DUNN-PEPIN

R / R
715-832-6030
HERBERT M AITKEN MD
532 SUMMIT AVENUE
EAU CLAIRE WI 54701

OBG / OBG
715-835-4315
IRFANE M AL-KHATIB MD
SUITE 1G
2125 HEIGHTS DRIVE
EAU CLAIRE WI 54701

IM / IM
715-839-4435
ALAN W BABCOCK MD
900 W CLAIREMONT AVE
EAU CLAIRE WI 54701

PD / PD
MARILYN ANN BARKER MD
ROUTE 3
7140 KERN DRIVE
EAU CLAIRE WI 54701

FP / FP
LARRY J BARTHEL MD
540 SEVENTH AVENUE
POST OFFICE BOX 202
DURAND WI 54736

PS GS / GS
715-833-2200
RALPH W BASHIDUM MD
826 SOUTH HASTINGS WAY
EAU CLAIRE WI 54701

GP
715-835-6862
PATRICK J BATES MD
1524 BELLINGER STREET
EAU CLAIRE WI 54703

U / U
715-839-5222
BRUCE C BAYLEY MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

PTH / PTH
715-839-3205
WILLIAM J BECKFIELD MD
1221 WHIPPLE STREET
EAU CLAIRE WI 54702-4105

AN / AN
715-832-9098
ROBERT O BJURSTROM MD
335 CORYDON ROAD
EAU CLAIRE WI 54701-7113

FP / FP
715-832-3401
DONALD V BLINK MD
2125 HEIGHTS DRIVE
EAU CLAIRE WI 54701

FP / FP
715-839-5222
JOHN T BOLLINGER MD
1428 CUMMINGS AVENUE
EAU CLAIRE WI 54701

FP / FP
715-832-3401
BRUCE A BONDE MD
2125 HEIGHTS DRIVE
EAU CLAIRE WI 54701-6183

FP
BRIAN ROBERT BONTE DO
115 SUMMIT
EAU CLAIRE WI 54701

IM / IM
TERRANCE R BORMAN MD
733 W CLAIREMONT AVE
EAU CLAIRE WI 54702

N
715-839-5222
JAMES V BOUNDS JR MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

AN
DANIEL J BOWMAN MD
ROOM 207
727 KENNEY AVENUE
EAU CLAIRE WI 54701

FP
715-839-5222
GARY P BRANDELAND MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

P / P
715-834-2751
EDWARD R BROUSSEAU MD
2712 STEIN BOULEVARD
POST OFFICE BOX 224
EAU CLAIRE WI 54702-0224

OPH / OPH
FRANK J BROWN MD
2302 HENDRICKSON DRIVE
EAU CLARIE WI 54701-6151

EM FP / FP
715-832-2104
LARRY E BROWN MD
1405 WILLOW LANE
EAU CLAIRE WI 54703

OBG / OBG
715-839-5222
RICHARD C BROWN MD
3824 NIMITZ AVENUE
EAU CLAIRE WI 54701

IM / IM
715-235-9671
STEVEN G BROWN MD
2211 STOUT ROAD
MENOMONIE WI 54751

FP
715-839-5175
THOMAS M BROWNE MD
807 SOUTH FARWELL
EAU CLAIRE WI 54701

GP GS
715-672-4235
RICHARD J BRYANT MD
700 THIRD AVENUE WEST
DURAND WI 54736

FP / FP
715-235-9671
ROBERT BURGFECHTEL MD
2211 STOUT ROAD
MENOMONIE WI 54751

IM / IM
RANDALL J CASPER MD
733 W CLAIREMONT AVE
EAU CLAIRE WI 54702

GS / GS
JOHN M CHANNER MD
2211 STOUT ROAD
MENOMONIE WI 54751

FP
715-839-5175
ERIC E CHRISTIANSON MD
807 SOUTH FARWELL
EAU CLAIRE WI 54701

OBG
715-839-5222
DANIEL M CLARK III MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

CD IM / CD IM
715-839-5222
JANICE CLARKE MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

AN
RICHARD N COCHRANE MD
ROOM 207
727 KENNEY AVENUE
EAU CLAIRE WI 54701

AN
TIMOTHY J CROSS MD
ROOM 207
727 KENNEY AVENUE
EAU CLAIRE WI 54701

ORS / ORS
715-834-2701
CLAUDE D DAVIS MD
836 RICHARD DRIVE
EAU CLAIRE WI 54701

ORS
WILLIAM F DECESARE MD
2920 SHERWIN AVENUE
ALTOONA WI 54720

D IM / D
MICHAEL R DIESTELMEIER MD
6802 SOUTH SHORE DRIVE
ALTOONA WI 54720

OPH / OPH
C THOMAS DOW MD
2302 HENDRICKSON DRIVE
EAU CLAIRE WI 54701-6151

U / U
715-835-6548
THOMAS J DOYLE JR MD
3203 STEIN BOULEVARD
EAU CLAIRE WI 54701

DR R / DR R
715-834-1505
ROBERT A DURST JR MD
727 KENNEY AVENUE
EAU CLAIRE WI 54701

IM / IM
715-839-5222
MARK E EDSTROM MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

FP / FP
715-839-5316
GENE G ENDERS MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54701-1510

AN
STEPHEN M ENDRES MD
727 KENNY AVENUE
EAU CLAIRE WI 54701

AN
JOHN M EVANS MD
625 SHORE LINE COURT
EAU CLAIRE WI 54701

OBG / OBG
715-839-5222
ROBERT J FABINY MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

FP
715-839-5175
CAROL J FEATHERSTONE MD
807 S FARWELL ST
EAU CLAIRE WI 54701

FP / FP
715-235-9671
MICHAEL D FEIGAL MD
2211 STOUT ROAD
MENOMONIE WI 54751

N / N
715-839-5203
MICHAEL F FINKEL MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

GP
715-834-2035
PATRICK J FINUCANE MD
1620 OHM AVENUE
EAU CLAIRE WI 54701

D
FREDERICK W FITZ MD
515 S BARSTOW STREET
EAU CLAIRE WI 54701

FP / FP
715-235-9671
CHARLES L FOLKESTAD MD
2211 STOUT ROAD
MENOMONIE WI 54751

IM
715-839-5222
LOUIS H FRASE MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

FP / FP
715-597-3131
BRADLEY G GARBER MD
774 EAST NINTH STREET
OSSEO WI 54758

FP / FP
715-597-3131
RICHARD D GARBER MD
774 EAST NINTH STREET
OSSEO WI 54758

AN / AN
BRETT L GARDNER MD
6520 SOUTH SHORE DRIVE
ALTOONA WI 54720

FP
SCOTT R GHINAZZI MD
774 EAST NINTH STREET
OSSEO WI 54758

FP / FP
715-832-3401
GUY G GIFFEN MD
2125 HEIGHTS DRIVE
EAU CLAIRE WI 54701

IM NEP / IM
MICHAEL GONZAGA MD
1030 OAK RIDGE DRIVE
EAU CLAIRE WI 54701

IM / IM
715-839-5222
DONALD R GRIFFITH MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI
54702-1510

PTH / PTH
715-839-4236
THOMAS W HADLEY MD
900 W CLAIREMONT AVE
EAU CLAIRE WI 54701

ORS / ORS
715-235-9671
JAMES H HAEMMERLE MD
2211 STOUT ROAD
MENOMONIE WI 54751

P
715-834-2751
KENNETH HALGRIMSON MD
2712 STEIN BOULEVARD
POST OFFICE BOX 224
EAU CLAIRE WI 54702-0224

FP
715-834-2788
WILLIAM R HANSON DO
1620 OHM AVENUE
EAU CLAIRE WI 54701

IM RHU / IM
715-839-5222
PHILIP J HAPPE MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1550

OPH / OPH
WILLIAM F HAWN MD
309 EAST GRANT
EAU CLAIRE WI 54701-6404

R NM / R NM
715-834-2416
FREDERICK W HENKE MD
1740 ROYAL COURT
EAU CLAIRE WI 54701

ORS / ORS
EDGAR O HICKS
836 RICHARD DRIVE
EAU CLAIRE WI 54701

GYN / OBG
715-834-1571
ELDON F HILL MD
2125 HEIGHTS DRIVE
EAU CLAIRE WI 54701

OPH / OPH
715-839-5222
DAVID K HOGUE MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

GS / GS
715-834-3988
RALPH F HUDSON MD
1030 OAK RIDGE DRIVE
EAU CLAIRE WI 54701

AN
715-834-8721
CHRIS E HUMPHREYS MD
ROOM 207
727 KENNEY AVENUE
EAU CLAIRE WI 54701

ORS / ORS
CHARLES M IHLE MD
105 E LOWES CREEK ROAD
EAU CLAIRE WI 54701

ORS / ORS
715-834-2701
CHARLES V IHLE MD
836 RICHARD DRIVE
EAU CLAIRE WI 54701

ORS / ORS
PETER M IHLE MD
836 RICHARD DRIVE
EAU CLAIRE WI 54701

GS ON / GS
715-832-1044
STEVEN C IMMERMAN MD
826 SOUTH HASTINGS WAY
EAU CLAIRE WI 54701

OBG / OBG
715-839-5222
DANIEL F JOHNSON MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

IM / IM
DANIEL L JOHNSON MD
2211 STOUT ROAD
MENOMONIE WI 54751-2399

FP / FP
715-839-5340
RICHARD A KARK MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

U / U
DAVID J KATZ MD
3203 STEIN BOULEVARD
EAU CLAIRE WI 54701

AN / AN
WALTER M KELLEY MD
351 WEST HEATHER COURT
EAU CLAIRE WI 54701

CD NEP / IM
715-839-5222
DANIEL T KINCAID MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

R / R
715-834-3073
BRUCE C KIRKHAM MD
3737 CLAYMORE LANE
EAU CLAIRE WI 54701

FP / FP
715-839-5175
JOHN R KLUDT MD
807 S FARWELL STREET
EAU CLAIRE WI 54701

NS
RICHARD H KOKEMOOR MD
1221 WHIPPLE
EAU CLAIRE WI 54702

OPH
715-834-8471
RONALD H LANGE MD
2302 HENDRICKSON DRIVE
EAU CLAIRE WI 54701-6151

PD / PD
715-839-5201
JOHN P LAYDE MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

FP / FP
715-597-3131
ROBERT N LEASUM JR MD
774 EAST NINTH STREET
OSSEO WI 54758

ORS / ORS
JAMES R LEAVITT MD
836 RICHARD DRIVE
EAU CLAIRE WI 54701

GP
715-235-5753
SHERMAN R LEE MD
1405 11TH AVENUE
MENOMONIE WI 54751

DR R / R
715-834-9868
STEVEN S LIEGEL MD
3932 CUMMINGS AVENUE
EAU CLAIRE WI 54701

PTH / PTH
RICHARD P LINDEN MD
125 CANTERBURY ROAD
EAU CLAIRE WI 54701

PD / PD
715-839-5352
RANDALL L LINTON MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

PTH CLP / PTH
KENNETH O LOKEN MD
65 TUCKAWAY DRIVE
ASHEVILLE NC 28803

P N / P N
715-834-3171
ALBERT A LORENZ MD
2103 HEIGHTS DRIVE
POST OFFICE BOX 264
EAU CLAIRE WI 54702

CHP P
715-839-5369
RICHARD C LUCAS MD
2620 STEIN BLVD
EAU CLAIRE WI 54702

IM NEP / IM NEP
715-839-3578
PATRICK D MACKEN MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

GS / GS
715-839-5222
CARL W MANZ MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

GP
WALTON R MANZ MD
430 UNION STREET
EAU CLAIRE WI 54703

GS / GS
715-839-5204
KEITH E MARTIN MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

GP
WILLIAM T MAUTZ MD
204 SKYLINE DRIVE
EAU CLAIRE WI 54701

FP / FP
715-235-9671
FREDERICK A MELMS JR MD
2211 STOUT ROAD
MENOMONIE WI 54751

GS TS / TS
715-839-5222
JAMES W MERRITT MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

FP / FP
ALLEN F MEYER MD
2119 HEIGHTS DRIVE
EAU CLAIRE WI 54701

OPH / OPH
715-834-2763
DAVID F MILLER MD
745 KINNEY AVENUE
EAU CLAIRE WI 54701

OPH / OPH
GEORGE E MILLER MD
116 CANTERBURY DRIVE L
HAINES CITY
GRENELEFE FL 33844-9732

OS P
715-839-5222
MICHAEL M MILLER MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

R / R
THOMAS D MOBERG MD
401 SKYLINE DRIVE
EAU CLAIRE WI 54703

PD
715-839-5222
NATHAN D MOLLDREM MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

IM GE / IM GE
715-839-3349
JOSEPH D MOTTO MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

NS / NS
715-839-5270
ALFRED MURRLE MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

AN / AN
ALFREDO P NARCISO MD
624 GROVER ROAD
EAU CLAIRE WI 54701

NS / NS
715-839-5270
ROBERT A NAROTZKY MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

GS
ROGER D NATWICK MD
2211 STOUT ROAD
MENOMONIE WI 54751

PUD
LOUIS G NEZWORSKI MD
2706 11TH STREET
EAU CLAIRE WI 54703

P N / P
614-947-7135
EDWIN O NIVER MD
300 VALERIE DRIVE
WAVERLY OH 45690

GE NTR IM / IM GE
715-839-5222
CHARLES R NORDSTROM MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

OTO / OTO
715-834-3448
STANLEY G NORMAN MD
714 W HAMILTON AVENUE
EAU CLAIRE WI 54701

N / N
715-839-5203
DAVID A NYE MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

ORS / ORS
715-839-5206
JAMES J O'CONNOR MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

PD / PD
715-839-5222
MICHAEL J O'HALLORAN MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

OPH / OPH
715-834-3763
ROY A OLSON MD
745 KENNEY AVENUE
EAU CLAIRE WI 54701

OTO / OTO
RICHARD S OSTENSO MD
310 CHESTNUT STREET
EAU CLAIRE WI 54701

IM / IM
715-839-5251
GEORGE E OWEN MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

OBG
SOMRAT PAKPREO MD
116 CANTERBURY ROAD
EAU CLAIRE WI 54701

OPH / OPH
715-835-0075
THOMAS E PEDERSON MD
1030 OAK RIDGE DRIVE
EAU CLAIRE WI 54701

PTH
BERNARD B POESCHEL MD
ROUTE 1 BOX 126A
ELEVA WI 54738

FP / FP
LOU A RAYMOND MD
630 LAMPLIGHTER COURT
EAU CLAIRE WI 54703-5817

PD / PD
715-839-5222
WILLIAM T READ JR MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

OPH
715-834-7712
JAMES O REDMANN MD
825 DORBE STREET
EAU CLAIRE WI 54701

FP
715-839-5222
DALE L REID MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

PUD IM / PUD IM
715-839-3566
ROGER K RESAR MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

FP / FP
715-832-3401
SUSAN K ROWE MD
2125 HEIGHTS DRIVE
EAU CLAIRE WI 54701-6183

PS GS
JOSEPH W RUCKER JR MD
310 CHESTNUT STREET
EAU CLAIRE WI 54702

P N / P N
715-839-5369
JAMES A RUGOWSKI MD
3903 STATE STREET ROAD
EAU CLAIRE WI 54701

OPH / OPH
715-235-9046
CARROLL D RUND MD
SUITE 3
2409 STOUT ROAD
MENOMONIE WI 54751

IM ON / IM
715-839-5222
WILLIAM C RUPP MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

U / U
715-835-6548
RICHARD C SAZAMA MD
3203 STEIN BOULEVARD
EAU CLAIRE WI 54701

FP / FP
DEBRA A S SCHERMAN MD
2211 STOUT ROAD
MENOMONIE WI 54751

OBG / OBG
715-839-5229
JEANNE K SCHROEDER MD
134 CANTERBURY ROAD
EAU CLAIRE WI 54701-7104

D / D
715-839-5222
CARYN I SCHULZ MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

R NM / R NM
715-834-5659
EMIL SCHULZ MD
727 KENNEY AVENUE
EAU CLAIRE WI 54701

GP
THOMAS SCRENOCK MD
2211 STOUT ROAD
MENOMONIE WI 54751

FP / FP
ROBERT D SHEELER MD
733 W CLAIREMONT AVE
EAU CLAIRE WI 54701

PTH / PTH
715-834-7578
WARNER F SHELDON MD
351 COUNTRY CLUB LANE
ALTOONA WI 54720

RHU IM / RHU IM
715-839-5222
TIMOTHY M SHELLEY MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

ORS / ORS
HAROLD E SORENSEN MD
3614 TAMARACK LANE
EAU CLAIRE WI 54701

AN / AN
715-834-8721
VERNE A SPERRY MD
ROOM 207
727 KENNEY AVENUE
EAU CLAIRE WI 54701

IM / IM
715-839-5319
LESLIE M SPITZ MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54701-1510

FP / FP
JOSEPH P SPRINGER MD
1127 OAKWOOD DRIVE
DURAND WI 54736

DR NR R / DR R
JON R STENBERG MD
727 KENNEY AVENUE
EAU CLAIRE WI 54701

OBG
715-839-5222
STEVEN D STENZEL MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

IM GE
715-839-4082
MICHEL N SULTAN MD
900 W CLAIREMONT AVE
EAU CLAIRE WI 54701

AN / AN
715-835-7871
PHILIP A SWANSON MD
415 JEFFERSON STREET
EAU CLAIRE WI 54701

P
715-834-2751
GAIL A TASCH MD
2712 STEIN BOULEVARD
POST OFFICE BOX 224
EAU CLAIRE WI 54702

AN / AN
HARRY E THIMKE MD
3746 PATTON STREET
EAU CLAIRE WI 54701

P N / P N
715-834-2751
JOSEPH M TOBIN MD
2712 STEIN BOULEVARD
POST OFFICE BOX 224
EAU CLAIRE WI 54701-0224

R / R
715-834-1505
PETER H ULLRICH MD
727-729 KENNEY AVENUE
EAU CLAIRE WI 54701

AI / PD AI
715-839-5286
MARTIN J VOSS MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

FP
715-835-5379
GEORGE E WAHL MD
127 GILBERT AVENUE
EAU CLAIRE WI 54701

FP / FP
715-235-9671
JAMES A WALKER MD
2211 STOUT ROAD
MENOMONIE WI 54751

FP GS / FP
KARL E WALTER MD
ROUTE 1 BOX 143
MONDOVI WI 54755

GS
715-834-3988
WILLIAM H WALTER MD
1030 OAKRIDGE DRIVE
EAU CLAIRE WI 54701

FP
ROBERT F WATSON MD
1252 SOUTH DEWEY
EAU CLAIRE WI 54701

P
WILLIAM J WEGGEL MD
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

FP OBS
JAMES E WILLARD MD
2211 STOUT ROAD
MENOMONIE WI 54751

FP GER HYP / FP
715-839-5175
LOUIS J WILSON MD
807 S FARWELL STREET
EAU CLAIRE WI 54701

FP
715-833-2242
CHARLES S WINJUM MD
618 HUDSON STREET
EAU CLAIRE WI 54703

IM CD / IM
715-834-4603
JOHN H WISHART MD
3605 TAMARACK LANE
EAU CLAIRE WI 54701

ON IM / MON IM
715-839-5222
CHARLES L WOODHOUSE MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

OTO / OTO
715-834-3448
JOHN B YOUNG MD
714 W HAMILTON AVENUE
EAU CLAIRE WI 54701

GP
715-832-8136
F FRANK ZBORALSKE MD
POST OFFICE BOX 459
FALL CREEK WI 54742

FP OM / FP
715-839-5279
TUENIS D ZONDAG MD
733 W CLAIREMONT AVE
POST OFFICE BOX 1510
EAU CLAIRE WI 54702-1510

FOND DU LAC

U
MAURO J AGNELNERI JR MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

FP
414-738-9924
EARL L ANDERSON MD
518 EAST GRANT STREET
APPLETON WI 54911-2951

DR R / DR R
414-921-5546
THOMAS J ANTLFINGER MD
481 E DIVISION STREET
FOND DU LAC WI 54935

OBG / OBG
414-324-5043
EDUARDO G ARELLANO MD
14 BEAVER DAM STREET
WAUPUN WI 53963

GS / GS
JAMES A AVERY MD
ROUTE 2 LOST ARROW RD
FOND DU LAC WI 54935

GP
ARTHUR C BACHUS MD
1005 LA HIGUERA
GREEN VALLEY AZ 85614

GS TS / GS
414-922-3700
NORMAN O BECKER MD
505 E DIVISION STREET
FOND DU LAC WI 54935

IM CD / IM CD
414-923-7400
DAVID R BOWMAN MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

GS CDS
414-927-7400
THOMAS J CARLSON MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

OPH / OPH
414-923-7400
FRANK J CERNY MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

IM PUD / IM
414-923-7400
DANIEL F CHAMBERLAIN MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

AN / AN
414-923-3009
HENRY T CHANG MD
121 N NATIONAL AVENUE
FOND DU LAC WI 54935

R / R
JOHN E CHARLES MD
214 E DIVISION STREET
FOND DU LAC WI 54935

AN
DON SIK CHOE MD
79 EAST 18TH STREET
FOND DU LAC WI 54935

N P / PN P
414-921-6110
BRIAN C CHRISTENSON MD
SUITE 700
481 E DIVISION STREET
FOND DU LAC WI 54935

IM / IM
414-921-1300
ROBERT E CULLEN MD
481 EAST DIVISION ST
FOND DU LAC WI 54935

P
414-921-6563
JULITA M DE GUZMAN MD
434 NORTH PARK AVENUE
FOND DU LAC WI 54935-2440

GS / GS
414-921-8110
JOSEPH C DEVINE MD
105 SHEBOYGAN STREET
FOND DU LAC WI 54935

FP / FP
414-533-8361
DAVID M EBBEN MD
328 N HELENA STREET
CAMPBELLSPORT WI 53010

U / U
414-923-7400
JOHN T ELLIOTT MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

R / R
LOUIS C FISCHER MD
481 E DIVISION STREET
FOND DU LAC WI 54935

OTO / OTO
CLAIR M FLANAGAN MD
P-201 BRINY BREEZES
BOYNTON BEACH FL 33435

FP / FP
414-922-3700
DOUGLAS R FOWNES MD
505 E DIVISION STREET
FOND DU LAC WI 54935

GS / GS
414-923-6413
THOMAS E FREEMAN MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

ON IM / MON IM
414-423-7400
JACOB C FRICK MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

GP
414-923-7494
LELAND E FRIEDRICH MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

U / U
HARVEY K GUTH MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

ORS
BRUCE H HARTMAN MD
73 EAST FIRST STREET
FOND DU LAC WI 54935

D / D
414-923-7400
JAMES F HITSELBERGER MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

IM GE / IM GE
414-923-5555
ELSA B HORN-DOROIN MD
SUITE 300
481 E DIVISION STREET
FOND DU LAC WI 54935

FP / FP
414-748-6400
ROBERT H HOUSE MD
POST OFFICE BOX 96
RIPON WI 54971-0096

AM
414-235-0006
JEWEL S HUEBNER MD
3827 RED OAK COURT
OSHKOSH WI 54901

FP / FP
414-748-2885
JEAN E JOHNSON MD
POST OFFICE BOX 39
RIPON WI 54971-0039

GP PM
414-748-3370
JOHN M JOHNSON MD
121 W FOND DU LAC ST
POST OFFICE BOX 36
RIPON WI 54971

FP / FP
414-923-7375
PHILIP E KELLER MD
406 MAIN STREET
BROWNSVILLE WI 53006

IM
WILLIAM G KENDELL MD
POST OFFICE BOX 408
THREE LAKES WI 54562-0408

GS / GS
414-748-5368
BURTON C KILBOURNE MD
694 SANDSTONE AVENUE
ROUTE 2
RIPON WI 54971

PD
414-922-2204
JANE H KOLL-FRAZIER MD
27 S RESERVE AVENUE
FOND DU LAC WI 54935

IM / IM
414-923-7420
JOHN F KUGLITSCH MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

AN
414-921-7375
TAI HO KWON MD
430 E DIVISION STREET
FOND DU LAC WI 54935

PD / PD
DAVID L LAWRENCE MD
92 E DIVISION STREET
FOND DU LAC WI 54935

CD IM / CD IM
414-923-7400
JOHN E LENT MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

PD
414-922-4520
JOSE T LLOREN JR MD
POST OFFICE BOX 1534
FOND DU LAC WI 54935-1534

OPH / OPH
WILLIAM F MALLATT MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

OBG / OBG
414-923-7400
STEPHEN A MASSICK MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

R / R
HOWARD MAUTHE MD
258 SMITH ROAD
WATSONVILLE CA 95076

OBG / OBG
414-923-7400
F FULLER MC BRIDE MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

GP
JAMES C MC CULLOUGH MD
35 ELM ACRES DRIVE
FOND DU LAC WI 54935

FP GS
414-921-8110
JACK C MC CULLOUGH MD
105 SHEBOYGAN STREET
FOND DU LAC WI 54935

FP / FP
414-921-8110
JOHN P MC CULLOUGH MD
105 SHEBOYGAN STREET
FOND DU LAC WI 54935

IM / IM
414-923-1300
HUGH J MC LANE MD
476 E DIVISION STREET
FOND DU LAC WI 54935

PD / PD
608-251-6440
THOMAS D MEIER MD
SUITE 303
20 SOUTH PARK STREET
MADISON WI 53715

P
414-921-1506
GEORGE F MEISINGER MD
ROUTE 3 BOX 233C
FOND DU LAC WI 54935

GS CDS / GS
414-921-7000
ROBERT H MIKKELSEN MD
TEN FOREST AVENUE
FOND DU LAC WI 54935

GP
JOSEPH F MILLER MD
ROUTE 1 BOX 242A
MOUNT CALVARY WI 53057

P / P
414-921-6110
CLARENCE E MOORE MD
SUITE 700
481 E DIVISION STREET
FOND DU LAC WI 54935

FP
414-922-3700
WILBERT E MYERS MD
505 E DIVISION STREET
FOND DU LAC WI 54935

FP / FP
PAUL D NELSEN MD
635 W OSHKOSH STREET
POST OFFICE BOX 96
RIPON WI 54971

GS / GS
414-922-7158
DAVID L NELSON MD
481 E DIVISION STREET
FOND DU LAC WI 54935

GP / AN
414-921-2522
JOSEPHINE N PALLIN MD
46 TOWER ROAD
FOND DU LAC WI 54935

R DR NR / R DR NR
414-921-5546
JOHN G PARRISH JR MD
481 EAST DIVISION ST
FOND DU LAC WI 54935

PD
414-921-7776
EWALD H PAWSAT MD
226 SHEBOYGAN STREET
FOND DU LAC WI 54935

FP
414-748-2875
RUSSELL S PELTON MD
317 MOUNT ZION DRIVE
POST OFFICE BOX 187
RIPON WI 54971

PS
414-923-6614
LERTHAI PENGTOVONG MD
1035 MARY HILL PARK
FOND DU LAC WI 54935

ORS / ORS
KARL L PENNAU JR MD
525 E DIVISION STREET
FOND DU LAC WI 54935

FP
414-922-1900
ALFRED G PENNINGS MD
481 E DIVISION STREET
FOND DU LAC WI 54935

FP / FP
414-922-3700
JOHN U PETERS MD
505 E DIVISION STREET
FOND DU LAC WI 54935

PD / PD
CLIFTON R PETERSON MD
92 E DIVISION STREET
FOND DU LAC WI 54935

PD / PD
414-923-7400
WARREN M POST MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

PD / PD
JUDITH D PRUSKI MD
92 E DIVISION STREET
FOND DU LAC WI 54935

GS
414-748-7796
TEODORO M RAMOS MD
POST OFFICE BOX 325
RIPON WI 54971

FP
DAVID B RICH MD
POST OFFICE BOX 96
RIPON WI 54971

OPH / OPH
414-923-7472
JAMES H RUPPLE MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

AN
NONITO M SABLAY MD
954 MEADOW LANE
FOND DU LAC WI 54935

FP / FP
CARL J SAGGIO MD
1990 REINHARDT ROAD
FOND DU LAC WI 54935

FP / FP
414-748-2885
CHRISTAL R SAKRISON MD
POST OFFICE BOX 39
RIPON WI 54971-0039

DR NR / DR NR
414-921-5676
BRUCE C SALO MD
ROUTE 2
18 HILLSIDE ESTATES
MALONE WI 53049

IM / IM
ELIZABETH T SANFELIPPO MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

PD / PD
ROBERT W SCHROEDER MD
100 MEADOWBROOK BLVD
FOND DU LAC WI 54935

D / D
414-923-1322
JAMES E SCHUSTER MD
333 N PETERS AVENUE
FOND DU LAC WI 54935

OBG
ROBERT J SCHUSTER JR MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

OTO / OTO
414-922-9696
DARIUS K SHAHROKH MD
481 E DIVISION STREET
FOND DU LAC WI 54935-3775

GS / GS
HARVEY R SHARPE JR MD
RFD 1 ML BOX 145
GILLETT WI 54124

ORS / ORS
DONALD A SMITH MD
480 E DIVISION STREET
FOND DU LAC WI 54935

GP
414-922-1900
ERNEST V SMITH JR MD
481 E DIVISION STREET
FOND DU LAC WI 54935

PTH / PTH
813-261-1710
RONALD W STEUBE MD
540 PORTSIDE DRIVE
NAPLES FL 33940

PD
414-923-7400
DONALD C STEWARD MD
80 SHEBOYGAN
FOND DU LAC WI 54935

PTH / PTH
414-929-1587
K ALAN STORMO MD
430 E DIVISION STREET
FOND DU LAC WI 54935

FP / FP
JEFFREY A STRONG MD
865 AMERICANA DRIVE
FOND DU LAC WI 54935

OPH / OPH
414-923-7400
DAVID F SWEET MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

OTO HNS / OTO HNS
414-923-7400
WILLIAM G SYBESMA MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

GS / GS
414-921-0560
LYN E TANGEN MD
92 E DIVISION STREET
FOND DU LAC WI 54935

OBG / OBG
414-921-0560
E HOWARD THEIS MD
92 E DIVISION STREET
FOND DU LAC WI 54935

GP / GS
STEPHEN A THEISEN MD
ROUTE 2 BOX 73
FOND DU LAC WI 54935

P / P
414-929-3502
DAROLD A TREFFERT MD
459 EAST FIRST STREET
FOND DU LAC WI 54935

FP / FP
GAY D TREPANIER MD
481 E DIVISION STREET
FOND DU LAC WI 54935

AN / AN
414-929-1660
SHOGI-TEN TSAI MD
430 E DIVISION STREET
FOND DU LAC WI 54935

GP GS
DAVID J TWOHIG JR MD
232 COTTAGE AVENUE
FOND DU LAC WI 54935

GS VS
DONALD F VAN BEEK MD
505 E DIVISION STREET
FOND DU LAC WI 54935

PD / PD
414-923-7400
KIRK A VEIT MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

GS
EDWARD W VETTER MD
227 COTTAGE AVENUE
FOND DU LAC WI 54935

IM
MOJMIR R VRTILEK MD
330 LEDGEVIEW AVENUE
FOND DU LAC WI 54935

GP GER
414-921-1765
ROBERT L WAFFLE MD
99 14TH STREET
FOND DU LAC WI 54935

R ON / R
HONG CHU WANG MD
45 SHEBOYGAN STREET
POST OFFICE BOX 69
FOND DU LAC WI 54935-0069

IM / IM
414-923-7400
DAVID R WEBER MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

ORS / ORS
414-923-0641
JOHN A WELSCH MD
73 EAST FIRST STREET
FOND DU LAC WI 54935

PYM
414-922-6622
JOHN SPERRY WIER MD
777 HIGHWAY K
ROUTE 6
FOND DU LAC WI 54935

PTH / PTH
414-929-1592
HARRY J ZEMEL MD
430 E DIVISION STREET
FOND DU LAC WI 54935

FOREST

FP
715-674-3131
E FRANK CASTALDO MD
LADNA WI 54541

GP
715-478-2413
BURTON S RATHERT MD
101 W WASHINGTON ST
POST OFFICE BOX 278
CRANDON WI 54520-0278

GRANT

GP EM
608-822-6656
EULOGIO G AGUILAR MD
720 CLEVELAND STREET
FENNIMORE WI 53809

FP GS / FP
608-723-2131
KENNETH L BAUMAN MD
235 N MADISON STREET
LANCASTER WI 53813

FP / FP
608-723-4545
LEO E BECHER MD
815 WEST LINDEN STREET
LANCASTER WI 53813

GP
JOHN J DAVID MD
CASSVILLE WI 53806

GP IM
608-854-2644
MARTIN E FARBSTEIN MD
HAZEL GREEN WI 53811

FP / FP
608-375-4144
WILLIAM P FAST MD
208 PARKER STREET
BOSCOBEL WI 53805

IM PUD / IM
JAMES M GAITHER MD
ROUTE 3 BOX 91
BOSCOBEL WI 53805-9229

FP / FP
608-723-2131
SCOTT M GREEN MD
235 N MADISON STREET
LANCASTER WI 53813

PD PDA / PD
608-739-3192
JAMES R HEERSMA MD
525 N WISCONSIN AVENUE
POST OFFICE BOX 565
MUSCODA WI 53573-0565

FP / FP
608-723-2131
GLENN C HILLERY MD
235 N MADISON STREET
LANCASTER WI 53813

P / P
608-723-7666
ROBERT L KLAEHN MD
POST OFFICE BOX 351
LANCASTER WI 53813-0351

PD GP / PD
608-348-4677
MEENAKSHI MASKI MD
1370 N WATER STREET
PLATTEVILLE WI 53818

FP / FP
608-348-2455
JOHN M MC KICHAN MD
1370 N WATER STREET
PLATTEVILLE WI 53818

GP
608-375-4144
JAMES R MC NAMEE MD
208 PARKER STREET
BOSCOBEL WI 53805

GP
BRIAN W MEEKER DO
207 EAST SKELLY STREET
CUBA CITY WI 53807

ORS
608-233-7162
S MOKROHISKY III MD
6321 KEELSON DRIVE
MADISON WI 53705

FP / FP
608-375-4144
CAROL E MUELLER MD
208 PARKER STREET
BOSCOBEL WI 53805

FP / FP
ERIC A NIMMO MD
218 EAST KELLY STREET
CUBA CITY WI 53807

FP / FP
608-723-2134
ROBERT M RAILEY MD
235 N MADISON STREET
LANCANSTER WI 53813

GP
EMERY M RANDALL MD
208 PARKER STREET
BOSCOBEL WI 53805

GS
ROMEO C SORIANO MD
235 NORTH MADISON
LANCASTER WI 53813

FP
608-723-2131
ROBERT E STADER MD
235 N MADISON STREET
LANCASTER WI 53813

FP / FP
608-348-2455
CHARLES L STEIDINGER MD
1370 N WATER STREET
PLATTEVILLE WI 53818

GP A
MILDRED M S STONE MD
ROUTE 1 BOX 111
WAUTOMA WI 54982

GP
608-348-2455
MILTON F STUESSY MD
DOCTORS PARK
POST OFFICE 513
PLATTEVILLE WI 53818

GP
608-744-2115
HAROLD W TAYLOR JR MD
207 EAST SKELLY STREET
CUBA CITY WI 53807

IM A / IM
608-348-2692
CHARLES W YOUNG MD
870 NORTH ELM STREET
PLATTEVILLE WI 53818

GREEN

FP / FP
608-325-6011
ERIC K ANDERSON MD
2709 SIXTH STREET
MONROE WI 53566

ABS GP
608-938-4972
EDMUNDO C AQUINO MD
145 NORTH MAIN STREET
MONTICELLO WI 53570

IM RHU OS / IM
608-328-7000
WILLIAM R AUSTAD MD
1515 TENTH STREET
MONROE WI 53566

OPH / OPH
608-328-7000
WILLIAM L BAKER MD
1515 TENTH STREET
MONROE WI 53566

PD / PD
608-328-7216
JOHN D BANCROFT MD
1515 TENTH STREET
MONROE WI 53566

IM CD / IM
GEORGE R BARRY MD
1515 TENTH STREET
MONROE WI 53566

D / D
608-328-7000
ROBERT R BAUMANN MD
1515 TENTH STREET
MONROE WI 53566

GP TRS
NATHAN E BEAR MD
16 DOGWOOD DRIVE
BELLA VISTA AR 72714-1644

OBG / OBG
608-328-7000
JODELLE L BENTLEY MD
1515 TENTH STREET
MONROE WI 53566

CD IM / CD IM
608-328-7224
MELVIN S BLUMENTHAL MD
1515 TENTH STREET
MONROE WI 53566

OTO PSF HNS / OTO
608-328-7378
GEORGE E BREADON MD
1515 TENTH STREET
MONROE WI 53566

IM
JOYCE BREHM MD
2709 SIXTH STREET
MONROE WI 53566

ON IM
ROBERT W BROWNLEE MD
1515 TENTH STREET
MONROE WI 53566

DR / R
ROSS L CLINE III MD
515 22ND AVENUE
MONROE WI 53566

R / R
608-328-0331
JAMES A COMBS MD
515 22ND AVENUE
MONROE WI 53566

GS / GS
JAMES T CURRY MD
1515 TENTH STREET
MONROE WI 53566

GE IM / GE IM
608-328-7000
CARLETON B DAVIS JR MD
N3051 YOUTH CABIN ROAD
MONROE WI 53566

PD
608-328-7329
BRUCE K DUEMLER MD
1515 TENTH STREET
MONROE WI 53566

GS / GS
608-325-2559
EUGENE F ECKSTAM MD
2118 20TH AVENUE
MONROE WI 53566

IM / IM
608-328-7000
JAN E ERLANDSON MD
1515 TENTH STREET
MONROE WI 53566

OPH
608-328-7350
JOHN L FELTON MD
1515 TENTH STREET
MONROE WI 53566

GS
608-328-7000
WAYNE J FENCIL MD
1515 TENTH STREET
MONROE WI 53566

IM / IM
JOHN A FRANTZ MD
1515 TENTH STREET
MONROE WI 53566

IM / IM
MARY H FRANTZ MD
1515 TENTH STREET
MONROE WI 53566

PD / PD
WILLIAM B FREY MD
1515 TENTH STREET
MONROE WI 53566

OTO
608-325-5348
JOHN R FULLER MD
2243 SIXTH STREET
MONROE WI 53566

ORS / ORS
608-328-7000
JACOB GEORGE MD
1515 TENTH STREET
MONROE WI 53566

NS / NS
608-328-7290
R ARTHUR GINDIN MD
1515 TENTH STREET
MONROE WI 53566

PTH CLP / PTH CLP
608-328-0430
FRANZ R GOSSET MD
515 22ND AVENUE
MONROE WI 53566

FP / FP
TIMOTHY J HAMEL MD
605 EAST FOURTH AVENUE
POST OFFICE BOX 195
BRODHEAD WI 53520-0195

EM FP
608-328-7888
WILLIAM E HEIN MD
1515 TENTH STREET
MONROE WI 53566

OBG / OBG
608-328-7000
JOHN E INMAN MD
1515 TENTH STREET
MONROE WI 53566

IM / IM
608-326-6011
JOHN M IRVIN MD
2709 SIXTH STREET
POST OFFICE BOX 788
MONROE WI 53566-0788

PTH FOP BLB / AP
608-328-0429
CARLOS A JARAMILLO MD
POST OFFICE BOX 786
MONROE WI 53566-0786

DR PDR NR / DR
608-325-7108
JOHN A JERISHA MD
817 15TH AVENUE
POST OFFICE BOX 322
MONROE WI 53566

N
SIK Q JEW MD
1515 TENTH STREET
MONROE WI 53566

FP / FP
608-325-6011
SUSAN K KINAST-PORTER MD
2709 SIXTH STREET
POST OFFICE BOX 788
MONROE WI 53566-0788

CLP DMP PTH / CLP DMP PTH
608-328-7318
GEORGE W KINDSCHI MD
EAST FOREST BOX 10
MONROE WI 53566

IM / IM
608-325-9622
LESLIE G KINDSCHI MD
1770 13TH STREET
MONROE WI 53566

IM END
HANS A KNEUBUHLER MD
1622 16TH STREET
MONROE WI 53566

D / D
608-328-7000
EDWARD L KNUTESON MD
1515 TENTH STREET
MONROE WI 53566

IM
608-328-7000
BILL L MADDIX MD
1515 TENTH STREET
MONROE WI 53566

FP
608-527-5296
PHILIPP H MARTY MD
NEW GLARUS WI 53574

IM CD / IM
CHARLES S MC CAULEY JR MD
1515 TENTH STREET
MONROE WI 53566

FP PD / FP
608-325-3573
CHARLES O MILLER MD
1726 LAKE DRIVE
MONROE WI 53566

OPH / OPH
DWAIN E MINGS MD
POST OFFICE BOX 253
MONROE WI 53566-0253

GS
JACK F MURRAY MD
2709 SIXTH STREET
MONROE WI 53566

IM / IM
608-328-7000
BHARATHY V NAIR MD
1515 TENTH STREET
MONROE WI 53566

U / U
608-328-7258
VELAYUDHAN K NAIR MD
1515 TENTH STREET
MONROE WI 53566

ORS / ORS
608-328-7000
HUSHANG NAJAT MD
1515 TENTH STREET
MONROE WI 53566

N
608-328-7152
JESS R NICHOLS JR MD
1515 TENTH STREET
MONROE WI 53566

OBG
608-328-7000
MERLIN J OLSON MD
1515 TENTH STREET
MONROE WI 53566

AN
608-325-7422
VASUDEV M PATEL MD
3015 16TH STREET
MONROE WI 53566

GS CDS / GS
TERRANCE E PETERS MD
1515 TENTH STREET
MONROE WI 53566

GE IM / GE IM
608-328-7187
JAMES C POLLOCK MD
1515 TENTH STREET
MONROE WI 53566

IM PUD
MEHBOOB M QURESHI MD
1515 TENTH STREET
MONROE WI 53566

PD / PD
JAMES A RAETTIG MD
1515 TENTH STREET
MONROE WI 53566

AN / AN
608-325-7540
DAVID C RIESE MD
1421 14TH AVENUE
MONROE WI 53566

OBG GP
608-325-6011
FERNANDO S SANTIAGO MD
2709 SIXTH STREET
MONROE WI 53566

IM GE / IM GE
608-328-7000
HAROLD H SCUDAMORE MD
2612 FOURTH STREET
MONROE WI 53566

CHP P / P
608-328-7321
JANE C SMITH MD
1515 TENTH STREET
MONROE WI 53566

IM / IM
608-328-7000
WILLIAM J STAAB JR MD
1515 TENTH STREET
MONROE WI 53566

PD / PD
FRANK C STILES MD
1515 TENTH STREET
MONROE WI 53566

OPH
608-328-7000
ANNETTE Z STORMONT MD
1515 TENTH STREET
MONROE WI 53566

ORS
DANIEL M STORMONT MD
1515 TENTH STREET
MONROE WI 53566

IM / IM
608-328-7000
JAMES R STORMONT MD
1515 TENTH STREET
MONROE WI 53566

P / P
608-328-7000
R BUCKLAND THOMAS MD
1515 TENTH STREET
MONROE WI 53566

CRS GS / CRS GS
DON G TRAUL MD
1515 TENTH STREET
MONROE WI 53566

IM CD / IM
608-328-7000
GEOFFREY L TULLETT MD
1515 TENTH STREET
MONROE WI 53566

OBG / OBG
608-328-7361
ROBERT L VICKERMAN MD
2106 19TH AVENUE
MONROE WI 53566-3499

IM ON
608-328-7000
ROBERT F WICHSER MD
1515 TENTH STREET
MONROE WI 53566

R / R
DAVID D WISNEFSKE MD
ROUTE 2
W 4634 RICHLAND ROAD
MONROE WI 53566-9802

FP
ROBERT G ZACH MD
ROUTE 2
MONROE WI 53566

OBG
608-328-7835
DANA S ZIEBEL MD
1515 TENTH STREET
MONROE WI 53566

PD / PD
608-325-5627
EDWARD ZUPANC MD
2644 22ND AVENUE
POST OFFICE BOX 421
MONROE WI 53566-0421

GREEN LAKE-WAUSHARA

EM / IM
608-258-8974
EDWARD A BELONGIA MD
1325 MORRISON STREET
MADISON WI 53703-3811

IM / IM
414-361-1838
JEFFREY J CARROLL MD
POST OFFICE BOX 350
BERLIN WI 54923

GP
PEPITO M EMLANO MD
POST OFFICE BOX 314
WILD ROSE WI 54984

GS
ALONZO R GIMENEZ MD
POST OFFICE BOX 350
BERLIN WI 54923

GP GS
ROY HONG MD
ROUTE 2
WILD ROSE WI 54984

FP / FP
414-622-3254
ROGER A KJENTVET MD
POST OFFICE BOX 142
WILD ROSE WI 54984

AN
414-361-1313
JOHN C KOCH MD
209 EAST PARK AVENUE
BERLIN WI 54923

GP
ALFRED T LEININGER MD
POST OFFICE BOX 277
GREEN LAKE WI 54941

GP
414-622-3219
ERWIN P LUDWIG MD
ROUTE 2 BOX 763
WILD ROSE WI 54984

GS GP
414-622-3254
ENRIQUE W LUY MD
POST OFFICE BOX 141
WILD ROSE WI 54984

FP / FP
414-361-1838
STEVE R OSICKA MD
170 NORTH WISCONSIN
BERLIN WI 54923

FP / FP
414-361-0460
WILLIAM C PIOTROWSKI MD
147 NORTH STATE STREET
BERLIN WI 54923

GS / GS
BARRY L ROGERS MD
POST OFFICE BOX 20
BERLIN WI 54923-0020

IM PUD GP
414-622-3254
TEODORO P ROMANA JR MD
631 COLLIGAN STREET
POST OFFICE BOX 117
WILD ROSE WI 54984-0117

GP GS
LYNN J SEWARD MD
211 E LIBERTY STREET
BERLIN WI 54923

GP
414-361-1838
DAVID J SIEVERS MD
POST OFFICE BOX 350
BERLIN WI 54923

FP / FP
414-361-0460
ALAN L TABER MD
147 NORTH STATE
BERLIN WI 54923

GS / GS
414-361-4306
MICHAEL E TIEMAN MD
POST OFFICE BOX 266
BERLIN WI 54923

GP
414-622-3254
RODNEY D WICHMANN MD
POST OFFICE BOX 128
WILD ROSE WI 54984

IOWA

GP
608-943-6308
HARALD P L BREIER MD
POST OFFICE BOX 185
MONTFORT WI 53569-0185

IM
TIMOTHY A CORRELL MD
227 COMMERCE STREET
MINERAL POINT WI
53565-1202

FP / FP
DAVID R DOWNS MD
1169 NORTH BEQUETTE
DODGEVILLE WI 53533

FP / FP
CATHRYN I KAISER MD
HOLLANDALE WI 53544

GS ABS TRS
608-935-9336
YOUNG I KIM MD
829 SOUTH IOWA STREET
DODGEVILLE WI 53533

IM OBG / IM
608-987-2346
EVERETT R LINDSEY MD
104 HIGH STREET
MINERAL POINT WI 53565

GP
STANLEY B MARSHALL MD
1012 EDGEMONT STREET
ALBERTVILLE AL 35950-1014

GP GS
608-935-5382
NATHANIEL G RASMUSSEN MD
308 NORTH MAIN STREET
POST OFFICE BOX 112
DODGEVILLE WI 53533-0112

FP / FP
608-987-3539
JOHN C STRICKLER MD
416 FRONT STREET
MINERAL POINT WI 53565

JEFFERSON

FP / FP
414-563-2404
HAROLD F ANSCHUETZ MD
211 MEMORIAL DRIVE
FORT ATKINSON WI 53538

GP
414-563-2404
HENRY W AUFDERHAAR MD
211 MEMORIAL DRIVE
FORT ATKINSON WI 53538

FP / 99
414-261-4265
ROBERT C BALDWIN MD
1507 DOCTORS COURT
WATERTOWN WI 53094

FP
414-563-5544
DONALD E BATES MD
311 SOUTH MAIN STREET
FORT ATKINSON WI 53538

IM
414-261-1770
JOHN H BECKER MD
123 HOSPITAL DRIVE
WATERTOWN WI 53094

FP
414-563-2404
FRANK V BERAN MD
211 MEMORIAL DRIVE
FORT ATKINSON WI 53538

OPH
EUGENE E BURZYNSKI MD
1501 OCONOMOWOC AVENUE
WATERTOWN WI 53094

PD
414-261-4210
BRIGIDO C CALADO MD
123 HOSPITAL DRIVE
WATERTOWN WI 53094

FP / FP
414-261-4265
MOE L CHIN MD
1507 DOCTORS COURT
WATERTOWN WI 53094

AN
ALBERTO C CLAR MD
125 HOSPITAL DRIVE
WATERTOWN WI 53094

FP / FP
414-261-8500
BRUCE J COCHRANE MD
127 HOSPITAL DRIVE
POST OFFICE BOX 49
WATERTOWN WI 53094

IM / IM
414-563-5571
ALAN L DETWILER MD
500 MC MILLEN STREET
FORT ATKINSON WI 53538

FP / FP
MARK C DICKMEYER MD
128 NORTH TRATT STREET
WHITEWATER WI 53190

FP / FP
414-648-2391
MANFRED EFFENHAUSER MD
120 EAST OAK STREET
LAKE MILLS WI 53551

FP / FP
414-478-2141
JOHN S GARMAN MD
144 W MADISON STREET
WATERLOO WI 53594

IM
414-563-5571
STEVEN C GEORGE MD
500 MC MILLEN STREET
FT ATKINSON WI 53538

PTH / PTH
PAUL R GLUNZ MD
130 WARREN STREET
BEAVER DAM WI 53916

FP / FP
414-261-4265
MICHAEL A GRAJEWSKI MD
1507 DOCTORS COURT
WATERTOWN WI 53094

FP / FP
414-261-8500
FREDERICK C GREMMELS DO
127 HOSPITAL DRIVE
POST OFFICE BOX 49
WATERTOWN WI 53094

FP / FP
ANNE E GRIFFITHS MD
128 NORTH TRATT
WHITEWATER WI 53190

U / U
414-563-8409
DAVID C GROUT MD
426 MC MILLEN STREET
FORT ATKINSON WI 53538

GS
ROBERT G HANDEYSIDE MD
311 SOUTH MAIN STREET
FORT ATKINSON WI 53538

PD / PD
414-261-8706
JOHN C HEFFELFINGER MD
700 HOFFMANN DRIVE
WATERTOWN WI 53094

FP / FP
414-261-8500
RICHARD C HOLDEN MD
127 HOSPITAL DRIVE
POST OFFICE BOX 49
WATERTOWN WI 53094

OPH / OPH
414-261-8225
EDWARD J HOY MD
SUITE 208
123 HOSPITAL DRIVE
WATERTOWN WI 53094

GP
414-563-3212
HUGO N HUNSADER MD
411 MADISON AVENUE
FORT ATKINSON WI 53538

U / U
414-463-8409
EDWARD S KAPUSTKA MD
426 MC MILLEN STREET
FORT ATKINSON WI 53538

FP / FP
414-473-4548
KENNETH R KIDD MD
128 NORTH TRATT
WHITEWATER WI 53190

FP / FP
715-387-5168
RICHARD D LARSON MD
311 SOUTH MAIN STREET
FORT ATKINSON WI 53538

FP / FP
HENDRIK LEERING MD
120 EAST OAK STREET
LAKE MILLS WI 53551

FP GPM / FP GPM
414-648-2686
ROLAND R LIEBENOW MD
309 LAKEVIEW AVENUE
LAKE MILLS WI 53551

FP / FP
414-261-4265
ARTHUR S MARQUIS MD
1507 DOCTORS COURT
WATERTOWN WI 53094

R
PIERCE J MEIER MD
1317 OCTAGON COURT
WATERTOWN WI 53094

GP OBG GS
E ALLEN MILLER MD
849 COAST BOULEVARD
LA JOLLA CA 92037

FP
GEORGIA KNOX MODE MD
311 SOUTH MAIN STREET
FORT ATKINSON WI 53538

ORS / ORS
WALTER D MORITZ MD
POND ROAD
ROUTE 4 BOX 239
FORT ATKINSON WI 53538

GP
414-668-6400
EARL J NETZOW MD
SAUK TRAIL BEACH ROAD
CEDAR GROVE WI 53013

ORS / ORS
FRANK E NICHOLS MD
1520 VERNON STREET
STOUGHTON WI 53589

GP
414-648-5343
MARVIN G PETERSON MD
721 FREMENT STREET
LAKE MILLS WI 53551

ORS HS / ORS
414-563-5558
STANLEY E PETERSON MD
ROUTE 4 BOX 317B
FORT ATKINSON WI
53538-9358

U / U
414-261-1334
DAVID T QUANBECK MD
123 HOSPITAL DRIVE
WATERTOWN WI 53094

GP
414-674-5330
COURTNEY E QUANDT MD
867 HILLSIDE DRIVE
JEFFERSON WI 53549-1805

GP
414-674-4060
RAYMOND W QUANDT MD
529 S FISCHER AVENUE
JEFFERSON WI 53549

GS / GS
414-261-6088
WILLIAM H REED MD
123 HOSPITAL DRIVE
WATERTOWN WI 53094

GP
414-563-2404
JAMES C H RUSSELL MD
211 MEMORIAL DRIVE
FORT ATKINSON WI 53538

GP
414-261-6586
EUGENE P SCHUH MD
907 CLYMAN STREET
WATERTOWN WI 53094

PH
414-261-4500
RUTH R SCHUH MD
907 CLYMAN STREET
WATERTOWN WI 53094

OBG / OBG
414-261-6162
MOON-WON SONG MD
SUITE 202
123 HOSPITAL DRIVE
WATERTOWN WI 53094

OBG
414-262-9717
ANN M TOUSIGNANT MD
SUITE 106
123 HOSPITAL DRIVE
WATERTOWN WI 53094

FP / FP
414-261-8500
TERRY L TURKE MD
127 HOSPITAL DRIVE
POST OFFICE BOX 49
WATERTOWN WI 53094

IM PD / IM PD
414-563-5571
DONALD L WILLIAMS MD
500 MC MILLEN STREET
FORT ATKINSON WI 53538

IM / IM
414-648-2391
JAMES P WISHAU MD
120 EAST OAK STREET
LAKE MILLS WI 53551

GS
414-473-3653
FILEMON C YAO MD
SATINWOUD LANE
WHITEWATER WI 53190

JUNEAU

GP
608-464-3111
HOMER P BAKER MD
POST OFFICE BOX 128
WONEWOC WI 53968

FP / FP
608-462-8414
ROY B BALDER JR MD
1104 ACADEMY STREET
ELROY WI 53929

GS GP
608-847-5000
REY F FARNE MD
1040 DIVISION STREET
MAUSTON WI 53948

GP GS
608-847-5000
VERNON M GRIFFIN MD
767 ELM STREET
MAUSTON WI 53948

FP IM / FP IM
ERIC S HEANEY MD
510 TREMONT STREET
MAUSTON WI 53948

FP / FP
608-562-3111
TIMOTHY R HINTON MD
600 MONROE STREET
NEW LISBON WI 53950

FP / FP
608-847-5000
JAMES J LOGAN MD
1050 DIVISION STREET
MAUSTON WI 53948

FP / FP
608-847-5000
D KEITH NESS MD
1040 DIVISION STREET
MAUSTON WI 53948

FP / FP
608-847-5000
NANCY E B NESS MD
1040 DIVISION STREET
MAUSTON WI 53948

FP / FP
LEON J RADANT MD
ROUTE 4 BOX 130
MAUSTON WI 53948

GP FP / FP
JACK STRONG MD
1040 DIVISION STREET
MAUSTON WI 53948

KENOSHA

GS CDS
414-652-2212
ARVIND N ACHARYA MD
6626 SHERIDAN ROAD
KENOSHA WI 53140

EM / EM
414-656-2367
GLENN EDWARD ALDINGER MD
EMERGENCY MEDICINE
6308 8TH AVENUE
KENOSHA WI 53142-5082

IM
414-658-2500
M YUSUF ALI MD
3200 SHERIDAN ROAD
KENOSHA WI 53140

AN GP
414-657-5263
PAUL J AMBRO MD
4314 60TH STREET
KENOSHA WI 53142

ORS / ORS
414-657-3126
AFTAB A ANSARI MD
3200 SHERIDAN ROAD
KENOSHA WI 53140

R / R
GENE F ARMSTRONG MD
6530 SHERIDAN ROAD
KENOSHA WI 53140

OPH OTO / OPH
414-657-3511
RICHARD W ASHLEY MD
POST OFFICE BOX 339
KENOSHA WI 53141

OBG / OBG
STEVEN A AZUMA MD
6530 SHERIDAN ROAD
KENOSHA WI 53140

OBG / OBG
EDWIN H BARNES III MD
6530 SHERIDAN ROAD
KENOSHA WI 53140

TS CDS / GS
414-937-5419
JAMES BASS JR MD
6924 HOODS CREEK ROAD
FRANKSVILLE WI 53126

D / D
414-658-2594
A JAMES BENNETT MD
SUITE 22
3734 SEVENTH AVENUE
KENOSHA WI 53140

GS
414-652-1423
ROMAN BILAK MD
6032 40TH AVENUE
KENOSHA WI 53142

R / R
414-652-7144
HAROLD A BJORK MD
7716 SECOND AVENUE
KENOSHA WI 53140

GS
414-652-3776
BLAIR T BONELL MD
7800 SEVENTH AVENUE
KENOSHA WI 53140

EM / EM
414-656-3202
STEPHEN D BOREN MD
3556 SEVENTH AVENUE
KENOSHA WI 53140

IM
414-658-1678
ERNESTO E BUENCAMINO MD
SUITE 11
3734 SEVENTH AVENUE
KENOSHA WI 53140

GS / GS
414-652-2107
A WALID BURHANI MD
6530 SHERIDAN ROAD
KENOSHA WI 53140

EM
312-675-2273
JOHN E CALIENDO MD
516 BRIER STREET
KENILWORTH IL 60043

IM GP / IM
414-652-6040
A JOHN CAPELLI MD
2701 LINCOLN ROAD
KENOSHA WI 53140

OBG / OBG
PAUL A CAPELLI MD
1400 75TH STREET
KENOSHA WI 53140

PD / PD
414-652-5115
NICHOLAS M CETTA MD
SUITE 8
3618 EIGHTH AVENUE
KENOSHA WI 53140

DR / R
KENNETH E CLARK MD
6530 SHERIDAN ROAD
KENOSHA WI 53140

U / U
414-654-9118
MEREDITH C CLUBB MD
6215 TENTH AVENUE
KENOSHA WI 53140

PD
414-652-6737
DOROTHY R CONZELMAN MD
3618 EIGHTH AVENUE
KENOSHA WI 53140

CDS GS / GS
ROBERT G COOK MD
NO 15
3618 EIGHTH AVENUE
KENOSHA WI 53140

GP
414-652-0840
LOUIS H CREIGHTON MD
7511 26TH AVENUE
KENOSHA WI 53140

PD / PD
414-654-8633
DAVID W DAVIS MD
6213 TENTH AVENUE
KENOSHA WI 53140

PD / PD
414-654-0226
MARIANO F DE GUZMAN MD
3734 SEVENTH AVENUE
KENOSHA WI 53140

GS CDS TS / GS TS
414-552-7211
WARREN H DE KRAAY MD
SUITE 5
3618 EIGHTH AVENUE
KENOSHA WI 53140

GS / GS
414-657-3011
DOUGLAS G DEVAN MD
SUITE 26
3734 SEVENTH AVENUE
KENOSHA WI 53140

A
414-657-9390
AMRIT K DHALIWAL MD
4906 39TH AVENUE
KENOSHA WI 53142

AI PUD / AI
414-657-9390
KULWANT S DHALIWAL MD
4906 39TH AVENUE
KENOSHA WI 53142

R / R
WILLIAM S DONNELL MD
6402 THIRD AVENUE
KENOSHA WI 53140

IM
JAMES T DUNCAN JR MD
515 74TH STREET
KENOSHA WI 53140

P
414-652-4832
LESLIE L FAI MD
7744 THIRD AVENUE
KENOSHA WI 53140

EM IM / IM EM
315-835-3294
JAY L FALK MD
863 PEACHTREE LANE
GLENCOE IL 60022

OPH / OPH
414-654-0726
JAMES R FERWERDA MD
8020 SHERIDAN ROAD
KENOSHA WI 53140

EM FP / EM FP
312-465-8056
ROBERT L FIELDS MD
2718 WEST SHERWIN
CHICAGO IL 60645

P
414-656-2721
BERNARD W FREUND JR MD
2106 63RD STREET
KENOSHA WI 53140

IM / IM
WENDEL M FRIEDL MD
1015 65TH STREET
KENOSHA WI 53140

OTO
KISHIN V GANDHI MD
6530 SHERIDAN ROAD
KENOSHA WI 53140

GE IM / IM
MARIO GARRETTO MD
SUITE 16
3734 SEVENTH AVENUE
KENOSHA WI 53140

N NS / NS
414-657-6505
A YALE GEROL MD
SUITE 12
3734 SEVENTH AVENUE
KENOSHA WI 53140

IM CD PUD
414-551-8675
DAVID N GOLDSTEIN MD
2039 19TH AVENUE
KENOSHA WI 53140

EM FP / EM
312-256-0197
ETHEL GRENE MD
2343 LAKE AVENUE
WILMETTE IL 60091

OBG
NESIM HALFON MD
6121 SEVENTH AVENUE
KENOSHA WI 53140

GP
JAMES A HECK MD
6530 SHERIDAN ROAD
KENOSHA WI 53140

OPH OTO
BEN SPALDING HILL MD
6225 SEVENTH AVENUE
KENOSHA WI 53140

IM
414-654-9131
D BOYD HORSLEY MD
SUITE 1
6530 SHERIDAN ROAD
KENOSHA WI 53140

R / R
414-658-1349
LEE H HUBERTY MD
8747 FIRST AVENUE
KENOSHA WI 53140

FP / FP
CHARLES J JANNINGS III MD
POST OFFICE BOX 598
KENOSHA WI 53141

FP / FP
414-658-2516
WILLIAM J JERANEK MD
6530 SHERIDAN ROAD
KENOSHA WI 53140

EM
PREMAL M JOSHIPURA MD
11921 45TH AVENUE
KENOSHA WI 53142

P N
HAROLD C KAPPUS MD
4703 E BRISA DEL NORTE
TUCSON AZ 85718-3601

EM OBS GYN / OBG
312-864-8122
SAMUEL R KATZ MD
537 SHERIDAN ROAD
EVANSTON IL 60202

IM HEM / IM
RAYMOND W KNIGHT MD
1015 65TH STREET
KENOSHA WI 53140

R / R
414-654-6736
EDGAR L KOCH MD
6308 EIGHTH AVENUE
KENOSHA WI 53140

EM
HARLOW F LA BARGE MD
14315 WEST HAWTHORNE
LAKE FOREST IL 60045

FP
BRET L LA POINTE MD
4617 65TH STREET
KENOSHA WI 53142

GP OS
PAUL J LAWRENCE MD
302 VALLETTE WAY
WEST PALM BEACH FL 33401

A IM / AI IM
619-296-6994
WILLIAM H LIPMAN MD
APT 602
666 UPAS STREET
SAN DIEGO CA 92103

GS
LEIF H LOKVAM MD
7115 THIRD AVENUE
KENOSHA WI 53140

IM PUD / IM PUD
PETER MARIANI MD
1400 - 75TH STREET
KENOSHA WI 53140

FP
414-637-3414
JOHN A MARTINI MD
1004 GROVE AVENUE
RACINE WI 53405

GP
414-652-2710
RODRIGO A MATA JR MD
3734 SEVENTH AVENUE
KENOSHA WI 53140

CRS GS / CRS GS
414-657-3353
DAVID J MATTEUCCI MD
5004 22ND AVENUE
KENOSHA WI 53140

GS / GS
414-654-8414
JAIRO J MENDIVIL MD
3618 EIGHTH AVENUE
KENOSHA WI 53140

U
414-654-9118
LYLE D MILLIKEN JR MD
6215 TENTH AVENUE
KENOSHA WI 53140

CDS IM
JOSEPH F MNUK MD
8011 - 14TH AVENUE
KENOSHA WI 53140

EM / EM
312-486-0036
LOUIS J MORETTI JR MD
1520 N HOYNE AVENUE
CHICAGO IL 60622

A
414-694-0757
CECIL A MORROW MD
5405 82ND STREET
KENOSHA WI 53142

IM
414-658-1618
SURESH R NAIK MD
2108 63RD STREET
KENOSHA WI 53140

P
414-654-0488
LIGAYA M I NEWMAN MD
SUITE 25
3734 SEVENTH AVENUE
KENOSHA WI 53140-8001

FP / FP
MARVIN L NICE MD
6530 SHERIDAN ROAD
KENOSHA WI 53140

GS / GS
LOUIS OLSMAN MD
17576 TAM O'SHANTER DR
POWAY CA 92064

IM
SIMEON B ORTIZ MD
3200 SHERIDAN ROAD
KENOSHA WI 53140

GS / GS
414-657-9680
ROGER T PACANOWSKI MD
1400 75TH STREET
KENOSHA WI 53140

IM NEP / IM NEP
414-658-1618
DIVAKAR B PAKKALA MD
2106 63RD STREET
KENOSHA WI 53140

IM
414-652-5121
AFET T PAMUKCU MD
7736 THIRD AVENUE
KENOSHA WI 53140

IM GE / IM
414-654-4074
FEVZI S PAMUKCU MD
7736 THIRD AVENUE
KENOSHA WI 53140

ORS / ORS
414-657-5366
ANOO P PATEL MD
5942 SIXTH AVENUE
KENOSHA WI 53140

IM
608-652-8161
PRITI D PATEL MD
7533 22ND AVENUE
KENOSHA WI 53140

GP
JOHN B PEARSON MD
26604 SNEAD DRIVE
SUN LAKE AZ 85224

GP GS / GS
414-654-9129
CHARLES E PECHOUS JR MD
6530 SHERIDAN ROAD
KENOSHA WI 53140

ORS IM / ORS
CLIFTON E PETERSON MD
1400 75TH STREET
KENOSHA WI 53140

GS / GS
RICHARD A POWELL MD
269 SE STEBBINS TERR
PORT CHARLOTTE FL 33952

FP
ANDREW T PRZLOMSKI MD
6530 SHERIDAN ROAD
KENOSHA WI 53140

OBG / OBG
414-657-5177
HUGH P RAFFERTY MD
6530 SHERIDAN ROAD
KENOSHA WI 53140

IM NEP
414-657-4888
ROSANNA M RANIERI MD
3734 SEVENTH AVENUE
KENOSHA WI 53140

OBG / OBG
414-654-6023
WALTER C RATTAN MD
6530 SHERIDAN ROAD
KENOSHA WI 53140

GP
LEONARD M RAUEN MD
7226 FIRST AVENUE
KENOSHA WI 53140

R / R
LAWRENCE J REIF MD
6732 - 57TH AVENUE
KENOSHA WI 53142-3627

U / U
414-654-9118
JOHN N RICHARDS MD
6215 TENTH AVENUE
KENOSHA WI 53140

FP / FP
414-658-2516
MICHAEL J RIZZO MD
6530 SHERIDAN ROAD
KENOSHA WI 53140

IM HEM
STANLEY R ROSEN MD
6121 SEVENTH AVENUE
KENOSHA WI 53140

CRS / CRS
DAVID D RUEHLMAN MD
APT 485
1220 TASMAN DRIVE
SUNNYVALE CA 94089

FP
414-654-2455
RICARDO M RUSTIA MD
3200 SHERIDAN ROAD
KENOSHA WI 53140

PTH DMP / AP CP DMP
414-656-3216
JOHN G SANSON MD
4206 86TH PLACE
KENOSHA WI 53142

AN / AN
414-658-3706
ISMAEL R SANTA ROMANA MD
APT 14
612 B 15TH PLACE
KENOSHA WI 53140

ORS / ORS
414-654-2245
CHESTER A SATTLER MD
6820 THIRD AVENUE
KENOSHA WI 53140

OPH / OPH
414-657-3636
VINCENT P SAVAGLIO MD
6530 SHERIDAN ROAD
KENOSHA WI 53140

OBG
414-658-2133
M SCHELLPFEFFER MD
1400 75TH STREET
KENOSHA WI 53140

U / U
414-657-4411
JOHN P SCHMIDT MD
SUITE 105
1244 WISCONSIN AVENUE
RACINE WI 53403

GP
HARRY L SCHWARTZ MD
7222 THIRD AVENUE
KENOSHA WI 53140

FP
414-657-5638
NEIL A SHEPLER MD
2129 - 16TH AVENUE
KENOSHA WI 53140

FP
414-553-9500
FRANCIS D SHESKI MD
UW-P TALENT HALL
POST OFFICE BOX 598
KENOSHA WI 53141-0598

GE IM / GE IM
414-657-6700
FLOYD F SHEWMAKE JR MD
SUITE 16
3734 SEVENTH AVENUE
KENOSHA WI 53140

GP
414-657-7474
MORRIS SIEGEL MD
7008 SECOND AVENUE
KENOSHA WI 53140

GP
ROBERT J SMICK DO
24706 75TH STREET
POST OFFICE BOX 361
SALEM WI 53168-0361

AN / AN
414-656-2011
PAUL G SPOTTSWOOD MD
407 68TH STREET
KENOSHA WI 53140

GP
WILLIAM C SROKA MD
324 DONALD DRIVE
BURLINGTON WI 53105

FP / FP
414-843-2336
JAMES O STEELE MD
7001 236TH AVENUE
POST OFFICE BOX 342
PADDOCK LAKE WI
53168-0342

N / N
EDWARD T STEVENS MD
SUITE 7
3618 EIGHTH AVENUE
KENOSHA WI 53140

FP GER / FP
414-553-9500
JOHN H SURRY MD
TALLENT HALL
POST OFFICE BOX 598
KENOSHA WI 53141

R / R
WILLIAM J SWIFT SR MD
G V S B OCEAN REEF CLB
KEY LARGO FL 33037

PTH CLP / PTH
LEELA C THACHENKARY MD
3556 SEVENTH AVENUE
KENOSHA WI 53140

P
414-654-5333
GLENN E VANDERVORT MD
601 60TH STREET
KENOSHA WI 53140

FP / FP
414-763-2485
JOHN D VAN LIERE MD
141 SOUTH PINE
BURLINGTON WI 53165

R NM OS / R
GILBERT S WADINA MD
6530 SHERIDAN ROAD
KENOSHA WI 53140

PD / PD
414-652-5261
RAYMOND G WELSCH MD
7728 SECOND AVENUE
KENOSHA WI 53140

FP
414-551-8783
DAVID R WILLIAMS MD
1465A SHERIDAN ROAD #7
KENOSHA WI 53140

GP GS
414-652-8856
FRANK C WILLIAMS JR MD
6334 EIGHTH AVENUE
KENOSHA WI 53140

NS OM
L M WILLIAMSON MD
27041 PIONEER
WIND LAKE WI 53185

OBG / OBG
414-657-5177
RAYMOND W WITT MD
6530 SHERIDAN ROAD
KENOSHA WI 53140

IM
414-654-0231
FREDRICK WOOD JR MD
6530 SHERIDAN ROAD
KENOSHA WI 53140

R / R
414-656-2211
JOYCE A YEREX MD
5348 WIND POINT ROAD
RACINE WI 53402

IM / IM
MICHAEL ZEIHEN MD
1015 65TH STREET
KENOSHA WI 53140

IM / IM
MITCHELL ZIARKO JR MD
1015 65TH STREET
KENOSHA WI 53140

LA CROSSE

PTH / PTH
608-782-7300
R MARIO ABELLERA MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

IM ID / IM ID MMB
608-782-7300
WILLIAM A AGGER MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

OBG / OBG
608-782-9760
UBALDO A ALVAREZ MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

IM RHU
608-784-3757
ARTHUR G BARBIER MD
SUITE 414
615 SOUTH TENTH STREET
LA CROSSE WI 54601

FP
WILLIAM D BATEMAN MD
134 N LEONARD STREET
WEST SALEM WI 54669

D / D
608-782-7300
JAMES C BAUMGAERTNER MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

OBG / OBG
608-782-7300
EVERETT A BEGUIN JR MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

IM
608-784-7556
STEVEN L BENTON MD
#3
1410 STATE STREET
LA CROSSE WI 54601

FP / FP
MARSHA J BEYER MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

FP
608-782-2163
WILLIAM D BEYER MD
632 NORTH 23RD STREET
LA CROSSE WI 54601

P
608-784-7911
DENNIS G BIROS MD
615 SOUTH TENTH STREET
LA CROSSE WI 54601

608-785-0530
STEVEN C BLAHA MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

OBG / OBG
608-782-9760
MARTHA H BLAISDELL MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

OPH / OPH
608-784-2420
WILLIAM A BLANK MD
615 SOUTH 10TH STREET
LA CROSSE WI 54601

OTO HNS GS
608-782-9760
SCOTT B BLANKE MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

PD GS
BETHANN BONNER MD
3436 EAST AVENUE SOUTH
LA CROSSE WI 54601

FP
KEVIN J BOYLE MD
700 WEST AVENUE SOUTH
LA CROSSE WI 54601

GS / GS
608-784-8221
ARCHIE G BRITT MD
206 RIVOLI BLDG
LA CROSSE WI 54601

FP
608-782-5574
SCOTT D BRUNK MD
2022 ADAMS STREET
LA CROSSE WI 54601

RHU IM / RHU IM
608-782-7300
GARY L BRYANT MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

IM / IM
608-782-9760
DELBERT M BUCHMAN MD
212 SOUTH 11TH STREET
LA CROSSE WI 54601

IM END / IM END
608-782-7300
ROBERT H CAPLAN MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

IM FM / IM
EDWARD CARDONA MD
123 16TH AVENUE SOUTH
ONALSKA WI 54650

ORS / ORS
EUGENE J CARLISLE MD
615 SOUTH TENTH STREET
LA CROSSE WI 54601

FP / FP
507-895-6600
BRUCE A CARLSON MD
524 NORTH ELM STREET
LA CRESCENT MN 55947

EM
608-788-7064
WILLIAM E CARSKADON MD
3244 CLIFFSIDE DRIVE
LA CROSSE WI 54601

A PD / AI PD
608-784-1888
KAREL O CEJPEK MD
615 S TENTH STREET
LA CROSSE WI 54601

AN
608-788-2222
SUSMITA CHIPLUNKER MD
2140 JOY LANE
LA CROSSE WI 54601

IM
608-784-2484
ROLAND B CHRISTIAN MD
2213-B S 7TH STREET
LA CROSSE WI 54601

GS / GS
608-788-7808
THOMAS H COGBILL MD
ROUTE 1
FOREST RIDGE
LA CROSSE WI 54601

IM / IM
608-782-9460
DONALD B COMIN MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

R
608-788-5636
ARNOLD A COOK MD
1134 GRANDAD TERRACE
LA CROSSE WI 54601

PD / PD
608-782-9760
DAVID H CORSER MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

OBG / OBG
608-782-9760
WANIR C DA COSTA MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

IM NEP / IM NEP
608-782-7300
PHILIP J DAHLBERG MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

PTH CLP / PTH CLP
608-785-0940
RUTH M DALTON MD
700 WEST AVENUE SOUTH
LA CROSSE WI 54601

FP / FP
608-784-6648
WILLIAM E DAVIS MD
630 S TENTH STREET
LA CROSSE WI 54601

CLP PTH / CLP PTH
608-782-4925
PAUL C DIETZ MD
430 NORTH LOSEY BLVD
LA CROSSE WI 54601

TR R / R
PHILIP O DOESCHER MD
DEPT/RADIATION THERAPY
1836 SOUTH AVENUE
LA CROSSE WI 54601

FP / FP
DEAN M DREBLOW MD
1212 WELL STREET
ONALASKA WI 54650

ORS
608-782-9760
RICHARD P DRIESSNACK MD
212 SOUTH 11TH STREET
LA CROSSE WI 54601

OBG / OBG
608-782-9760
JOSEPH B DURST MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

TR / R
608-782-7300
ROBERT W EDLAND MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

P CHP / PN
608-782-0704
ROBERT M EDWALDS MD
128 SOUTH SIXTH STREET
POST OFFICE BOX 1145
LA CROSSE WI 54601

PD / PD
608-788-6462
GREGORY J EGAN JR MD
123 16TH AVENUE SOUTH
ONALASKA WI 54650

R / R
GEORGE B ELLENZ MD
700 WEST AVENUE SOUTH
LA CROSSE WI 54601

IM EM / IM EM
ROBERT W ELLWEIN MD
700 WEST AVENUE SOUTH
LA CROSSE WI 54602

FP
CHARLES H ENGEL MD
480 LARK LANE
WEST SALEM WI 54669

GP
608-784-6648
FLOYD W ERNST MD
630 SOUTH TENTH STREET
LA CROSSE WI 54601

FP / FP
608-785-0940
BRETT A FEIGHNER MD
700 WEST AVENUE SOUTH
LA CROSSE WI 54601

OBG / OBG
608-782-7300
PAUL L FELION MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

ORS HS / ORS
608-782-7300
RICHARD A FINK MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

N / PN
GREGORY G FISCHER MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

P N / P N
608-784-8855
ALBERT L FISHER MD
POST OFFICE BOX 816
LA CROSSE WI 54601

FP / FP
THOMAS G FRISBY MD
700 WEST AVENUE SOUTH
LA CROSSE WI 54601

IM
FRANK P FURLANO MD
4213 RIVERVIEW DRIVE
LA CROSSE WI 54601

CD IM / IM
ALAN A GABSTER MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

ORS / ORS
RANDALL J GALL MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

CDS GS / GS
608-782-7300
WARREN E GALL MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

FP
FRANK J GALLAGHER MD
1820 NAKOMIS AVENUE
LA CROSSE WI 54601

NPM PD
608-785-0941
KIM N GELKE MD
700 WEST AVENUE SOUTH
LA CROSSE WI 54601

FP / FP
608-786-0200
GEORGE P GERSCH MD
134 N LEONARD STREET
WEST SALEM WI 54669

EM
608-989-2167
KENYON R GILBERT MD
ROUTE 1 BOX 143
BLAIR WI 54616

IM ID / IM ID
608-782-7300
JAMES E GLASSER MD
2519 HACKBERRY LANE
LA CROSSE WI 54601

P / PN
608-782-7300
T JOSHUA GOLDBLOOM MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

AN / AN
DAVID E GOODNOUGH MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

IM CD / IM CD
608-782-7300
CAROLYN C GOREN MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

IM CD / IM CD
608-782-7300
ROBERT M GREEN MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

FP
KARLA R GRENZ MD
700 WEST AVENUE SOUTH
LA CROSSE WI 54601

PM
608-785-0940
MARK D GRIFFITH MD
700 WEST AVENUE SOUTH
LA CROSSE WI 54601

OPH / OPH
608-784-2420
KARL P GRILL MD
SUITE 605
615 SOUTH TENTH STREET
LA CROSSE WI 54601

CD IM / CD IM
608-784-3050
J ROBERT GROVE MD
212 SOUTH 11TH STREET
LA CROSSE WI 54601

AN / AN
GRETCHEN GUERNSEY MD
2546 SOUTH 30TH STREET
LA CROSSE WI 54601

TS PDS / GS
A ERIK GUNDERSEN MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

GS / GS
ADOLF L GUNDERSEN MD
3624 EBNER COULEE ROAD
LA CROSSE WI 54601

R NM / R NM
608-782-7300
GUNNAR A GUNDERSEN MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

OBG / OBG
JEROME H GUNDERSEN MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

GS / GS
608-782-7300
SIGURD B GUNDERSEN JR MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

IM / IM
608-782-7300
THOROLF E GUNDERSEN MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

FP
608-634-2235
THEODOR HABEL MD
502 WASHINGTON
WESTBY WI 54667

P / P
608-782-1775
HELEN E HALBERT MD
N3684 SCENIC DRIVE
ROUTE 2
LA CROSSE WI 54601

IM CD / IM
608-782-7300
BRUCE HANDLER MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

ORS / ORS
608-788-5432
STEPHEN L HAUG MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

ORS / ORS
608-782-7300
JOHN W HAYDEN MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

FP
608-785-0940
STEPHEN G HENKE MD
700 WEST AVENUE SOUTH
LA CROSSE WI 54601

N / N
TIMOTHY K HENKE MD
5694 MONTICELLO WAY
MADISON WI 53719

IM / IM
ALOYSIUS W HICKEY MD
1811 SUNSET DRIVE
LA CROSSE WI 54601

U / U
608-782-7300
RICHARD S HOWARD MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

N
KERRY L HRUSKA MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

P / P
608-782-7300
PAULINE M JACKSON MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

PTH DMP / PTH DMP
608-782-7300
JOHN F JANIS MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

AN
ALFHILD I E JENSEN MD
PULI CHRISTIAN HOSP
PULI, TAIWAN R.O.C

FP / FP
608-783-2200
MARK C JUNGCK MD
1212 WELL STREET
ONALASKA WI 54601

U / U
608-782-9760
NABIL M A KADER MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

HEM / HEM
608-782-7300
RUDOLPH M KEIMOWITZ MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

P / P
608-782-5853
KENT E KELLER MD
615 SOUTH TENTH STREET
LA CROSSE WI 54601

P
LEO V KEMPTON MD
615 SOUTH TENTH STREET
LA CROSSE WI 54601

U / U
608-782-7300
A SCOTT KLEIN MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

GS
608-782-9760
GORDON G KOCHSIEK MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

A IM / IM
GEORGE F KROKER MD
2532 EDGEWOOD PLACE
LA CROSSE WI 54601

IM ON / IM MON
608-782-7300
ROGER W KWONG MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

IM / IM
608-782-7300
THOMAS P LATHROP MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

U / U
CLYDE C LAWNICKI MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

EM / EM
608-782-7300
EMMA K LEDBETTER MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

AN / AN
YOUNG KYOON LEE MD
ANESTHESIA DEPARTMENT
1836 SOUTH AVENUE
LA CROSSE WI 54601

IM PUD OM / IM PUD
608-782-7300
LARRY A LINDESMITH MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

R / R
608-782-7300
ROLAND A LOCHER MD
121 SOUTH 13TH STREET
LA CROSSE WI 54601

RHU IM / RHU IM
608-782-7300
JACK M LOCKHART MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

U / U
608-782-7300
ALMON R MAC EWEN MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

OBG / OBG
608-785-0530
MICHAEL H MADER MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

OPH / OPH
608-784-3050
BERNARD J MANSHEIM MD
212 SOUTH 11TH STREET
LA CROSSE WI 54601

ORS / ORS
608-782-7300
RICHARD J MARCHIANDO MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

D / D
608-782-9760
DEAN L MARTALOCK MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

PS OTO / PS OTO
608-782-7300
LYNN T MARTIN MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

IM / IM
608-782-2818
ROBERT E MC MAHON MD
N3144 SOUTH VISTA CT
LA CROSSE WI 54601

EM
608-788-1897
MILTON R MC MILLEN MD
1252 CLIFFWOOD LANE
LA CROSSE WI 54601

FP
608-785-0940
JOANNE R MELLEMA MD
700 WEST AVENUE SOUTH
LA CROSSE WI 54601

GS
CHARLES H MILLER III MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

IM / IM
DAVID K MILLER MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

R RIP / R
608-788-4144
GERALD J MILLER MD
2763 HAGEN ROAD
LA CROSSE WI 54601

IM END / IM
608-782-7300
EDWARD B MINER MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

IM ID / IM
608-785-0530
WILLIAM A MORGAN MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

A / A1
DAVID L MORRIS MD
615 S TENTH STREET
LA CROSSE WI 54601

IM / IM
JAMES H MUNN JR MD
ROUTE 1
GREENS COULEE ROAD
ONALASKA WI 54650

GS / GS
608-784-3050
JAMES T MURPHY MD
212 SOUTH 11TH STREET
LA CROSSE WI 54601

R NM / R NM
608-788-0511
DAVID G MUSGJERD MD
2440 HAGEN ROAD
LA CROSSE WI 54601

U / U
608-782-7300
CORNELIUS A NATOLI MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

PD / PD
608-782-9760
DAVID LEE NELSON MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

IM EM / IM
608-785-0530
MICHAEL E NESEMANN MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

IM NEP / IM
608-782-7300
KERMIT L NEWCOMER MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

PTH CLP / PTH CLP
608-785-0940
CHARLES P NICHOLS MD
700 WEST AVENUE SOUTH
LA CROSSE WI 54601

IM / IM
608-782-7300
DAVID D NORENBERG MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

IM ON / IM ON
608-782-9760
JAMES E NOVOTNY MD
212 SOUTH 11TH STREET
LA CROSSE WI 54601

CD IM / CD IM
608-782-9760
ROBERT T OBMA MD
212 SOUTH 11TH STREET
LA CROSSE WI 54601

FP / FP
608-526-3351
DENNIS D OHLROGGE MD
520 AMY DRIVE
HOLMEN WI 54636

OBG / OBG
608-782-9760
WILLIAM J O'LEARY MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

IM GE / IM
608-782-9760
ASGHAR OLIAI MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

EM
608-782-7300
JUDSON OMANS MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

GS / GS
608-782-9760
MARK T O'MEARA MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

FP
608-782-9760
DAVID A ONSRUD DO
815 SOUTH TENTH STREET
LA CROSSE WI 54601

ID IM / IM
608-788-5815
EDWIN L OVERHOLT MD
2315 HICKORY LANE
LA CROSSE WI 54601

OTO / OTO
608-782-7300
STEVEN L OVERHOLT MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

IM / IM
STEPHEN L PAVELA MD
2691 HILLCREST DRIVE
LA CROSSE WI 54601

OBG NPM / OBG NPM
608-782-7300
THEODORE M PECK MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

PTH CLP / PTH CLP
608-785-0940
JOHN F PEDERSON MD
W5237 BOMA ROAD
LA CROSSE WI 54601

END IM / IM
608-782-7300
GREGORY B PEHLING MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

FP
608-785-0940
NANCY A PELTOLA MD
700 WEST AVENUE SOUTH
LA CROSSE WI 54601

IM / IM
608-782-7300
EDWARD L PERRY MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

ORS / ORS
608-784-3050
PAUL W PHILLIPS MD
212 SOUTH 11TH STREET
LA CROSSE WI 54601

IM A / IM A1
608-782-7300
BRUCE A POLENDER MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

IM / IM
608-788-5939
ROBERT A PRIBEK MD
212 SOUTH 11TH STREET
LA CROSSE WI 54601

IM
608-782-7300
ROBERT W RAMLOW MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

PD / PD
608-782-7300
LEAH A REIMANN MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

AN / AN
608-788-0657
DAVID S RHO MD
2905 FARNAM STREET
LA CROSSE WI 54601

FP
JAMES D RICHARDSON MD
520 AMY DRIVE
HOLMEN WI 54636

DR / DR
608-782-7300
CAMERON F ROBERTS MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

OPH / OPH
608-782-7300
DENNIS K RYAN MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

FP
SCOTT RYSDAHL MD
700 WEST AVENUE SOUTH
LA CROSSE WI 54601

PD NPM A / PD NPM
VIJAY K SABNIS MD
615 SOUTH 10TH STREET
LA CROSSE WI 54601

GS / GS
608-782-1041
JOHN J SATORY MD
1404 MAIN STREET
LA CROSSE WI 54601

PD / PD
MARY B SCHEURICH MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

OPH / OPH
608-782-7300
CARL F SCHMIDT MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

GP
EDWARD J SCHNEEBERGER MD
421 MAIN STREET
LA CROSSE WI 54601

ORG / ORG
608-782-7300
RUDOLF E SCHULDES MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

OTO / OTO
608-782-7300
GLENN M SEAGER MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

NS / NS
214-832-4455
ROY SELBY MD
16 DUNHAM DRIVE
TEXARKANA TX 75503-1003

OTO HNS / OTO
LARRY R SEVEREID MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

PD / PD
608-782-9760
P STEPHEN SHULTZ MD
815 S TENTH STREET
LA CROSSE WI 54601

ORS
608-784-3050
JESUS M SIERRA MD
212 S ELEVENTH STREET
LA CROSSE WI 54601

IM
608-782-2421
CHRISTINE A SINSKY MD
2213-A SOUTH 7TH ST
LA CROSSE WI 54601

IM
608-782-2421
THOMAS A SINSKY MD
2213-A SOUTH 7TH ST
LA CROSSE WI 54601

U / U
CHARLES A SKEMP MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

GP
608-782-2930
FREDERICK C SKEMP MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

FP / FP
608-782-9760
FREDERICK SKEMP JR MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

GP
GEORGE E SKEMP MD
2506 CASS STREET
LA CROSSE WI 54601

OBG / OBG
JOHN T SKEMP MD
218 BURNSIDE
LEHIGH FL 33936

IM / IM
608-782-9760
JOSEPH J SKEMP MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

GS / GS
608-782-9760
JOHN J SMALLEY MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

IM HEM CLP / IM HEM CLP
608-782-7300
MARTIN J SMITH MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

FP IM
608-782-9760
NEENA SODHI MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

IM A / IM
608-782-7300
VANEE SONGSIRIDEJ MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

OBG / OBG
608-782-9760
PAUL H STEINGRAEBER MD
815 S TENTH STREET
LA CROSSE WI 54601

FP
608-785-0940
KRISTIN E SWANSON MD
700 WEST AVENUE SOUTH
LA CROSSE WI 54601

R / R
608-788-3580
JOHN D SWINGLE MD
3700 QUEENS AVENUE
LA CROSSE WI 54601

IM GE / IM GE
608-782-7300
DUANE W TAEBEL MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

AN
REGALADO A TENDERO MD
308 SHORE ACRES ROAD
LA CRESCENT MN 55947

DR / R
THOMAS R TERHORST MD
700 WEST AVENUE SOUTH
LA CROSSE WI 54601

IM / IM
608-782-7300
JAMES W TERMAN MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

FP / FP
608-785-0940
TEDDY L THOMPSON MD
700 WEST AVENUE SOUTH
LA CROSSE WI 54601

ORS / ORS
608-782-7300
DOUGLAS G TOMPKINS MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

R / R
608-782-7300
RENATO TRAVELLI MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

IM / IM
JOHN R UJDA MD
212 SOUTH 11TH STREET
LA CROSSE WI 54601

FP
608-785-0940
PHILIP H UTZ MD
700 WEST AVENUE SOUTH
LA CROSSE WI 54601

DR NM / DR NM
EUGENE J VALENTINI MD
700 WEST AVENUE SOUTH
LA CROSSE WI 54601

IM
WALTER J VALLEJO MD
212 S 11TH STREET
LA CROSSE WI 54601

PTH
RODELINO L VIRATA MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

NM NR NIP / R NM
608-785-0940
DARRYL M WASHA MD
700 WEST AVENUE SOUTH
LA CROSSE WI 54601

GP FP
608-784-4140
MICHAEL J WATUNYA MD
400 HOFSCHLER BUILDING
FIFTH AND J STREETS
LA CROSSE WI 54601

D / D
608-782-7300
STEPHEN B WEBSTER MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

EM / EM
BENJAMIN C WEDRO MD
POST OFFICE BOX 102
LA CROSSE WI 54602

IM ON / IM
608-782-7300
JOHN B WEETH MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

PTH / PTH
608-782-7300
SUSAN M WESTER MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

FP / FP
608-782-9760
DAVID E WESTGARD MD
815 S TENTH STREET
LA CROSSE WI 54601

OTO / OTO
608-782-9760
RUSTAN J WIERSMA MD
815 SOUTH TENTH STREET
LA CROSSE WI 54601

IM PUD / IM PUD
608-782-7300
EDWARD R WINGA MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

ON IM / ON IM
608-782-7300
ROBERT S WITTE MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

IM NEP / NEP
608-782-7300
WILFRIDO R YUTUC MD
1836 SOUTH AVENUE
LA CROSSE WI 54601

LAFAYETTE

FP
ROBERT J BERNARDONI MD
516 WELLS STREET
DARLINGTON WI 53530

FP
608-776-2360
NORBERT A MC GREANE MD
ROUTE 2 BOX 187
DARLINGTON WI 53530

FP / FP
608-776-4497
LORI L NEUMANN MD
517 PARK PLACE
DARLINGTON WI 53530

FP
608-776-4497
LYLE L OLSON MD
517 PARK PLACE
DARLINGTON WI 53530

FP / FP
608-776-4497
RICHARD G ROBERTS MD
517 PARK PLACE
DARLINGTON WI 53530

LANGLADE

GP
715-623-4519
BERNARD W BEATTIE MD
614 FIFTH AVENUE
ANTIGO WI 54409

GP
LARRY R BRUNZLICK MD
N621 OLD 26
ANIWA WI 54408

FP
ROBERT W CROMER MD
1111 LANGLADE ROAD
ANTIGO WI 54409

GP
WILLIAM P CURRAN MD
ROUTE 2
DEERBROOK WI 54424

FP / FP
715-623-2351
THEODORE C FOX MD
213 FIFTH AVENUE
ANTIGO WI 54409

GP IM
JOHN E GARRITTY MD
1111 LANGLADE ROAD
ANTIGO WI 54409

FP / FP
715-623-6952
GARY M HEGRANES MD
423 HIGHWAY F
ANTIGO WI 54409

FP / FP
715-623-5803
CHARLES A HEUSS MD
N2166 MAPLE ROAD
ANTIGO WI 54409

FP
715-623-3761
ROBERT L KEENER MD
1111 LANGLADE ROAD
ANTIGO WI 54409

FP
715-623-2351
JOHN E MC KENNA MD
POST OFFICE BOX 400
ANTIGO WI 54409

FP / FP
JAMES O MOERMOND JR MD
N693 HIGHWAY 45S
ANTIGO WI 54409

IM / IM
715-623-3761
JOHN R MYERS MD
1111 LANGLADE ROAD
ANTIGO WI 54409

FP / FP
715-623-2351
MICHAEL J REINARDY MD
POST OFFICE BOX 400
ANTIGO WI 54409

GS / GS
715-623-3761
EARL J ROTH MD
1111 LANGLADE ROAD
ANTIGO WI 54409

LINCOLN

GS CDS / GS
715-536-2463
MUHAMMAD Y AHMAD MD
716 EAST SECOND STREET
MERRILL WI 54452

GP GS
715-532-6517
LESTER J BAYER MD
N2715 EAST SHORE DRIVE
MERRILL WI 54452

GP GS
JAMES F BIGALOW MD
1401 HIGHLAND DRIVE
MERRILL WI 54452-1786

ORS
WILLIAM E BRAUN MD
N1585 BLUEBIRD LANE
MERRILL WI 54452

GP GS
715-453-2147
NUNILO L BUGARIN MD
221 E WASHINGTON AVE
TOMAHAWK WI 54487

FP / FP
715-453-2101
JAMES L CARROLL MD
318 N SEVENTH STREET
POST OFFICE BOX 305
TOMAHAWK WI 54487-0305

FP / FP
715-536-9511
DONALD L EVANS MD
1205 O'DAY STREET
MERRILL WI 54452

GS GP ABS / GS
715-453-2147
MODESTO M FERRER MD
221 E WASHINGTON AVE
TOMAHAWK WI 54487

FP / FP
715-453-2147
ORLANDO M FRANCISCO MD
221 E WASHINGTON AVE
TOMAHAWK WI 54487

N
715-453-2181
CHARLES E GOODELL III MD
216 N SEVENTH STREET
TOMAHAWK WI 54487

IM / IM
715-536-5511
CHAMPALAL GUPTA MD
716 EAST SECOND STREET
MERRILL WI 54452

GP
RAYMOND J HENDERSON MD
327 W WISCONSIN AVENUE
TOMAHAWK WI 54487

FP / FP
715-536-9511
JAMES S JANOWIAK MD
1205 O'DAY STREET
MERRILL WI 54452

FP / FP
715-536-9511
GEOFFREY C KLOSTER MD
1205 O'DAY STREET
MERRILL WI 54452

FP / FP
715-536-6322
WALTER LEWINNEK MD
1205 O'DAY STREET
MERRILL WI 54452

U / U
715-536-6988
JEROME S MAYERSAK MD
717 TEE LANE DRIVE
MERRILL WI 54452

FP / FP
715-536-9511
MICHAEL K MIKKELSON MD
800 RIVERSIDE AVENUE
MERRILL WI 54452

FP CD GS / FP
JACK D MILLENBAH MD
1711 EAST THIRD STREET
MERRILL WI 54452

GS
715-536-9511
ERLING O RAVN JR MD
1205 O'DAY STREET
MERRILL WI 54452

IM
715-536-9511
THOMAS P SIMERSON MD
1205 O'DAY STREET
MERRILL WI 54452

IM
715-536-2463
DAVID C YANG MD
716 EAST SECOND STREET
MERRILL WI 54452

MANITOWOC

U / U
414-682-6329
ROBERT J BANKER MD
536 NORTH NINTH STREET
MANITOWOC WI 54220-4016

HEM ON IM / IM
414-682-8841
EDWARD J BARYLAK MD
601 REED AVENUE
POST OFFICE BOX 3008
MANITOWOC WI 54220

ORS / ORS
414-682-0181
BARRY V BAST MD
600 YORK STREET
MANITOWOC WI 54220

OTO / OTO
414-684-4477
ROGER A BELL MD
300 EAST REED AVENUE
POST OFFICE BOX 277
MANITOWOC WI 54220

IM / IM
414-682-8841
JOHN D BEST MD
601 REED AVENUE
POST OFFICE BOX 3008
MANITOWOC WI 54220

IM / IM
414-682-8841
ROY C BLANK MD
601 REED AVENUE
POST OFFICE BOX 3008
MANITOWOC WI 54220

GP OBG
NELSON A BONNER MD
1112 LINCOLN BOULEVARD
MANITOWOC WI 54220

PD / PD
414-682-8841
ROBERT D BUSH MD
601 REED AVENUE
POST OFFICE BOX 3008
MANITOWOC WI 54220

ORS
PAUL A CAVIALE MD
501 NORTH TENTH STREET
MANITOWOC WI 54220

IM / IM
414-682-8841
DONALD J DE BRUYN MD
601 REED AVENUE
POST OFFICE BOX 3008
MANITOWOC WI 54220

GS / GS
414-682-8841
ROBERT L DERNLAN MD
601 REED AVENUE
POST OFFICE BOX 3008
MANITOWOC WI 54220

ORS / ORS
414-682-6376
JOSEPH C DI RAIMONDO MD
1636 MIRIAM ROAD
MANITOWOC WI 54220

FP
STEVEN D DRIGGERS MD
SUITE 7-8
600 YORK STREET
MANITOWOC WI 54220

ORS / ORS
414-682-0181
THOMAS L FINNEGAN MD
600 YORK STREET
MANITOWOC WI 54220

FP / FP
414-793-1105
ROBERT A GAHL MD
2219 GARFIELD STREET
TWO RIVERS WI 54241

GS / GS
414-682-8841
HAROLD L GERNDT JR MD
601 REED AVENUE
POST OFFICE BOX 3008
MANITOWOC WI 54220

DR R / R
414-361-1313
JOHN A GOMMERMANN MD
POST OFFICE BOX 449
REDGRANITE WI 54970

FP / FP
MAX H GOODWIN MD
2219 GARFIELD STREET
TWO RIVERS WI 54241

GS / GS
414-682-4646
JOHN T GOSWITZ MD
601 N EIGHTH STREET
MANITOWOC WI 54220

IM / IM
414-682-8841
MARY A GOVIER MD
601 REED AVENUE
POST OFFICE BOX 3008
MANITOWOC WI 54220

GS TS VS / GS
414-682-0181
TERRY L GUELDNER MD
600 YORK STREET
MANITOWOC WI 54220

IM GE / IM GE
414-682-0181
JAMES W HOFTIEZER MD
600 YORK STREET
MANITOWOC WI 54220

IM
LYNN W HOLDER MD
601 N EIGHTH STREET
MANITOWOC WI 54220

R NM / R NM
414-684-2255
MICHAEL A JACOBI MD
2300 WESTERN AVENUE
MANITOWOC WI 54220

OPH / OPH
JOHN T JIROCH MD
APT 302C
2490 OLD CONCORD ROAD
SMYRNA GA 30080-1612

AI P HYP
414-432-2204
ELEAZAR M KADILE MD
SUITE 3
1901 S WEBSTER AVENUE
GREEN BAY WI 54301

P HYP
HERMENEGILDO M KADILE MD
SUITE 207
TWO NORTH 8TH STREET
MANITOWOC WI 54220-4639

FP / FP
414-793-2281
S LAWRENCE KANER MD
2219 GARFIELD
TWO RIVERS WI 54241

OBG / OBG
414-682-8841
SIVAKAMI KANGAYAPPAN MD
601 REED AVENUE
POST OFFICE BOX 3008
MANITOWOC WI 54220

OBG / OBG
414-682-8841
PAUL L KARRMANN MD
601 REED AVENUE
POST OFFICE BOX 3008
MANITOWOC WI 54220

D / D
414-682-0181
HENRY M KATZ MD
600 YORK STREET
MANITOWOC WI 54220

DR NM / R
THOMAS A KELLER MD
2300 WESTERN AVENUE
MANITOWOC WI 54220

IM CD / IM
414-682-8841
CARL C KOBELT MD
601 REED AVENUE
POST OFFICE BOX 3008
MANITOWOC WI 54220

GS
414-794-7240
DOMINIC A KULJIS MD
3219 ADAMS STREET
TWO RIVERS WI 54241

OTO / OTO
414-684-4477
JOHN R LARSEN MD
300 EAST REED AVENUE
POST OFFICE BOX 277
MANITOWOC WI 54220

OPH
414-684-4429
DONALD R LEWELLEN JR MD
4801 EXPO DRIVE
POST OFFICE BOX 705
MANITOWOC WI 54220-0705

U / U
PATRICK F LIMONI MD
1020 MARITIME DRIVE
MANITOWOC WI 54220

IM / IM
414-682-8841
JOHN D LYNCH MD
601 REED AVENUE
POST OFFICE BOX 3008
MANITOWOC WI 54220

IM / IM
414-682-8841
TIMOTHY J MAATMAN MD
601 REED AVENUE
POST OFFICE BOX 3008
MANITOWOC WI 54220

GP
414-794-8723
RICHARD E MARTIN MD
1510 26TH STREET
TWO RIVERS WI 54241

GP
CECILIO T MENDOZA MD
600 YORK STREET
MANITOWOC WI 54220

PD
ALI A MIR MD
2219 GARFIELD STREET
TWO RIVERS WI 54241

OBG
ROBERT E MYERS MD
2219 GARFIELD STREET
TWO RIVERS WI 54241

GP
JOHN E NILLES MD
POST OFFICE BOX 127
MISHICOT WI 54228

ORS / ORS
414-684-3204
THOMAS K PERRY MD
501 NORTH TENTH STREET
MANITOWOC WI 54220

OPH / OPH
DAVID D PFAFFENBACH MD
4801 EXPO DRIVE
POST OFFICE BOX 705
MANITOWOC WI 54220-0705

OPH / OPH
CYRIL J RADL MD
APT 4
1425 NORTH 9TH STREET
MANITOWOC WI 54220

PD / PD
414-682-8841
SURINDER K RAJPAL MD
601 REED AVENUE
POST OFFICE BOX 3008
MANITOWOC WI 54220

OPH / OPH
ROBERT C RANDOLPH MD
4801 EXPO DRIVE
POST OFFICE BOX 705
MANITOWOC WI 54220-0705

OTO / OTO
414-684-4477
WILLIAM C RANDOLPH MD
300 EAST REED AVENUE
POST OFFICE BOX 277
MANITOWOC WI 54220

FP / FP
414-683-2200
T RAUSCHENBERGER MD
601 BUFFALO
MANITOWOC WI 54220

IM / IM
MARK A SAGER MD
1402 SEMINOLE HIGHWAY
MADISON WI 53711

GS / GS
414-682-0181
DAVID A SATCHELL MD
600 YORK STREET
MANITOWOC WI 54220

OPH / OPH
414-684-4429
D SCHLERNITZAUER MD
4801 EXPO DRIVE
POST OFFICE BOX 705
MANITOWOC WI 54220-0705

FP / FP
414-683-2200
GARY A SCHMIDT MD
601 BUFFALO STREET
MANITOWOC WI 54220

FP / FP
414-682-4646
NORMAN C SCHROEDER MD
601 N EIGHTH STREET
MANITOWOC WI 54220

FP / FP
414-793-2281
NORMAN J SCHROEDER II MD
2219 GARFIELD STREET
TWO RIVERS WI 54241

GS / GS
414-682-8841
TIMOTHY J SHAW MD
601 REED AVENUE
POST OFFICE BOX 3008
MANITOWOC WI 54220

CDS GS / GVS GS
414-682-1173
PETER J SIPPEL MD
600 YORK STREET
MANITOWOC WI 54220

GS / GS
414-684-5845
WALTER F SMEJKAL MD
208 HURON STREET
MANITOWOC WI 54220

R / R
GILBERT H STANNARD JR MD
POST OFFICE BOX 288
EPHRAIM WI 54211

FP / FP
414-682-4646
RICHARD S STEIN MD
601 N EIGHTH STREET
MANITOWOC WI 54220

U / U
414-682-6344
JOHN M STERN MD
1020 MARITIME DRIVE
MANITOWOC WI 54220

IM RHU / IM
JOHN L STOUNE MD
600 YORK STREET
MANITOWOC WI 54220

P
414-683-2020
EDGAR C STUNTZ MD
1131 S EIGHTH STREET
MANITOWOC WI 54220

AN / AN
414-683-2074
NINA TEMPLETON MD
615 OAK STREET
MANITOWOC WI 54220

AN / AN
414-683-2074
THOMAS W TEMPLETON MD
615 OAK STREET
MANITOWOC WI 54220

IM
RICHARD W THEOBALD MD
POST OFFICE BOX 3008
601 REED AVENUE
MANITOWOC WI 54220

PD
ROBERT F THORPE MD
13210 LA TERRAZA DRIVE
SUN CITY WEST AZ 85375

GP
414-775-4111
JOHN A THRANOW JR MD
106 WILSON STREET
VALDERS WI 54245

ORS / ORS
JOSEPH E TRADER MD
501 NORTH TENTH STREET
MANITOWOC WI 54220

PD / PD
414-682-8841
RICHARD A VAN DREEL MD
601 REED AVENUE
POST OFFICE BOX 3008
MANITOWOC WI 54220

GP
STEPHEN L WELD MD
2219 GARFIELD STREET
TWO RIVERS WI 54241

AN
WAYNE F WHITE MD
2300 WESTERN AVENUE
MANITOWOC WI 54220

GS / GS
414-793-2281
JOHN C ZELDENRUST MD
2219 GARFIELD STREET
TWO RIVERS WI 54241

MARATHON

OBG / OBG
SAMIR L ABADEER MD
2727 PLAZA DRIVE
WAUSAU WI 54401

DR R / R
PHILIP R ALBERT MD
2727 PLAZA DRIVE
WAUSAU WI 54401

GS / GS
715-847-3241
CHARLES R ALDEN MD
2727 PLAZA DRIVE
WAUSAU WI 54401

IM
DALE B ANDERSON MD
804 WEST WAUSAU CIRCLE
WAUSAU WI 54401

FP
608-359-9193
JEROME C ANDRES MD
2213 HIGHWAY X
MOSINEE WI 54455

IM PUD / IM
715-847-3254
DAVID K AUGHENBAUGH MD
2727 PLAZA DRIVE
WAUSAU WI 54401

EM
GREGORY J BACHHUBER MD
W5754 ROBINSON ROAD
TOMAHAWK WI 54487

P
HUGO M BACHHUBER MD
212 NORTH 11TH AVENUE
WAUSAU WI 54401

OPH / OPH
715-845-8201
GORDON L BACKER MD
POST OFFICE BOX 689
WAUSAU WI 54401

OPH / OPH
715-845-8201
WILLIAM D BACKER MD
POST OFFICE BOX 689
WAUSAU WI 54401

OBG
GARY M BAKKER MD
1424 STARK STREET
WAUSAU WI 54401

FP / FP
715-847-3281
HALDOR P BARNES MD
2727 PLAZA DRIVE
WAUSAU WI 54401

FP
ELIZABETH G BARR MD
1840 COUNTY HIGHWAY XX
MOSINEE WI 54455

PTH / PTH
715-842-3375
RICHARD D BARTHOLOMEW MD
808 THIRD STREET
WAUSAU WI 54401

IM FP
715-842-1636
SAILENDRA N BASU MD
1100 LAKE VIEW DRIVE
WAUSAU WI 54401

FP / FP
715-693-6711
JAMES J BEIER MD
607 13TH STREET
MOSINEE WI 54455

PTH CLP / PTH CLP
715-842-3375
KATHY P BELGEA MD
808 THIRD STREET
WAUSAU WI 54401

GS CDS / GS CDS
JAMES P BINDER MD
SUITE 202
425 PINE RIDGE BLVD
WAUSAU WI 54401

PD
715-847-3592
JOHN E BOBINSKI MD
2727 PLAZA DRIVE
WAUSAU WI 54401

PTH / PTH
715-847-2130
STEVEN E BODEMER MD
808 THIRD STREET
WAUSAU WI 54401

TR R / TR R
715-845-2866
ADRIAN R BOURQUE MD
333 PINE RIDGE BLVD
WAUSAU WI 54401

OTO OPH / OTO
ENOCH B BRICK MD
912 NINTH STREET
WAUSAU WI 54401

R / R
715-842-0624
G H BRISTER MD
SUITE 209
425 PINE RIDGE BLVD
WAUSAU WI 54401

OTO / OTO
RICHARD H BRODHEAD MD
2305 RIDGE VIEW DRIVE
WAUSAU WI 54401

ORS / ORS
715-842-3202
RICHARD L BUECHEL MD
SUITE 300
425 PINE RIDGE BLVD
WAUSAU WI 54401

FP
THURL C BURR JR MD
325 STURGEON EDDY ROAD
WAUSAU WI 54401

FP / FP
715-842-0491
ROBERT E CADWELL MD
212 STURGEON EDDY ROAD
WAUSAU WI 54401

FP
VINOO CAMERON MD
POST OFFICE BOX 119
ATHENS WI 54411-0119

CDS TS GS / TS GS
715-845-6242
JULIO C DAVILA MD
SUITE 204
425 PINE RIDGE BLVD
WAUSAU WI 54401

U / U
715-847-3351
KENNETH L DAY MD
2727 PLAZA DRIVE
WAUSAU WI 54401

D A / D
715-842-4686
NORMAN F DEFFNER MD
630 FIRST STREET
WAUSAU WI 54401

OBG / OBG
715-847-3284
JOEL R DE KONING MD
2727 PLAZA DRIVE
WAUSAU WI 54401

GE IM
715-847-3235
WILLIAM K DERNBACH MD
2727 PLAZA DRIVE
WAUSAU WI 54401

EM / EM
DONALD LEWIS DIXON MD
333 PINE RIDGE BLVD
WAUSAU WI 54461

AN
NAM DINH DOAN MD
1612 FOOTHILL AVENUE
SCHOFIELD WI 54476

CD / CD IM
715-845-9282
ELLET H DRAKE MD
SUITE 200
813 SECOND STREET
WAUSAU WI 54401

IM ON / IM ON
715-847-3357
JOHN T A DUELGE MD
1211 PINE STREET
WAUSAU WI 54401

IM
HAROLD H FECHTNER MD
UNIT 351
5200 S TUCKAWAY BLVD
GREENFIELD WI 53221

GP OM
JOHN V FLANNERY SR MD
3409 HORSESHOE SPRING
WAUSAU WI 54401

OTO HNS / OTO
715-845-9634
JOHN V FLANNERY JR MD
SUITE 305
425 PINE RIDGE BLVD
WAUSAU WI 54401

R / R
JAMES M FOERSTER MD
3333 SIXTH STREET
WAUSAU WI 54401

ORS / ORS
715-842-3202
ALEXANDER S FOLTZ MD
SUITE 300
425 PINE RIDGE BLVD
WAUSAU WI 54401

CD IM / CD IM
715-845-6242
D JOE FREEMAN MD
SUITE 204
425 PINE RIDGE BLVD
WAUSAU WI 54401

IM
715-845-6242
MARY JO FREEMAN MD
SUITE 204
425 PINE RIDGE BLVD
WAUSAU WI 54401

NS / NS
715-847-3354
YOUSSEF H GABRIEL MD
2727 PLAZA DRIVE
WAUSAU WI 54401

GS / GS
715-847-3246
BRUCE L GARGAS MD
2727 PLAZA DRIVE
WAUSAU WI 54401

P / P
715-848-1346
CHARLES A GARVEY MD
2422 STEWART SQUARE
WAUSAU WI 54401

FP / FP
715-847-3379
CURT G GRAUER MD
2727 PLAZA DRIVE
WAUSAU WI 54401

FP / FP
GERALD W GRIM MD
2727 PLAZA DRIVE
WAUSAU WI 54401

FP
BOYD J GROTH MD
607 13TH STREET
MOSINEE WI 54455

GS OM / GS
715-842-6530
WARNER H GUSTAVSON MD
1103 PARCHER STREET
WAUSAU WI 54401

GP OBG
715-848-5244
GEORGE R HAMMES MD
502 MC INDOE STREET
WAUSAU WI 54401

FP / FP
715-842-0671
PAUL Z HAN MD
515 SOUTH 32ND AVENUE
POST OFFICE BOX 1446
WAUSAU WI 54401-1446

OPH / OPH
715-845-8201
JOHN M HATTENHAUER MD
POST OFFICE BOX 689
WAUSAU WI 54401

OPH
WILLIAM HENDRICKSON MD
POST OFFICE BOX 548
WOODRUFF WI 54568

OPH / OPH
715-845-8201
STEPHEN J HERMAN MD
POST OFFICE BOX 689
WAUSAU WI 54401

GP
ARTHUR W HOESSEL MD
POST OFFICE BOX 148
LAKE TOMAHAWK WI
54539-0148

PTH / AP CLP DMP
715-842-3376
GUY W HOLMES MD
808 THIRD STREET
WAUSAU WI 54401

FP
THOMAS C HUPY MD
1728 OTTER LANE
MOSINEE WI 54455-9784

IM HEM
DAVID D JENKINS MD
2005 HEMLOCK AVENUE
SCHOFIELD WI 54476

OBG
715-842-1127
FRANCIS C JOHNSON MD
613 MC INDOE STREET
WAUSAU WI 54401

GREGORY J JOHNSON MD
995 CAMPUS DRIVE
WAUSAU WI 54401

GS / GS
715-847-3241
WILLIAM W JONES MD
2727 PLAZA DRIVE
WAUSAU WI 54401

R DR / R
HENRY H KANEMOTO MD
726 SPRING STREET
WAUSAU WI 54401

FP / FP
715-842-0491
ROBERT C KAUPIE MD
212 STURGEON EDDY ROAD
WAUSAU WI 54401

CLP / CLP
619-743-1065
ORVILLE R KELLEY MD
2305 ROYAL OAK DRIVE
ESCONDIDO CA 92027

OBG / OBG
715-842-0862
TIMOTHY C KLAMMER MD
SUITE 205
2800 WESTHILL DRIVE
WAUSAU WI 54401

EM FP / EM FP
715-842-9373
FREDERICK A KLEMM MD
2404 HAWTHORNE LANE
WAUSAU WI 54401

GP / PD
715-847-3434
KENNETH R KNUTSON MD
2727 PLAZA DRIVE
WAUSAU WI 54401

AN / AN
715-845-5505
PETER TONG BAK KOH MD
502 E LAKE SHORE DRIVE
WAUSAU WI 54401

DR / DR
715-847-3517
EDGAR B KOSCHMANN MD
2727 PLAZA DRIVE
WAUSAU WI 54401

GS PTH / GS
715-842-0458
JAN GEORGE KOTYNEK MD
SUITE 202
425 PINE RIDGE BLVD
WAUSAU WI 54401

IM
715-847-3254
JAMES D KRAMER MD
2727 PLAZA DRIVE
WAUSAU WI 54401

ORS / ORS
DONALD H KRANENDONK MD
SUITE 300
425 PINE RIDGE BLVD
WAUSAU WI 54401

PTH CLP / PTH CLP
715-842-3375
LEROY A KRUEGER MD
2698 ROW ROAD
MERRILL WI 54452-8513

IM / IM
715-847-3251
JOHN M R KUHN MD
1107 WOODWARD AVENUE
ROTHSCHILD WI 54474

PS GS / GS PS
715-842-0557
JEFFREY A KURTZ MD
SUITE 202
425 PINE RIDGE BLVD
WAUSAU WI 54401

PD / PD
JEFFREY H LAMONT MD
2727 PLAZA DRIVE
WAUSAU WI 54401

GS OS / GS
715-842-4485
ROY B LARSEN MD
2219 RIDGE VIEW DRIVE
WAUSAU WI 54401

P / P
715-842-1636
DAVID L LARSON MD
1100 LAKE VIEW DRIVE
WAUSAU WI 54401

CD IM / IM
715-842-3218
TENNYSON G LEE MD
SUITE 205
425 PINE RIDGE BLVD
WAUSAU WI 54401

AN / AN
WOLFRAM G LOCHER MD
3326 NORTH 11TH STREET
WAUSAU WI 54401

AN / AN
715-845-5505
SUZANNE G H LOW MD
502 E LAKE SHORE DRIVE
WAUSAU WI 54401

PD ADL / PD
MADHU V LUTHRA MD
SUITE 110
2800 WESTHILL DRIVE
WAUSAU WI 54401

DR R / R
VINAY D LUTHRA MD
310 GERALDS COURT
WAUSAU WI 54401-4019

OPH / OPH
715-845-8201
CHARLES F MAC CARTHY MD
614 FIRST STREET
POST OFFICE BOX 689
WAUSAU WI 54401

CD IM / IM
ROBERT W MACKIE JR MD
2727 PLAZA DRIVE
WAUSAU WI 54401

R
WILLIAM M MAHONY MD
1010 HIGHLAND PARK BLV
WAUSAU WI 54401

OM
OTTO T MALLERY MD
GOVERNOR HARBOR
ELEUTHERA
BAHAMA

TR R / TR
715-847-3506
JACOB H MARTENS MD
2727 PLAZA DRIVE
WAUSAU WI 54401

AN
BARRY A MAXFIELD MD
SUITE 207
425 PINE RIDGE BLVD
WAUSAU WI 54401

IM
DAVID S MC GREAHAM MD
2727 PLAZA DRIVE
WAUSAU WI 54401

ORS / ORS
715-842-3202
THOMAS O MILLER MD
SUITE 300
425 PINE RIDGE BLVD
WAUSAU WI 54401

D A / D
715-842-4665
WILLIAM C MILLER MD
808 THIRD STREET
WAUSAU WI 54401

P / PN
RICHARD L MINNIHAN MD
3022 NORTH 12TH STREET
WAUSAU WI 54401

EM / EM
715-847-2160
MARK J MIRICK MD
333 PINE RIDGE BLVD
WAUSAU WI 54401

GS / GS
715-847-3241
ALBERT J MOLINARO MD
2727 PLAZA DRIVE
WAUSAU WI 54401

PD
JOSEPH M MONACO MD
2727 PLAZA DRIVE
WAUSAU WI 54401

FP / FP
715-355-1993
JEFFREY L MOORE MD
APT 14
1924 EVA ROAD
MOSINEE WI 54455

PTH / PTH
RICHARD T MOREHEAD MD
808 THIRD STREET
WAUSAU WI 54401

GS
715-842-3262
ERICH C MUEHLENBECK MD
SUITE 102
2800 WESTHILL DRIVE
WAUSAU WI 54401

FP / FP
715-693-6711
RICHARD G NASH MD
607 13TH STREET
MOSINEE WI 54455

FP
715-675-6520
WILLIAM C NIETERT MD
2010 LITTLE RIB CIRCLE
WAUSAU WI 54401

CD IM / CD IM
715-847-3235
MAURICE J NORMAN MD
2727 PLAZA DRIVE
WAUSAU WI 54401

FP / FP
715-847-3545
DAVID P NORTH MD
903 HAMILTON STREET
WAUSAU WI 54401

R / R
DONALD M NOWINSKI MD
SUITE 209
425 PINE RIDGE BLVD
WAUSAU WI 54401

FP / FP
KEVIN J O'CONNELL MD
995 CAMPUS DRIVE
WAUSAU WI 54401

PD / PD
715-847-3573
RICHARD C O'CONNOR MD
2727 PLAZA DRIVE
WAUSAU WI 54401

NS N / NS
715-845-7326
TEOFILO O ODULIO MD
SUITE 301
425 PINE RIDGE BLVD
WAUSAU WI 54401

D / D
WILLIAM R OWEN MD
2727 PLAZA DRIVE
WAUSAU WI 54401

OTO / OTO
THOMAS O PAULSON MD
2727 PLAZA DRIVE
WAUSAU WI 54401

FP / FP
715-675-3391
THOMAS H PETERSON MD
995 CAMPUS DRIVE
WAUSAU WI 54401

PD
ROBERT R POOLE MD
2727 PLAZA DRIVE
WAUSAU WI 54401

IM / IM
715-848-2811
RICK R REDING MD
SUITE 104
2800 WESTHILL DRIVE
WAUSAU WI 54401

IM / IM
715-842-0974
THOMAS N RENGEL MD
SUITE 205
425 PINE RIDGE BLVD
WAUSAU WI 54401

P / P
715-842-1636
BRUCE C RHOADES MD
1100 LAKEVIEW DRIVE
WAUSAU WI 54401

FP
STEVEN L ROSAS MD
995 CAMPUS DRIVE
WAUSAU WI 54401

OPH / OPH
715-845-8201
LAWRENCE J ROSSMAN MD
POST OFFICE BOX 689
WAUSAU WI 54401

FP / FP
STEPHEN C ROUSH MD
615 PLUMER STREET
WAUSAU WI 54401

PD ADL / PD
715-848-2811
WARREN R RUDY MD
SW104
2800 WESTHILL DRIVE
WAUSAU WI 54401

OTO HNS / OTO
715-845-9635
J GARRY SACK MD
SUITE 305
425 PINE RIDGE BLVD
WAUSAU WI 54401

DR N / DR
LAWRENCE H SCHOTT MD
5130 NW 82ND TERRACE
CORAL SPRINGS FL 33067

IM / IM
715-848-1495
GERALD H SCHROEDER MD
SUITE 211
425 PINE RIDGE BLVD
WAUSAU WI 54401

PD
715-847-3261
ELLEN M SCHUMANN MD
2727 PLAZA DRIVE
WAUSAU WI 54401

ORS
DANIEL M SEYBOLD MD
2727 PLAZA DRIVE
WAUSAU WI 54401

GS EM
715-675-6754
RICHARD C SHANNON MD
1819 LENARD STREET
WAUSAU WI 54401

FP / FP
715-842-0491
BURTON K SMITH MD
212 STURGEON EDDY ROAD
WAUSAU WI 54401

GS
STEPHEN M SPELTZ MD
1304 EAST TROY STREET
WAUSAU WI 54401

N / N
715-847-3354
GIZELLE A SPURGEON MD
2727 PLAZA DRIVE
WAUSAU WI 54401

FP OBS GYN / FP OBG
715-845-7231
ALBERT H STAHMER MD
404 SOUTH THIRD AVENUE
WAUSAU WI 54401

GS / GS
KARL H STAHMER MD
404 SOUTH THIRD AVENUE
WAUSAU WI 54401

N
715-847-3354
IVAN STANKO MD
2727 PLAZA DRIVE
WAUSAU WI 54401

OBG / OBG
THOMAS A STARKEY MD
2727 PLAZA DRIVE
WAUSAU WI 54401

ORS / ORS
STEVEN C STODDARD MD
2727 PLAZA DRIVE
WAUSAU WI 54401

FP
THOMAS J STRICK MD
144 CHELLIS STREET
WAUSAU WI 54401

DR R / R
ROGER A STYLES MD
2727 PLAZA DRIVE
WAUSAU WI 54401

N
715-845-7368
RAYMOND J SZMANDA DO
SUITE 301
425 PINE RIDGE BLVD
WAUSAU WI 54401

IM / IM
715-359-9467
DAVID B TANGE MD
1840 HIGHWAY XX
MOSINEE WI 54455

ORS / ORS
GEORGE R TANNER MD
2727 PLAZA DRIVE
WAUSAU WI 54401

AI / AI
715-847-3392
GEOFFREY TAYLOR MD
2727 PLAZA DRIVE
WAUSAU WI 54401

FP / FP
715-847-3541
ARTHUR M WALDMAN MD
2727 PLAZA DRIVE
WAUSAU WI 54401

IM
ROBERT J WARE MD
POST OFFICE BOX 275
MARATHON WI 54448-0275

FP / FP
715-842-4607
JOHN F WEBB MD
2801 WESTHILL DRIVE
WAUSAU WI 54401

FP / FP
DENNIS W WESTERN MD
8604 BUTTERCUP ROAD
WAUSAU WI 54401-9344

FP / FP
715-842-0491
DARRELL L WITT MD
212 STURGEON EDDY ROAD
WAUSAU WI 54401

OPH / OPH
GEORGE J WITTEMAN MD
POST OFFICE BOX 689
WAUSAU WI 54401

OTO / OTO
715-845-9634
LEONARD H WURMAN MD
SUITE 305
425 PINE RIDGE BLVD
WAUSAU WI 54401

OBG / OBG
715-847-3295
EARL W ZABEL MD
2727 PLAZA DRIVE
WAUSAU WI 54401

U / U
PHILIP M ZICKERMAN MD
2727 PLAZA DRIVE
WAUSAU WI 54401

EM
GARY A ZIMBRIC MD
518 REMINGTON ROAD
MOSINEE WI 54455

MARINETTE-FLORENCE

FP
715-582-4561
ANTOINE BARRETTE MD
132 NORTH EMERY STREET
PESHTIGO WI 54157

IM / IM
715-735-7421
NEIL C BINKLEY MD
1510 MAIN STREET
MARINETTE WI 54143

IM
A BOHORFOUSH III MD
6819 SOUTH AVENUE
MIDDLETON WI 53562-3256

FP
715-735-7421
CLARK H BOREN MD
1510 MAIN STREET
MARINETTE WI 54143

GS / GS
JAMES A BOREN MD
2910 WHITE STREET
MARINETTE WI 54143

OBG
414-739-0171
JOHN P BRIODY MD
3100 SHORE DRIVE
MARINETTE WI 54143

FP
VERNETTE M CARLSON MD
SCHOOL ROAD
DAGGETT MI 49821

PD
STEPHEN C CASELTON MD
2500 HALL AVENUE
MARINETTE WI 54143

U / U
715-735-9494
SHERWOOD A COLE MD
3100 SHORE DRIVE
MARINETTE WI 54143

FP / FP
HAROLD P CRISSINGER MD
ROUTE 3
POST OFFICE BOX 200
MARINETTE WI 54143

GP
DAVID D DARCY MD
2500 HALL AVENUE
MARINETTE WI 54143

FP / FP
715-735-7421
GERALD W FAVRET MD
1510 MAIN STREET
MARINETTE WI 54143

GS CDS / GS
715-735-7421
J BRYAN FLYNN MD
1510 MAIN STREET
MARINETTE WI 54143

IM PUD / IM PUD
715-735-7421
THOMAS F FOLEY MD
1510 MAIN STREET
MARINETTE WI 54143

OBG
715-735-7112
JOHN W GAY MD
1510 MAIN STREET
MARINETTE WI 54143

OBG / OBG
715-735-7421
JUNJI S HASHIMOTO MD
1510 MAIN STREET
MARINETTE WI 54143

OPH / OPH
STEVEN H HOYME MD
801 WELLS STREET
MARINETTE WI 54143

FP EM / FP
715-582-9949
THOMAS J KNUTSON MD
121 FRENCH STREET
PESHTIGO WI 54157

GP
715-735-3356
CHARLES E KOEPP MD
2500 HALL AVENUE
MARINETTE WI 54143

IM NEP / IM
715-735-7421
JOHN E KRAUS MD
1510 MAIN STREET
MARINETTE WI 54143

GP
715-856-5131
ALICE M LEE MD
WAUSAUKEE WI 54177

FP
715-854-7477
RANDALL W LEWIS DO
POST OFFICE BOX 339
CRIVITZ WI 54114-0339

EM FP
906-863-5076
THOMAS V MACK MD
ROUTE 3 BOX 268
MENOMONEE MI 49858

GS
715-735-7421
DEAN A MAGNIN MD
1510 MAIN STREET
MARINETTE WI 54143

IM / IM
715-735-3356
ELWYN C MANTEI MD
2500 HALL AVENUE
MARINETTE WI 54143

GP
KENNETH J MOSS MD
2500 HALL AVENUE
MARINETTE WI 54143

FP
CALVIN D NOGLER MD
HWY 141 BOX 18
POUND WI 54161

EM GS NS
715-732-7046
GUY A O'CONNOR MD
2515 WOODVIEW LANE
MARINETTE WI 54143

GP OS
RALPH B PELKEY MD
ROUTE 2 BOX 17
CRIVITZ WI 54114

FP GS
715-735-3356
KENNETH G PINEGAR MD
2500 HALL AVENUE
MARINETTE WI 54143

GS / GS
715-735-3356
JOHN D PINKERTON MD
2500 HALL AVENUE
MARINETTE WI 54143

PTH / PTH
RAYMOND J ROGERS MD
RT 1 BOX 52
OCONTO WI 54153

IM / IM
715-735-3356
BURNELL D STRIPLING MD
2500 HALL AVENUE
MARINETTE WI 54143

ORS / ORS
JAMES TANDIAS MD
POST OFFICE BOX 435
MARINETTE WI 54143

PD / PD
715-735-7421
JUNG-NAN TSAI MD
1510 MAIN STREET
MARINETTE WI 54143

GER HYP P
HENRY VEIT MD
715 SURREY PLACE
LEESBURG FL 32748

PD
715-735-7421
KEVIN P WONG MD
1510 MAIN STREET
MARINETTE WI 54143

FP OBS / FP
715-735-7421
LEONARD R WORDEN MD
1510 MAIN STREET
MARINETTE WI 54143

ORS HS / ORS
715-732-1745
KENNETH H YUSKA MD
1424 NEWBERRY AVENUE
MARINETTE WI 54143-2498

MILWAUKEE

OPH / OPH
414-257-5341
THOMAS M AABERG MD
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

IM
WADIE A ABDALLAH MD
3533 E RAMSEY AVENUE
CUDAHY WI 53110

R / R
414-384-2000
JULIAN E ABRAMS MD
RADIOLOGY DEPT 114
5000 W NATIONAL AVENUE
MILWAUKEE WI 53295

IM CD / IM
414-444-1123
RAMON E ACEVEDO MD
SUITE 601
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

GP
DONALD S ACKERMAN MD
6815 W CAPITOL DRIVE
MILWAUKEE WI 53216

GP
EUGENE J ACKERMAN MD
APT 523
200 NE 14TH AVENUE
HALLANDALE FL 33009

GS R / DR NS
J ADAMKIEWICZ JR MD
2900 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

IM
ALBERT H ADAMS MD
5757 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

IM
414-289-8059
WENDY L ADAMS MD
GERIATRICS INSTITUTE
950 NORTH 12TH STREET
MILWAUKEE WI 53201-0342

IM PUD
ROBERT T ADLAM MD
5324 N SANTA MONICA BL
MILWAUKEE WI 53217

FP / FP
414-421-8400
SALPI ADROUNY MD
6901 WEST EDGERTON
MILWAUKEE WI 53220

PD
414-873-3440
AVADH B AGARWAL MD
4300 W BURLEIGH STREET
MILWAUKEE WI 53210

IM GE / IM
414-352-3100
JOHN D AGAYOFF JR MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

EM ID IM / IM
414-421-6356
FRANCISCO G AGUILAR MD
5080 SURRY LANE
GREENDALE WI 53129

EM / EM
414-784-4459
SUNIL K AHUJA MD
755 N VERDANT DRIVE
ELM GROVE WI 53122

FP
414-354-5685
LINDY K AKES MD
9169 NORTH 70TH STREET
BROWN DEER WI 53223

TODD M ALBINGER
15358 WEST FAIRLANE
LIBERTYVILLE IL
60048-1439

OBG / OBG
414-425-1790
DONALD J ALBRECHT MD
11035 W FOREST HOME AV
HALES CORNERS WI 53130

OPH
414-259-1420
LARKIN N ALLEN DO
9900 W BLUEMOUND ROAD
MILWAUKEE WI 53226

414-259-3925
STEVEN R ALLEN
APT 4
2955 NORTH 76TH STREET
MILWAUKEE WI 53222

GS / GS
414-342-0777
S DAVID P ALTMAN MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

PTH / PTH
CHARLES H ALTSHULER MD
7929 NORTH REGENT ROAD
MILWAUKEE WI 53217

PD / PD
414-425-5660
JOHN F ALTSTADT MD
11035 W FOREST HOME AV
HALES CORNERS WI 53130

FP / FP
414-444-7788
DAVID E AMOS MD
4823 WEST NORTH AVENUE
MILWAUKEE WI 53208

EM FP / FP
DENNIS ANDERSON MD
2900 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

GP
414-771-1037
WILLIAM G ANDERSON MD
5210 NORTH 54TH STREET
MILWAUKEE WI 53218

U / U
414-258-2640
FRANCIS I ANDRES MD
2500 N MAYFAIR ROAD
MILWAUKEE WI 53226

414-964-2765
MARTIN J ANDREWS
APT C
1311 E RANDOLPH COURT
MILWAUKEE WI 53212

U / U
414-258-2640
WILLIAM H ANNESLEY JR MD
2500 N MAYFAIR ROAD
WAUWATOSA WI 53226

AN / AN
414-781-6554
SHAMIM A ANSARI MD
4465 IMPERIAL DRIVE
BROOKFIELD WI 53005

ORS / ORS
305-921-5281
DAVID J ANSFIELD MD
APT 601
1410 SOUTH OCEAN DRIVE
HOLLYWOOD FL 33019

P N
415-493-9120
HERBERT J APFELBERG MD
APT 37
696 TOWLE WAY
PALO ALTO CA 94306

AN GS / AN
414-782-0511
SENEN S ARCILLA MD
16525 NANCY LANE
BROOKFIELD WI 53005

OTO OT MFS / OTO
414-769-9065
SENEKERIM ARMAGAN MD
5820 S PACKARD AVENUE
CUDAHY WI 53110

PD / PD
414-352-3100
CEDOR B ARONOW MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

PD
414-771-0500
HEBATOLLAH S ASHRAF MD
949 GLENVIEW AVENUE
MILWAUKEE WI 53213

PD / PD
414-466-9530
MELVIN M ASKOT MD
3975 N 68TH STREET
MILWAUKEE WI 53216

IM BLB / IM
414-933-5000
RICHARD H ASTER MD
POST OFFICE BOX 10-G
MILWAUKEE WI 53201

OBG / OBG
414-647-8100
YASAR I ATAMDEDE MD
3333 SOUTH 27TH STREET
MILWAUKEE WI 53215

PD / PD
414-545-4500
WILLIAM T ATKINSON JR MD
10202 W HAYES AVENUE
WEST ALLIS WI 53227

TS CDS GS / TS GS
414-649-3600
JAMES F AUER MD
2901 WEST KINNICKINNIC
RIVER PARKWAY #311
MILWAUKEE WI 53215

IM GER
414-272-2882
DONALD C AUSMAN MD
APT 1502
1610 N PROSPECT AVENUE
MILWAUKEE WI 53202

CHP P PD / CHP P
414-332-7333
BRUCE H AXELROD MD
127 E SILVER SPRING DR
MILWAUKEE WI 53217

PD / PD
414-476-4207
SHANTA AYENGAR MD
APT 6
170 NORTH 76TH STREET
MILWAUKEE WI 53213

FP / FP
CESAR S AZCUETA MD
3565 N GREEN BAY AVE
MILWAUKEE WI 53212

OBG
ESTER S AZCUETA MD
SUITE 715
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

FP
414-351-2448
RENATO S AZCUETA MD
8120 N MOHAWK AVENUE
FOX POINT WI 53217

PDR R / R
DONALD P BABBITT MD
2701 EAST BEVERLY ROAD
MILWAUKEE WI 53211

GP
LOUIS BABBY MD
2858 SOUTH 15TH STREET
MILWAUKEE WI 53215

OBG / OBG
414-442-4800
DONALD J BACCUS MD
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

GS / GS
414-387-2595
EDWARD A BACHHUBER MD
607 RIVER DRIVE
MAYVILLE WI 53050

414-421-5855
JOHN P BADALAMENTI
5136 SOUTH 44TH STREET
GREENFIELD WI 53220

OBG
IK HAK BAE MD
11035 W FOREST HOME AV
HALES CORNERS WI 53130

OBG / OBG
RAJINDER K BAHAL MD
5622 GARLAND LN NORTH
GREENDALE WI 53129

PM / PM
414-647-5242
SANTOSH K BAHAL MD
5622 GARLAND LN NORTH
GREENDALE WI 53129

R / R
414-546-6452
ROBERT D BAHR MD
8901 W LINCOLN AVENUE
WEST ALLIS WI 53227

IM CD
414-453-5870
ARMIN R BAIER MD
6745 WEST WELLS STREET
WAUWATOSA WI 53213

OBG / OBG
414-321-1100
WILLIAM W BAIRD MD
8531 W LINCOLN AVENUE
POST OFFICE BOX 27247
WEST ALLIS WI 53227

P N / P N
414-259-0230
DURWARD A BAKER MD
SUITE 1130
2300 N MAYFAIR ROAD
MILWAUKEE WI 53226

GP
VANCE LA MAR BAKER MD
2611 PASADENA BLVD
WAUWATOSA WI 53226

IM / IM
WILLIAM V BAKER MD
SUITES 308-09
2500 N MAYFAIR ROAD
WAUWATOSA WI 53226

PD A
414-442-6970
PEDRO N BANDA MD
6030 W CAPITOL DRIVE
MILWAUKEE WI 53216

CDS GS / GS
DENNIS F BANDYK MD
DEPT OF SURGERY
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

IM PUD / IM
813-898-5961
ANDREW L BANYAI MD
470 THIRD STREET SOUTH
ST PETERSBURG FL 33701

PTH / PTH
JOHN M BARETA MD
5000 W CHAMBERS STREET
MILWAUKEE WI 53210

D / D
414-342-2232
SHELDON M BARNETT MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

OBG
414-425-1790
CARMELA A BARR MD
11035 W FOREST HOME AV
HALES CORNERS WI 53130

414-475-5472
VARONICA BARR
#208
1252 NORTH 68TH
WAUWATOSA WI 53213

D
414-272-4113
JAMES J BARROCK MD
SUITE 317
152 W WISCONSIN AVENUE
MILWAUKEE WI 53203

CHP P PD / PD P CHI
414-931-4091
RICHARD P BARTHEL MD
1700 W WISCONSIN AVE
MAIL STA 744 BOX 1997
MILWAUKEE WI 53201

OTO / OTO
414-649-3900
JAMES R BARTON MD
2901 W KINNICKINNIC
RIVER PARKWAY #201
MILWAUKEE WI 53215

OBG
414-774-9322
PATRICIA M BARWIG MD
10425 W NORTH AVENUE
MILWAUKEE WI 53226

A IM IG / A IM
414-425-5750
JOHN E BASICH MD
10950 WEST FOREST HOME
HALES CORNERS WI 53130

414-873-8661
DEANNA BASS
3059-A N 58TH STREET
MILWAUKEE WI 53210

SUSAN P BASS
NO 208
1252 NORTH 68TH STREET
WAUWATOSA WI 53213

PTH OM / PTH
414-931-7600
GEORGE E BATAYIAS MD
500 NORTH 19TH STREET
MILWAUKEE WI 53233

PD / PD
414-352-3100
BONNIE-JO G BATES MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

IM
414-444-0869
RICHARD J BATTIOLA MD
2442 NORTH 51ST STREET
MILWAUKEE WI 53210

EM
414-327-7755
CYNTHIA A W BAUER MD
3318 S 119TH STREET
WEST ALLIS WI 53227

ORS / ORS
414-327-7755
MARK A BAUER MD
3318 S 119TH STREET
WEST ALLIS WI 53227

P
414-774-4400
WILLIAM BAUER MD
11803 W NORTH AVENUE
MILWAUKEE WI 53226

ORS
DALE E BAUWENS MD
2600 N MAYFAIR ROAD
WAUWATOSA WI 53226

GS
414-778-1982
JONATHON L BAYBA MD
7121 CHESTNUT STREET
WAUWATOSA WI 53213

414 962-6423
KATHERINE BAYLISS
APT #21
2618 NORTH OAKLAND
MILWAUKEE WI 53211

OBG GP
414-447-2000
BRIAN J BEAR MD
APT 8B
1633 N PROSPECT AVENUE
MILWAUKEE WI 53202

OM GS ORS
414-671-7000
JAMES M BEARDEN MD
2400 W LINCOLN AVENUE
MILWAUKEE WI 53215

FP / FP
DONALD R BEAVER DO
12500 W BLUEMOUND RD
ELM GROVE WI 53122

PD / PD
305-562-7324
KARL H BECK MD
APT 202
63 WOODLAND DRIVE
VERO BEACH FL 32962

ORS / ORS
DAVID L BECKER MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

GE IM / GE IM
414-276-1906
IRVIN M BECKER MD
SUITE 704
708 N JEFFERSON STREET
MILWAUKEE WI 53202

IM / IM
414-964-0204
JOHN F BECKER MD
749 E LEXINGTON BLVD
WHITEFISH BAY WI 53217

CD IM / IM
214-248-3460
MICHAEL D BECKER MD
APT 1605
4820 WESTGROVE
DALLAS TX 75248-2546

P / P
414-258-2600
ASHOK R BEDI MD
1220 DEWEY AVENUE
WAUWATOSA WI 53213

IM
TIMOTHY W BEHRENS MD
2934 N DOWNER AVENUE
MILWAUKEE WI 53211

IM
414-332-4649
MARK A BEILKE MD
2859 N DOWNER AVENUE
MILWAUKEE WI 53211

IM
FRANK H BELFUS MD
9410 NORTH REGENT ROAD
MILWAUKEE WI 53217

OBG
414-321-4500
DAVID N BELLIS MD
7635 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

FP / FP
414-786-4080
LUCIANO R BELTRAN MD
12500 W BLUEMOUND ROAD
ELM GROVE WI 53122

IM PD
414-786-9222
KAUSHALYA BENIWAL MD
1020 LAFAYETTE COURT
BROOKFIELD WI 53005

GS
414-453-7422
HIRAM B BENJAMIN MD
6168 WASHINGTON CIRCLE
MILWAUKEE WI 53213

A IM / AI IM
414-271-4204
MARSHALL H BENNER MD
SUITE 900
324 E WISCONSIN AVENUE
MILWAUKEE WI 53202

FP
414-545-7245
AMY K BENNETT MD
6917 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

ORS
414-933-8158
MARK M BENSON MD
SUITE 452
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

OS
414-258-2600
DAVID G BENZER DO
1220 DEWEY AVENUE
WAUWATOSA WI 53213

OPH / OPH
414-354-2360
EDWIN B BERCOVICI MD
5678 W BROWN DEER ROAD
MILWAUKEE WI 53223

IM ON
MAURY B BERGER MD
9330 W LINCOLN AVENUE
WEST ALLIS WI 53227

NS N / NS
GEORGE A J BERGLUND MD
SUITE 107
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

414-778-0620
STEVEN R BERGQUIST
APT 4
9235 W WISCONSIN AVE
MILWAUKEE WI 53226

D / D
414-355-2405
ALEXANDER BERMAN MD
7400 W BROWN DEER ROAD
MILWAUKEE WI 53223

DR / R
KEITH G BERNARD MD
5771 FINCH LANE
GREENDALE WI 53129

GP
LOUIS A BERNHARD MD
1610 N PROSPECT AVENUE
MILWAUKEE WI 53202

IM ID / IM
414-352-3100
BARRY BERNSTEIN MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

GP
HARVEY H BERNSTEIN MD
UNIT 137
2300 W GOOD HOPE ROAD
MILWAUKEE WI 53209

CD IM / IM
414-352-3100
PAUL S BERNSTEIN MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

PD / PD
414-228-1140
SUSAN R BERNSTEIN MD
SUITE 203
8909 N PT WASH ROAD
MILWAUKEE WI 53217

N / PD
414-536-0800
FERIDOUN BEROUKHIM MD
SUITE 112
2400 SOUTH 90TH STREET
WEST ALLIS WI 53227

GS ND / GS
414-384-2000
FRANK E BERRIDGE JR MD
SURG CL 112F RM A716
5200 W NATIONAL AVENUE
MILWAUKEE WI 53295

IM ER
414-774-6941
BRUCE B BERRY MD
8057 S LEGEND DRIVE
FRANKLIN WI 53132-9608

PM / PM
414-649-7709
RAM PARVESH BHALA MD
2900 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

P
414-765-0225
JAYAWANT N BHORE MD
1543 N PROSPECT AVENUE
MILWAUKEE WI 53202

GP FP
ROMEO B BIBOSO MD
100 15TH AVENUE
SOUTH MILWAUKEE WI 53172

GP
JAMES H BILLER MD
BUILDING C #226
500 WEST BRADLEY ROAD
MILWAUKEE WI 53217-2632

SANDRA BILLINGSLEY
4105 176TH AVENUE
KENOSHA WI 53142-9424

OBG
414-271-3213
MILTON M BINES MD
606 W WISCONSIN AVE
MILWAUKEE WI 53203

EM
414-962-7208
DENNIS C BIRCHALL MD
3015 N PROSPECT AVENUE
MILWAUKEE WI 53211-3348

CLP PTH / PTH
414-774-0666
EDWARD A BIRGE MD
9622 HARDING BLVD
WAUWATOSA WI 53226

GE IM / GE IM
414-546-1513
JOHN T BJORK MD
SUITE 206
5757 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

PYA P
DAVID P BLACK MD
2321 E STRATFORD COURT
MILWAUKEE WI 53211

PYA P
414-933-1084
SAMUEL B BLACK MD
SUITE 675
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

IM RHU CD
414-332-0542
CAROLYN S BLACKSTONE MD
APT 37
3953 N MARYLAND AVENUE
MILWAUKEE WI 53211-2434

P PA / PN
414-289-8620
BARRY BLACKWELL MD
POST OFFICE BOX 342
MILWAUKEE WI 53201

414-545-6096
PATRICIA BLAIR
APT 308A
2092 S 102ND STREET
WEST ALLIS WI 53227

OPH / OPH
414-933-3795
SAMUEL S BLANKSTEIN MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

414-774-9759
GREGORY S BLASCHKE
545 NORTH 106TH STREET
WAUWATOSA WI 53226

IM / IM
414-771-8228
U MICHAEL BLASCHKE MD
12011 W NORTH AVENUE
WAUWATOSA WI 53226

OTO HNS / OTO
414-543-3100
DONALD S BLATNIK MD
2400 SOUTH 90TH STREET
WEST ALLIS WI 53227

D
414-771-4060
DAVID C BLEIL MD
SUITE 680
2300 N MAYFAIR ROAD
WAUWATOSA WI 53226

P / PN
414-321-3923
CRAIN H BLIWAS MD
SUITE 205
2514 S 102ND STREET
WEST ALLIS WI 53227

ORS / ORS
WALTER P BLOUNT MD
2825 N HACKETT AVENUE
MILWAUKEE WI 53211

JAMES D BOBLIN MD
3335-A N 50TH STREET
MILWAUKEE WI 53216

PS GS / PS GS
414-271-8283
HARVEY M BOCK MD
SUITE 807
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

AN / AN
WARREN C BOGLE SR MD
N27 W27338 WOODLAND DR
PEWAUKEE WI 53072

P / FP
BRUCE R BOGOST MD
W303 N5965 SEHLER'S LN
HARTLAND WI 53029

FP / FP
JOHN P BONAVIA MD
2400 W VILLARD AVENUE
MILWAUKEE WI 53209

DR / DR
414-546-6440
JEFFREY R BOND MD
8901 W LINCOLN AVENUE
WEST ALLIS WI 53227

OM
JOHN M BOND MD
2012 NAGAWICKA ROAD
HARTLAND WI 53029

P
414-271-5555
JOHN T BOND MD
2350 NORTH LAKE DRIVE
MILWAUKEE WI 53211

EM / EM
414-258-8679
LANDY E BONELLI MD
1434 N 122ND STREET
WAUWATOSA WI 53226

D / D
414-351-3705
ANTHONY BONFIGLIO MD
#103
777 WEST GLENCOE PLACE
MILWAUKEE WI 53217

TERRE BORKOVEC MD
3240 N CAMBRAIDGE ST
MILWAUKEE WI 53211

IM / IM
MILTON C BORMAN MD
216 W TRIPOLI AVENUE
MILWAUKEE WI 53207-3849

FP
414-242-1244
SAMUEL L BORNSTEIN MD
2304 W DICKINSON COURT
MEQUON WI 53092

IM / IM
MORTIMER M BORTIN MD
MCOW
POST OFFICE BOX 26509
MILWAUKEE WI 53226

414-321-7835
MICHAEL L BOTTCHER
#205
2109 S 102ND STREET
WEST ALLIS WI 53227

CD IM / CD IM
JAMES T BOTTICELLI MD
SUITE 890
2300 N MAYFAIR ROAD
MILWAUKEE WI 53226

IM / IM
414-453-5870
MICHAEL W BOTTUM MD
6745 WEST WELLS STREET
MILWAUKEE WI 53213

GS / GS
414-961-2211
WAYNE J BOULANGER MD
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

U / U
414-352-3100
CHARLES W BOURNE MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

U / U
N WARREN BOURNE MD
SUITE 545
2600 N MAYFAIR ROAD
MILWAUKEE WI 53226

U / U
414-476-0430
RICHARD B BOURNE MD
SUITE 545
2600 N MAYFAIR ROAD
MILWAUKEE WI 53226

GS CDS / GS
414-327-3120
JOHN W BOWMAN MD
5757 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

GP
414-351-0683
LEO M BOXER MD
APT C-113
500 WEST BRADLEY ROAD
FOX POINT WI 53217

U GS / U
414-527-3000
RICHARD J BOXER MD
SUITE 301
2350 W VILLARD AVENUE
MILWAUKEE WI 53209

FP
414-352-2529
SIDNEY M BOXER MD
APT 306
8700 N PORT WASH ROAD
MILWAUKEE WI 53217

OBG / OBG
414-352-3100
ANDREW BOYD JR MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

ORS
414-962-4957
AUSTIN J BOYLE III MD
6237 N BAY RIDGE AVE
WHITEFISH BAY WI 53233

PM / PM
ROBERT W BOYLE MD
5000 W NATIONAL AVENUE
MILWAUKEE WI 53295

EM
414-321-7990
WALTER J BRADLEY JR MD
APT 207
2109 SOUTH 102ND
WEST ALLIS WI 53227

ORS / ORS
EVERETT C BRAGG MD
730 EAST SYLVAN AVENUE
WHITEFISH BAY WI 53217

GS
414-242-9363
WILLIAM A BRAH MD
10008 N HOLMES CT 22W
MEQUON WI 53092

OTO OPH
414-271-5667
WILLIAM D BRAND MD
SUITE 505
238 W WISCONSIN AVENUE
MILWAUKEE WI 53203

IM PUD / IM
414-444-3705
ERNESTO BRAUER MD
4541A N 37TH STREET
MILWAUKEE WI 53209

414-344-2412
JOSEPH P BRAUN
3708 WEST VLIET STREET
MILWAUKEE WI 53208

IM
414-271-3700
WILLIAM I BRAUNSTEIN MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

FP GER / AN
414-541-3114
ROBERT R BRAZY MD
2709 SOUTH 72ND STREET
MILWAUKEE WI 53219

414-475-9047
SHARON A BREMER
8025 W WISCONSIN AVE
WAUWATOSA WI 53213

OBG / OBG
414-344-3760
JOHN J BRENNAN MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

CDS TS / TS
414-271-8400
JEROLD B BRENOWITZ MD
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

RHU IM / IM
JOSEPH A BRETZA MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

ORS / ORS
414-257-5432
BRUCE J BREWER MD
DEPT OF ORTHO SURGERY
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

GP OPH
CHARLES R BRILLMAN MD
1610 N PROSPECT AVENUE
MILWAUKEE WI 53202

AN / AN
CHARLES BRINDIS MD
2025 NEWPORT AVENUE
MILWAUKEE WI 53211

CHARLES B BRINKLEY III
APT 3
6702 W ST PAUL AVENUE
MILWAUKEE WI 53213

TERESA D BROCK
648 WESTRIDGE DRIVE
WEST BEND WI 53095-3643

OBG / OBG
FREDRIK F BROEKHUIZEN MD
4830 NORTH WOODBURN
WHITEFISH BAY WI 53217

GS / GS
414-671-3331
JOHN R BROWN MD
SUITE 317
2901 W KK RIVER PKWY
MILWAUKEE WI 53215

IM
414-426-5628
SALLY A BROWNE MD
11819 W CHERRY STREET
WAUWATOSA WI 53226

CARYN A BROWNELL
APT 1
4825 WEST VILLARD
MILWAUKEE WI 53218

PD / PD
414-445-6995
JAMES S BRUCE MD
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

TR / R
414-351-2778
JAMES E BRUCKMAN MD
6849 N BARNETT LANE
FOX POINT WI 53217

IM / IM
414-352-3100
RAYMOND S BRUMBLAY MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

OTO A / OTO
414-475-1711
RICHARD K BRUNELLE DO
9900 W BLUEMOUND ROAD
MILWAUKEE WI 53226

ORS / ORS
DOMENICK S BRUNO MD
120 W CHEROKEE CIRCLE
MILWAUKEE WI 53217

PD PUD / PD
W THEODORE BRUNS MD
10425 W NORTH AVENUE
WAUWATOSA WI 53226

414-461-4259
LAURAN BRYAN
APT 114
6818 W STATE STREET
WAUWATOSA WI 53213

IM / IM
414-352-3100
JOHN M BRYANT MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

FP GER PTH / FP
414-762-3680
TIMOTHY G BUCHANAN MD
100 SOUTH 15TH STREET
SOUTH MILWAUKEE WI 53172

FP
414-778-1294
WILLIAM G BUCHTA MD
2781 NORTH 67TH STREET
MILWAUKEE WI 53210

IM
JAMES D BUCK MD
8430 W CAPITOL DRIVE
MILWAUKEE WI 53222

AN OBG / AN
ANTHONY A BUECHLER MD
715 FLORENCE DRIVE
ELM GROVE WI 53122

OBG / OBG
414-778-0070
WILLIAM J BUGGY MD
2500 N MAYFAIR ROAD
MILWAUKEE WI 53226

P
ROBERT S BUJARD JR MD
BOX 50
1000 S STERLING STREET
MORGANTON NC 28655-3999

GS / GS
FREDERICK BUNKFELDT MD
POST OFFICE BOX V
ELKHART LAKE WI 53020

PD / PD
414-352-3100
KATHLEEN K BURCHBY MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

AN
414-276-1627
SHELDON L BURCHMAN MD
2266 N PROSPECT AVENUE
MILWAUKEE WI 53202

PTH / PTH
414-961-3950
EDWARD A BURG JR MD
2025 E NEWPORT AVENUE
MILWAUKEE WI 53211

P N
JOSEPH J BURGARINO MD
3950 N DOWNER AVENUE
MILWAUKEE WI 53211-2442

GYN
GORDON F BURGESS JR MD
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

R / R
HENRY BURKO MD
POST OFFICE BOX 342
MILWAUKEE WI 53201

OBG
414-353-4106
SHARON BURNETT MD
6681 N 115TH STREET
MILWAUKEE WI 53224

414-259-8097
WILLIAM B BURNS
162 NORTH 78TH STREET
MILWAUKEE WI 53213

414-453-8942
RUTH BURSTROM
APT 1
2849 NORTH 76TH STREET
MILWAUKEE WI 53222-5007

414-771-6936
GLENN B BURT III MD
1554 SOUTH 60TH
WEST ALLIS WI 53214

GP GS
ANTHONY T BUSCAGLIA MD
405 S COUNTRY CLUB DR
ATLANTIS FL 33462

OPH OTO / OPH
ARTHUR D BUSSEY MD
1058 N W GREEN STREET
PORT CHARLOTTE FL
33952-4031

PD
TED S BUSZKIEWICZ MD
5535 GRANDVIEW DRIVE
GREENDALE WI 53129

ORS
414-529-1130
JEFFREY J BUTLER MD
4890 LANGLADE DRIVE
MILWAUKEE WI 53151

IM
414-782-3930
FRANCIS G BUTO MD
1925 N 166TH STREET
BROOKFIELD WI 53005

R
414-769-4062
RICHARD R BYRNE MD
5900 SOUTH LAKE DRIVE
CUDAHY WI 53110

AN GP
ERNESTO C CABABA MD
18760 YORKSHIRE LANE
BROOKFIELD WI 53005

PTH CLP / PTH
ANTHONY F CAFARO MD
5000 W CHAMBERS STREET
MILWAUKEE WI 53210

PTH / PTH
JOHN R CAFARO MD
5000 W CHAMBERS STREET
MILWAUKEE WI 53210

GP
414-442-3660
DUMITRU T CAIMACAN MD
2700 NORTH 35TH STREET
MILWAUKEE WI 53210

IM
414-671-7000
DONALD CAINE MD
2400 WEST LINCOLN AVE
MILWAUKEE WI 53215

IM / IM
414-671-7000
MARC R CAINE MD
2400 WEST LINCOLN AVE
MILWAUKEE WI 53215

414-785-0353
ROBERT CALALUCE
2825 WEMBLEY CIRCLE
BROOKFIELD WI 53005

OTO HNS
JEFFERSON N CALIMLIM MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

FP / FP
414-476-0628
ROBERT E CALLAN MD
668 NORTH 78TH STREET
WAUWATOSA WI 53213

U / U
414-258-5973
DONALD W CALVY MD
950 NORTH 75TH STREET
WAUWATOSA WI 53213

IM CD / IM
414-453-5870
THOMAS L CALVY MD
6745 WEST WELLS STREET
WAUWATOSA WI 53213

PTH
MARCIA JO CAMPBELL MD
1528 NORTH HAWLEY ROAD
MILWAUKEE WI 53208-2113

IM ON / IM
414-271-1444
SHANKLIN B CANNON MD
720 E WISCONSIN AVENUE
MILWAUKEE WI 53202

KENDALL L CAPECCI
3229 W COLONY DRIVE
GREENFIELD WI 53221

PM FP
M CAPELLI-SCHELLPFEFFER M
8701 WEST WATERTOWN
PLANK ROAD
MILWAUKEE WI 53226

OPH / OPH
EVAN F CARL MD
2500 N MAYFAIR ROAD
MILWAUKEE WI 53226

PTH / PTH
DAVID J CARLSON MD
8220 BROOKSIDE PLACE
WAUWATOSA WI 53213

IM
414-438-1602
ALAN G CARNELL MD
3442 NORTH 95TH STREET
MILWAUKEE WI 53222

P
414-332-9145
JOHN W CARPENTER MD
6310 N PORT WASHINGTON
GLENDALE WI 53217

IM
414-332-5873
ALFRED CARTES MD
155 E SILVER SPRING DR
MILWAUKEE WI 53217

FP
JOHN F CARY MD
4183 W COLLEGE AVENUE
MILWAUKEE WI 53221

GS
602-625-2031
WILLIAM T CASPER MD
1889 S ABREGO DRIVE
GREEN VALLEY AZ 85614

OBG / OBG
MARCELO G CASTILLO MD
SUITE 109
1218 WEST KILBOURN
MILWAUKEE WI 53233

DR PD / R
JAMES D CATES MD
2004 BELLA CHASE CIR
TAMPA FL 33614

PTH CLP / PTH CLP
414-257-6201
JAMES G CAYA MD
DEPT OF PATHOLOGY
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

EM
JAMES M CERVENANSKY MD
8530 W HAWTHORNE LANE
FRANKLIN WI 53132

OPH / OPH
THOMAS J CESARZ MD
SUITE 1155
2300 N MAYFAIR ROAD
WAUWATOSA WI 53226

ORS / ORS
414-654-7300
WILLIAM P CHALOS MD
SUITE 2005
3201 SOUTH 16TH STREET
MILWAUKEE WI 53215

IM / IM
414-272-6310
JOHN O CHAMBERLAIN MD
324 E WISCONSIN AVENUE
MILWAUKEE WI 53202

OBG / OBG
LAROYCE F CHAMBERS MD
940 NORTH 23RD STREET
MILWAUKEE WI 53233

HS GS / GS
414-453-7418
LEWIS CHAMOY MD
SUITE 100
2300 N MAYFAIR ROAD
MILWAUKEE WI 53226

P / P
414-963-2406
CARLYLE H CHAN MD
3521 N PROSPECT AVENUE
MILWAUKEE WI 53211

CD IM
RAJA G CHANDRASEKHARAN MD
5542 W FOND DU LAC AVE
MILWAUKEE WI 53216

GE IM / GE IM
414-276-8499
SEKON CHANG MD
SUITE 1010
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

AI RHU IM / AI IM
414-352-3100
BRUCE L CHAROUS MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

PD
414-931-1010
TEIK-EF CHEAH MD
APT 4
1700 W WISCONSIN AVE
MILWAUKEE WI 53233

CDS TS GS / TS GS
414-271-1170
MOHAMMAD A CHEEMA MD
SUITE 911
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

CD IM
CARL J CHELIUS MD
3533 EAST RAMSEY AVE
CUDAHY WI 53110

IM
414-272-5059
MARK K CHELMOWSKI MD
#710
1560 NORTH PROSPECT
MILWAUKEE WI 53202

IM
JAGAN M CHINTAMANENI MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

A PD / PD
414-344-5040
MEENAKSHI CHINTAPALLI MD
SUITE 657
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

OPH / OPH
DONALD E CHISHOLM MD
10425 WEST NORTH AVE
MILWAUKEE WI 53226

U / U
C CHOITHANI MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

OBG / OBG
HANSA C CHOITHANI MD
4778 N CRAMER STREET
WHITEFISH BAY WI 53211

GP
STEVE L CHOJNACKI MD
2218 S SEVENTH STREET
MILWAUKEE WI 53215

414-258-0346
LAURA CHONG
8344 PORTLAND AVENUE
WAUWATOSA WI 53213

GS
JOHN A CHOPYAK MD
3201 SOUTH 16TH STREET
MILWAUKEE WI 53215

CHP P
CLARENCE P CHOU MD
703 E LEXINGTON BLVD
WHITEFISH BAY WI 53217

DR NR / R
RICHARD H CHRISTENSON MD
3622 N HACKETT AVENUE
MILWAUKEE WI 53211

OTO PS / OTO
JAMES A CHRISTIAN DDS MD
SUITE 520
2266 N PROSPECT AVENUE
MILWAUKEE WI 53202

IM EM / IM
414-453-4002
JEFFREY L CHRISTIE MD
1804 UNDERWOOD AVENUE
WAUWATOSA WI 53213

GS CDS / GS
414-281-9665
THOMAS Y CHUA MD
2745 W LAYTON AVENUE
MILWAUKEE WI 53221

AN
414-259-9700
UI IL CHUNG MD
3335 PARKSIDE DRIVE
BROOKFIELD WI 53005

IM / IM
414-645-4240
WILLIAM W CHUNG MD
3201 SOUTH 16TH STREET
MILWAUKEE WI 53215

IM / IM
MARK J CICCANTELLI MD
1908 FOREST STREET
WAUWATOSA WI 53213

OTO HNS / OTO
414-352-3100
ROBERT H CIRALSKY MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

FP
414-257-2979
STEPHEN J CLARK MD
8320 GRIDLEY
WAUWATOSA WI 53213

PTH CLP / PTH CLP
414-242-5361
DANN B CLAUDON MD
10121 N LEE COURT 21W
MEQUON WI 53092

GP
414-425-5351
JAMES A CLEMENCE MD
6080 SOUTH 108TH ST
HALES CORNERS WI 53130

OBG / OBG
RICHARD M CLIFFORD MD
SUITE 308
2400 SOUTH 90TH STREET
WEST ALLIS WI 53227

CD / CD IM
414-278-7890
EDDY D CO MD
SUITE 610
2266 N PROSPECT AVE
MILWAUKEE WI 53202

PD
ANTHONY O COE MD
SUITE 202
756 NORTH 35TH STREET
MILWAUKEE WI 53208

OS / OBG
JOHN M COFFEY MD
4143 SOUTH 13TH STREET
MILWAUKEE WI 53221

IM / IM
WILLIAM L COFFEY JR MD
9625 HARDING BLVD
MILWAUKEE WI 53226-1601

P PYA / P
414-271-1130
JACK J COHEEN MD
SUITE 4115
161 WEST WISCONSIN AVE
MILWAUKEE WI 53203

PD / PD
414-771-5600
DONALD J COHEN MD
POST OFFICE BOX 601
MILWAUKEE WI 53201

PTH / PTH
414-257-6201
ELSA B COHEN MD
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

PD
GARY A COHEN MD
8200 NORTH TEUTONIA
MILWAUKEE WI 53209

OPH / OPH
414-342-5150
NORMAN E COHEN MD
SUITE 701
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

PDS / GS
ROGER D COHEN MD
SUITE 316
759 N MILWAUKEE STREET
MILWAUKEE WI 53202

AI IM / AI IM
414-546-1110
STEVEN H COHEN MD
5810 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

ORS / ORS
414-273-7141
ELLIOT L COLES MD
1218 W KILBOURN AVENUE
MILWAUKEE WI 53233

GS / GS
414-271-3700
GEORGE E COLLENTINE MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

NM R / NM R
BERT D COLLIER JR MD
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

PTH CLP / PTH AP CLP
414-546-6350
DANIEL P COLLINS MD
8901 W LINCOLN AVENUE
WEST ALLIS WI 53227

GP
EUGENE G COLLINS MD
SUITE 114
2400 SOUTH 90TH STREET
WEST ALLIS WI 53227

PTH CLP / PTH CLP
414-649-7338
RICHARD A COLLINS MD
2900 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

ORS / ORS
414-271-6710
MICHAEL C COLLOPY MD
SUITE 4182
161 W WISCONSIN AVENUE
MILWAUKEE WI 53203

IM
414-358-1660
SCOTT H CONANT MD
6453 NORTH 73RD STREET
MILWAUKEE WI 53223

GS / GS
414-257-5505
ROBERT E CONDON MD
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

GS CDS / GS
414-352-8363
JAMES E CONLEY MD
1406 EAST FOX LANE
MILWAUKEE WI 53217

PTH / PTH
HAROLD J CONLON MD
1145 WOODLAND AVENUE
ELM GROVE WI 53122

R
414-937-2131
MICHAEL F CONMY MD
POST OFFICE BOX 1644
MILWAUKEE WI 53201

GS / GS
414-271-3700
JOHN D CONWAY MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

IM
HAROLD E COOK MD
7431 W WIND LAKE ROAD
WIND LAKE WI 53185

OPH / OPH
414-964-8424
STUART M COOPER MD
SUITE 250
200 W SILVER SPRING DR
MILWAUKEE WI 53217

EM FP / FP
414-444-0560
JAMES W COPE JR MD
2544 NORTH 41ST STREET
MILWAUKEE WI 53210

IM
JOHN E CORDES MD
SUITE 101
5757 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

PD / PD
414-258-5710
VICTOR J CORDES MD
1826 NORTH 84TH STREET
WAUWATOSA WI 53226

GP
JOHN W CORNELL MD
3533 EAST RAMSEY AVE
CUDAHY WI 53110

GP
ASHER L CORNFIELD MD
5301 W HAMPTON AVENUE
MILWAUKEE WI 53218

GP
JEROME R CORNFIELD MD
5301 W HAMPTON AVENUE
MILWAUKEE WI 53218

IM / IM
608-753-2206
HOWARD L CORRELL MD
ROUTE 1
ARENA WI 53503

PD ADL
414-671-7000
JULIE M COTTRAL MD
2400 WEST LINCOLN AVE
MILWAUKEE WI 53215

OBG
RENEE R COULTER MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

FP / FP
THOMAS J COX MD
6900 NORTH PORT
WASHINGTON ROAD
MILWAUKEE WI 53217

P CHP
414-344-8226
POLLY H CRAFT MD
POST OFFICE BOX 1997
MILWAUKEE WI 53201

OBG FP / OBG FP
414-769-6600
SAMUEL C CRAFT MD
3533 E RAMSEY AVENUE
CUDAHY WI 53110

GP
414-545-1111
RICHARD P CRAMER MD
8410 W CLEVELAND AVE
WEST ALLIS WI 53227

IM GE
414-271-3700
CHARLES L CROMWELL MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

R GP / R
ROBERT P CRONIN MD
4036 N RICHLAND COURT
MILWAUKEE WI 53211

CD IM / CD
414-649-3530
FRANK E CUMMINS MD
SUITE 300
2901 W KK RIVER PKWY
MILWAUKEE WI 53215

GE IM / IM
414-447-6622
JAMES A CUNNINGHAM MD
2602 N 82ND STREET
MILWAUKEE WI 53213-1023

P / P
414-453-1984
GEORGE E CURRIER MD
2445 NORTH 91
WAUWATOSA WI 53226

FP
HARRY M CUTTING MD
5573 W JACKSON PARK DR
MILWAUKEE WI 53219

PD
JOHN J CZAJKA MD
11035 W FOREST HOME AV
HALES CORNERS WI 53130

IM CD / IM CD
414-649-3800
RUSSELL C DABROWSKI MD
2901 WEST KINNICKINNIC
RIVER PARKWAY, #315
MILWAUKEE WI 53215

FP
HENRY L DALE MD
1452 MATT LEONARD D SW
BIRMINGHAM AL 35211-5065

GS
414-461-9620
GEORGE M DALEY MD
8430 W CAPITAL DRIVE
MILWAUKEE WI 53222

FP / FP
GLENN A DALL MD
12900 WRAYBURN ROAD
ELM GROVE WI 53122

IM
414-765-0289
THOMAS G DALLMAN MD
APT 5
1487 N FARWELL AVENUE
MILWAUKEE WI 53202

JOEL A DAMIANI
APT 3
146 SOUTH 84TH STREET
MILWAUKEE WI 53214

GP
NICHOLAS F DAMIANO MD
POST OFFICE BOX 100
HALES CORNERS WI 53130

N / N
414-447-6030
R CLARKE DANFORTH MD
SUITE 100
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

CD IM / CD IM
414-277-0327
ALAN DANIEL MD
SUITE 303
788 N JEFFERSON AVENUE
MILWAUKEE WI 53202

IM PUD / IM
EINAR R DANIELS MD
12011 W NORTH AVENUE
WAUWATOSA WI 53226

P
414-355-6892
LEWIS DANZIGER MD
APT 101
9099 NORTH 75TH STREET
MILWAUKEE WI 53223

IM / IM
414-272-8950
GHOLI G DARIEN MD
SUITE 300
788 N JEFFERSON STREET
MILWAUKEE WI 53202

PS HS GS / PS GS
414-647-2899
DILIP K DAS MD
3124 SOUTH 27TH STREET
MILWAUKEE WI 53215

PD / PD
414-545-4320
GORDON L DATKA MD
8276 FLAGSTONE COURT
GREENDALE WI 53129

OPH / OPH
414-321-8998
RICHARD D DAVENPORT MD
2400 SOUTH 90TH STREET
WEST ALLIS WI 53227

PM / PM
414-242-9504
DONNA D DAVIDOFF MD
N10132 W23 GETTYSBURG
MEQUON WI 53092-5456

GP
ISIDORE Z DAVIDOFF MD
C/O BREMER
535 S CURSON ST #MK
LOS ANGELES CA 90036

AN OBG / AN
ARTHUR J DAVIDSON MD
10017 LAKE SHORE DRIVE
MEQUON WI 53092

GS / GS
414-961-0606
DONALD P DAVIS MD
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

ON IM / IM MON
414-289-8068
HUGH L DAVIS MD
950 NORTH 12TH STREET
MILWAUKEE WI 53233

N PD / PD
JEAN P DAVIS MD
ROUTE 1 BOX 221C
WESTFIELD WI 53964

ORS / ORS
RICHARD G DAVITO MD
425 CONCORD
BROOKFIELD WI 53005-7908

IM
414-352-3100
LARRY B DEAN MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

IM HEM / IM
WILLIAM L DEARDORFF MD
7400 HARWOOD
WAUWATOSA WI 53213

NS / NS
414-873-7400
JACK H DECKARD MD
SUITE 107
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

IM ID / IM
414-289-8344
THOMAS H DEE MD
8960 N PELHAM PARKWAY
BAYSIDE WI 53217

IM / IM
FRANK L DE GROAT JR MD
720 E WISCONSIN AVENUE
MILWAUKEE WI 53202

DR / DR
414-933-9600
THOMAS G DEHN MD
620 NORTH 19TH STREET
MILWAUKEE WI 53233

PTH / PTH
414-344-8800
ALFONSO B DEIPARINE JR MD
DEPT OF PATHOLOGY
2000 W KILBOURN AVENUE
MILWAUKEE WI 53233

FP / FP
414-463-3660
NICHOLAS C DE LEO MD
6701 W VILLARD AVENUE
MILWAUKEE WI 53218

GS
FRANCISCO Y DEL MAR MD
3201 SOUTH 16TH STREET
MILWAUKEE WI 53215

AN / AN
MARTIN J DENIO JR MD
W359 S10744 NATURE RD
ROUTE 2 BOX 92
EAGLE WI 53119

IM
414-475-7480
ALBERT DE ROSE MD
APT 4
2603 WAUWATOSA AVENUE
WAUWATOSA WI 53213

EM LM / EM
414-447-2171
ARTHUR R DERSE MD
2845 NORTH 49TH STREET
MILWAUKEE WI 53210

GP GS
FABIAN R DERSE MD
4504 W FOND DU LAC AVE
MILWAUKEE WI 53216

GS CDS / GS
414-871-2800
WILLIAM R DESHUR MD
SUITE 405
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

IM OS / IM
BERTRAM H DESSEL MD
APT 1
9999 WEST NORTH AVENUE
WAUWATOSA WI 53226

OBG / OBG
414-961-1191
FREDERICK DETTMANN MD
5589 N BAY RIDGE AVE
MILWAUKEE WI 53217

GP
305-365-4631
NORBERT F DETTMANN MD
1504 FOUNTAIN DRIVE
OVIEDO FL 32765-8688

AN / AN
MARION L DE VAULT MD
14880 W JUNEAU BLVD
ELM GROVE WI 53122

AN
414-964-3723
THOMAS G DEVINE MD
1335 E RANDOLPH COURT
MILWAUKEE WI 53212

PD
BARBARA DEWITZ MD
3029 SOUTH SUPERIOR
MILWAUKEE WI 53207

FP / FP
414-421-8400
THOMAS G DIAZ MD
5593 APRICOT COURT
GREENDALE WI 53129

IM GE / IM GE
414-671-0121
ALI A DIBA MD
3201 SOUTH 16TH STREET
MILWAUKEE WI 53215

OBG
414-258-3335
FREDERICK T DICKINSON DO
9900 W BLUEMOUND ROAD
WAUWATOSA WI 53226

ORS / ORS
414-933-1941
WILLIAM T DICUS MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

AN
414-549-1462
MICHAEL A DIDION DO
311 MANDAN DRIVE
WAUKESHA WI 53186

IM
414-837-1725
KATHERINE M DILLIG
2828 NORTH 46TH STREET
MILWAUKEE WI 53210

OBG / OBG
LYNN K DI ULIO MD
210 REGENCY COURT
WAUKESHA WI 53186

ORS / ORS
414-271-6710
ROBERT A DIULIO MD
SUITE 4182
161 W WISCONSIN AVENUE
MILWAUKEE WI 53203

PS / PS
414-782-8723
CHRISTOPHER R DIX MD
870 BRINSMERE DRIVE
ELM GROVE WI 53122-2101

PS / PS
414-377-2537
JOHN P DOCKTOR, DDS MD
2323 EAST RIVER ROAD
GRAFTON WI 53024

GS
BRIAN L DODDS MD
APT 19
2645 EUCLID HTS BLVD
CLEVELAND HTS OH
44118-2818

OBG / OBG
JAMES D DOLAN MD
SUITE 210
2400 SOUTH 90TH STREET
WEST ALLIS WI 53227

AN
WILLIAM A DOMANN MD
4525 N WOODBURN STREET
MILWAUKEE WI 53211

IM
414-272-8336
RONALD R DOMESCEK MD
1702 N FARWELL #2
MILWAUKEE WI 53202

D / D
JEFFREY M DOMNITZ MD
3183 SOUTH 76TH STREET
MILWAUKEE WI 53219-3702

ADL PD OS / PD
414 933-2200
PARNELL DONAHUE MD
940 NORTH 23RD STREET
MILWAUKEE WI 53233

GP
414-529-1235
DANIEL J DONOVAN DO
7123 SOUTH 76TH STREET
FRANKLIN WI 53132

IM GE / IM
414-447 6622
JOHN E DOOLEY MD
SUITE 507
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

ID IM / IM
GERALD J DORFF MD
12011 NORTH AVENUE
MILWAUKEE WI 53226

PS / PS
414-476-8855
DAVID K DORMAN MD
2323 N MAYFAIR ROAD
MILWAUKEE WI 53226

OPH
ANTON S DORN MD
3761 NORTH 55TH STREET
MILWAUKEE WI 53216

FP / FP
414-421 8400
MARK A DOROW MD
6901 W EDGERTON AVENUE
MILWAUKEE WI 53220

PD / PD
414-425-5660
ARTHUR J DORRINGTON MD
11035 W FOREST HOME AV
HALES CORNERS WI 53130

P
JEROME J DOWLING MD
SUITE 205
10425 W NORTH AVENUE
WAUWATOSA WI 53226

MICHAEL P DOYLE
POST OFFICE BOX 13505
MILWAUKEE WI 53213

IM / IM
CHRISTOPHER J DRAYNA MD
324 E WISCONSIN AVENUE
MILWAUKEE WI 53202

414-774-6633
DONALD A DREW
710 NORTH 76TH STREET
MILWAUKEE WI 53213

GP
HILBERT N DRICKEN MD
4837 W SUNNYSIDE DRIVE
MILWAUKEE WI 53208

P CHP / P
414-476-1720
JOSEPH M DRINKA MD
APT 209
12000 W BLUEMOUND ROAD
WAUWATOSA WI 53226

IM / IM
414-771-9870
THOMAS P DRISCOLL MD
10125 W NORTH AVENUE
WAUWATOSA WI 53226

END IM / IM
414-352-3100
ELAINE C DROBNY MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

IM GS
MAX F DROZEWSKI MD
3731 W EDGERTON AVENUE
GREENFIELD WI 53221-3008

OBG / OBG
414-383-2833
EMIL J DRVARIC MD
3535 W OKLAHOMA AVE
MILWAUKEE WI 53215

IM CD
414-444-1123
RICHARD A DUCHELLE MD
SUITE 601
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

GS GP
414-781-0563
EDWARD P DUCKLES JR DO
15900 CULLEN COURT
BROOKFIELD WI 53005

PM / PM
414-786-8885
PAUL A DUDENHOEFER MD
1030 PILGRIM PARKWAY
ELM GROVE WI 53122

414-774-4385
JUDY ANN DUDUM
APT 4
2284 NORTH 83RD STREET
WAUWATOSA WI 53213

PD / PD
THOMAS H DUNIGAN MD
7635 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

PD NS / NS
414-765-0120
DAVID K DUNN MD
324 EAST WISCONSIN AVE
MILWAUKEE WI 53202

ORS
CARL G DUNST MD
7355 NORTH PORT
WASHINGTON ROAD
MILWAUKEE WI 53217

PD / PD
414-272-7009
RUDOLF DUQUESNOY MD
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

AN GS / AN
414-351-2643
EUGENE C DURKIN MD
7710 NORTH LINKS WAY
FOX POINT WI 53217

P / P
414-347-1964
MILO G DURST MD
APT 925
925 EAST WELLS STREET
MILWAUKEE WI 53202-3956

IM GER / IM
414-384-2000
EDMUND H DUTHIE JR MD
5000 W NATIONAL AVENUE
MILWAUKEE WI 53295

OBG
FRANCINE L DVORACEK MD
SETON TOWER SUITE 315
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

AN
RAY R DZELZKALNS MD
4172 BARTLETT AVENUE
MILWAUKEE WI 53211

OPH / OPH
414-271-7200
HARRY A EASOM MD
SUITE 617
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

OTO / OTO
414-273-7833
LEE G EBY MD
324 E WISCONSIN AVENUE
MILWAUKEE WI 53202

FP
PHILIP T ECKSTROM MD
3225 CULLEN DRIVE
BROOKFIELD WI 53005

MARK EDENS
5593 ROOT RIVER DRIVE
GREENDALE WI 53129

CDS IS
414-276-6161
HASSAN EGHBALI MD
SUITE 820
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

FP GP
CHARLES R EICHENBERGER MD
1425 E CAPITOL DRIVE
MILWAUKEE WI 53211

PD PNP / PD
414-352-3100
CARL S L EISENBERG MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

FP
EDWARD EISENBERG MD
4416 W MEDFORD AVENUE
MILWAUKEE WI 53216

PTH CLP / PTH
414-289-8051
REUBEN EISENSTEIN MD
950 NORTH 12TH STREET
MILWAUKEE WI 53201

CDS GS / GVS GS
414-453-2121
GREGORY A EKBOM MD
SUITE 845
2300 N MAYFAIR ROAD
MILWAUKEE WI 53226

AN
414 786-8711
RAKKI G ELANGOVAN MD
1495 LIBERTY COURT
BROOKFIELD WI 53005

GS FP / GS
414-383-4700
ARNOLD N ELCONIN MD
1672 S NINTH STREET
MILWAUKEE WI 53204-3426

IM GE / IM
414-352-3100
DREW M ELGIN MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

PS / PS
414-961-8890
SHARON L ELIAS MD
SUITE 202
400 W SILVER SPRING DR
MILWAUKEE WI 53217

AN
DAVID C ELMEER MD
APT 738
12650 W BLUEMOUND ROAD
ELM GROVE WI 53122-2698

DR / R
414-782-4650
MARK A ELSON MD
POST OFFICE BOX 484
BROOKFIELD WI 53005

R NM / R NM
414-546-6440
MATTHEW W ELSON MD
8901 W LINCOLN AVENUE
MILWAUKEE WI 53227

OM
414-242-5897
JACK A END MD
2330 WEST DICKINSON
COURT 102N
MEQUON WI 53092-5408

OS / D
414-258-2600
CHARLES J ENGEL MD
5203 ROBERTS DRIVE
GREENDALE WI 53129

PD P / PD
ELY EPSTEIN MD
3003 W GOOD HOPE ROAD
MILWAUKEE WI 53217

GS OM / GS
414-352-4268
JOHN ERBES MD
8301 NORTH ALLEN LANE
MILWAUKEE WI 53217

PTH CLP / PTH CLP
414-257-5600
CHESLEY P ERWIN MD
PATHOLOGY BUILDING
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

IM
414-273-7994
JOHN H ESSER MD
700 NORTH WATER STREET
MILWAUKEE WI 53202

FP
414-332-6761
SALLY P ESSER MD
2595 N CRAMER STREET
MILWAUKEE WI 53211

D / D
414-281-0712
JAMES E ETHINGTON MD
2923 W LAYTON AVENUE
GREENFIELD WI 53221

CDS GS
414-277-7733
RICHARD N EVANS JR MD
SUITE 518
2266 N PROSPECT AVENUE
MILWAUKEE WI 53202-6306

OBG
WAYNE EVANS MD
1747 NORTH 6TH STREET
MILWAUKEE WI 53212

GP
WILLIAM J FABER DO
6529 W FOND DU LAC AVE
MILWAUKEE WI 53218-4920

IM
414-321-6025
NORBERT J FAHEY JR MD
APT 7
8008 W BOCHER STREET
WEST ALLIS WI 53219

GS / GS
JULIAN W FALECKI MD
10125 W NORTH AVENUE
WAUWATOSA WI 53226

DR
414-774-8331
ROBERT L FALK MD
12305 DIANE DRIVE
WAUWATOSA WI 53226

PTH PTH
FRANK P FALSETTI MD
APT 1407
1500 MIDDLE GULF DRIVE
SANIBEL FL 33957

R / R
GEORGE E FARLEY MD
DEPT OF RADIOLOGY
2400 W VILLARD AVENUE
MILWAUKEE WI 53209

PETER D FARR MD
2400 WEST VILLARD
MILWAUKEE WI 53209

D / D
HUBERT J FARRELL MD
203 W SUBURBAN DRIVE
MILWAUKE WI 53217

IM
414-671-7000
LEWIS M FEIGES MD
2400 W LINCOLN AVENUE
MILWAUKEE WI 53215

P / P
414-257-5989
DONALD L FEINSILVER MD
507 E LEXINGTON BLVD
MILWAUKEE WI 53217

AN
RENATO C FELIZMENA MD
13320 COMMONS DRIVE
LAMPLIGHTER PARK
BROOKFIELD WI 53005

PTH CLP / PTH
MARY C FERNANDEZ MD
7504 MAPLE TERRACE
MILWAUKEE WI 53213

GP
414-352-0900
JOHN P FETHERSTON JR MD
6900 NORTH PORT
WASHINGTON ROAD
MILWAUKEE WI 53217

FP / FP
414-352-0900
MICHAEL P FETHERSTON MD
6900 NORTH PORT
WASHINGTON ROAD
MILWAUKEE WI 53217

GP
THOMAS J FETHERSTON MD
6900 NORTH PORT
WASHINGTON ROAD
MILWAUKEE WI 53217

OBG / GON
414-225-8175
WILLIAM C FETHERSTON MD
POST OFFICE BOX 339
MILWAUKEE WI 53201

AN
KENNETH R FICK MD
1135 LEGION DRIVE
ELM GROVE WI 53122

TR / TR
414-649-6420
ALAN B FIDLER MD
DEPT OF RAD ONCOLOGY
2900 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

OPH / OPH
414-259-9090
HOWARD W FIEDLER MD
2300 N MAYFAIR ROAD
WAUWATOSA WI 53226

IM / IM
414-352-3100
BRENTON H FIELD JR MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

414-771-6980
DAVID R FIELD
APT 105
309 NORTH 95TH STREET
MILWAUKEE WI 53226

FP / FP
LLOYD L FIFRICK MD
APT 3
4302 N 104TH STREET
MILWAUKEE WI 53222

JACK W FINCH
2555 N 120TH STREET
MILWAUKEE WI 53226

IM
414-744-7768
JACOB M FINE MD
100 15TH AVENUE
SOUTH MILWAUKEE WI 53172

U
STUART W FINE MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

AN
414-962-5696
DAVID H FINGARD MD
4870 NORTH LAKE DRIVE
WHITEFISH BAY WI 53217

R / R
WILLIAM A FINGER MD
323 CRESCENT LANE
THIENSVILLE WI 53092

OBG / OBG
WILLIAM E FINLAYSON MD
2003 W CAPITOL DRIVE
MILWAUKEE WI 53206

OTO / OTO
414-241-8000
CHARLES J FINN MD
10520 NORTH PORT
WASHINGTON ROAD
MEQUON WI 53092

P / P
414-258-2600
DONALD C FISCHER MD
36935 HOLLYHOCK WOODS
OCONOMOWOC WI 53066-9460

GER IM / IM
414-289-8059
ALBERT A FISK MD
950 NORTH 12TH STREET
POST OFFICE BOX 342
MILWAUKEE WI 53233

AN / AN
414-968-3172
PAUL J FITZPATRICK MD
101 CARDIFF ROAD
WALES WI 53183

OTO / OTO
LAWRENCE M FLANARY MD
10425 W NORTH AVENUE
MILWAUKEE WI 53226

ORS / ORS
414-933-8158
THOMAS J FLATLEY MD
SUITE 452
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

CDS TS / GS TS
414-649-3990
ROBERT J FLEMMA MD
SUITE 310
2901 W KK RIVER PKY
MILWAUKEE WI 53215

ORS / ORS
JAMES R FLESCH MD
1323 EAST WINKLER LANE
MILWAUKEE WI 53217

FP / FP
ROBERT E FLOOD MD
6900 NORTH PORT
WASHINGTON ROAD
MILWAUKEE WI 53217

GS / GS
414-961-2226
GEORGE F FLYNN MD
SUITE 305
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

D / D
414-963-1222
HARRY R FOERSTER JR MD
SUITE 240
400 W SILVER SPRING DR
MILWAUKEE WI 53217

OBG
414-476-0306
DAVID V FOLEY MD
2457 N MAYFAIR ROAD
MILWAUKEE WI 53226

R / R
W DENNIS FOLEY MD
2120 LA ROCHELLE COURT
BROOKFIELD WI 53005

IM / IM
414-771-5300
JAMES R FONK MD
7400 HARWOOD AVENUE
WAUWATOSA WI 53213

OBG / OBG
414-482-2348
JEROME W FONS JR MD
3734 W COLDSPRING ROAD
GREENFIELD WI 53221

OPH / OPH
414-271-1580
PETER S FOOTE MD
1684 N PROSPECT AVENUE
MILWAUKEE WI 53202

IM CD / IM
DANIEL J FORWARD MD
12011 W NORTH AVENUE
WAUWATOSA WI 53226

ORS HS / ORS
414-786-2875
LAWRENCE L FOSTER MD
13225 W BLUEMOUND ROAD
BROOKFIELD WI 53005

IM PUD / IM
CURTIS W FOWLER MD
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

OTO / OTO
414-342-8255
MEYER S FOX MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

PS GS / PS GS
803-757-3678
WILLIAM H FRACKELTON MD
98 TOPPIN DRIVE
HILTON HEAD IS SC 29928

AN / AN
414-931-1010
NANCY K FRANCE MD
1700 W WISCONSIN AVE
POST OFFICE BOX 1997
MILWAUKEE WI 53201-1997

IM / IM
414-272-6310
GLENN H FRANKE MD
SUITE 1330
324 E WISCONSIN AVENUE
MILWAUKEE WI 53202

NS / NS
414-272-3673
LAWRENCE J FRAZIN MD
161 W WISCONSIN AVENUE
MILWAUKEE WI 53203

GS
414-272-5977
MILTON S FREEDMAN MD
SUITE 109
1218 W KILBOURN AVENUE
MILWAUKEE WI 53233

IM / IM
SALVATORE FRICANO MD
3201 SOUTH 16TH STREET
MILWAUKEE WI 53215

CD IM / IM CD
414-342-8700
BURTON J FRIEDMAN MD
SUITE 707
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

OTO / OTO
414-342-8255
JERRY E FRIEDMAN MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

IM PYM
414-453-5870
EDWARD S FRIEDRICHS MD
6745 WEST WELLS STREET
MILWAUKEE WI 53213

U / U
414-271-4331
JOHN G FRISCH MD
5400 N IROQUOIS AVENUE
MILWAUKEE WI 53217-5013

IM CD / IM
414-276-1906
ROBERT A FRISCH MD
APT 704
788 N JEFFERSON STREET
MILWAUKEE WI 53202

IM / IM
414-272-8950
RICHARD D FRITZ MD
SUITE 300
788 N JEFFERSON STREET
MILWAUKEE WI 53202

OBG / OBG
414-384-1372
ROBERT J FRITZ MD
3535 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

PD ID / PD
414-352-3100
GEORGE T FROMMELL MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

IM
414-466-0600
ROBERT B FRUCHTMAN MD
3975 NORTH 68TH STREET
MILWAUKEE WI 53216

GP
414-543-3539
JAMES W FULTON MD
7714 WEST HONEY CREEK
PARKWAY
MILWAUKEE WI 53219-2739

GP
SAMUEL L GABBY JR MD
821 EAST BUTTLES ROAD
MILWAUKEE WI 53217

GP GS
REYNALDO P GABRIEL MD
4535 WEST LOOMIS ROAD
GREENFIELD WI 53220

ORS / ORS
414-271-1575
FREDERICK G GAENSLEN MD
1031 N ASTOR STREET
MILWAUKEE WI 53202

414-475-7689
DAVID K GAFFNEY
1218 NORTH 72ND STREET
WAUWATOSA WI 53213

P / PN
DINSHAH D GAGRAT MD
SUITE 302
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

EM
IVARS J GAILANS MD
APT 8W
9644 N COURTLAND DRIVE
MEQUON WI 53092-6050

IM
414-871-4070
MIGUEL T GALANG JR MD
9000 W BURLEIGH STREET
MILWAUKEE WI 53222

CD IM / IM
414-649-3530
HENRY H GALE MD
SUITE 300
2901 WEST KK PARKWAY
MILWAUKEE WI 53215

414-462-7496
SHARI LYNN GALSTER
APT 2
5180 N LOVER'S LANE
MILWAUKEE WI 53225

EM
414-961-3508
THEODORE J GALVANI MD
2025 E NEWPORT AVENUE
MILWAUKEE WI 53211

TR
RANJINI GANDHAVADI MD
950 NORTH 12TH STREET
MILWAUKEE WI 53201

AN / AN
414-782-9229
SHANTILAL K GANDHI MD
1645 N BROOKFIELD ROAD
BROOKFIELD WI 53005

OM FP
THEODORE I GANDY MD
1601 SHASTA
MC ALLEN TX 78501

CD / IM
MUKHTAR A GANI MD
SUITE 603
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

PM
AJIT S GARCHA MD
315 S EASTMOOR AVENUE
BROOKFIELD WI 53005

US
RALPH W GARENS MD
2817 NORTH 71ST STREET
MILWAUKEE WI 53210

FP / FP
414-778-3820
THOMAS F GARLAND MD
1315 NORTH 74TH STREET
MILWAUKEE WI 53213

OPH / OPH
619-459-0807
LAWRENCE L GARNER MD
APT 10-E
939 COAST BOULEVARD
LA JOLLA CA 92037

IM / IM
414-873-3986
MARK W GARRY MD
2718 NORTH 67TH STREET
MILWAUKEE WI 53210

P N PYM / P
LARRY S GARSHA MD
POST OFFICE BOX 189
THIENSVILLE WI 53092-0189

GP OBG
PIERO G GASPARRI MD
1106 E OKLAHOMA AVENUE
MILWAUKEE WI 53207

FP
414-933-3600
RICHARD J GAUTHIER MD
1834 W WISCONSIN AVE
MILWAUKEE WI 53233

TIMOTHY J GAVIN
APT 126
305 NORTH 95TH STREET
MILWAUKEE WI 53226

IM
414-774-7074
MARY PARISH GAVINSKI MD
1819 NORTH 73RD STREET
WAUWATOSA WI 53213-2254

OPH OTO / OPH
IRWIN E GAYNON MD
5067 N WOODBURN STREET
MILWAUKEE WI 53217

IM
414-962-7758
VICTORIA OLSON GAYNOR MD
4073 N DOWNER AVENUE
SHOREWOOD WI 53211

PD
ELI A GECHT MD
1672 S NINTH STREET
MILWAUKEE WI 53204

414-258-2296
DANIEL J GEENEN
6220 W WISCONSIN AVE
WAUWATOSA WI 53213

414-255-6379
MARY J GEIGER
W183 N8519 LAWRENCE CT
MENOMONEE FALLS WI 53051

FP / FP
414-463-8900
JAMES E GEIGLER MD
5615 W HAMPTON AVENUE
MILWAUKEE WI 53218

ON HEM IM / IM HEM
414-447-7898
NICHOLAS F GEIMER MD
2420 PASADENA BLVD
WAUWATOSA WI 53226

CHP P / P
414-271-1680
JACK E GEIST MD
2350 NORTH LAKE DRIVE
MILWAUKEE WI 53211

ORS / ORS
414-321-2255
KONSTANTINE S GEORGE MD
9400 W LINCOLN AVENUE
WEST ALLIS WI 53227

GP
WILLIAM L GERARD DO
W161 N11629 CHURCH ST
GERMANTOWN WI 53022

IM
DANIEL T GERBER MD
3003 W GOOD HOPE ROAD
MILWAUKEE WI 53217

IM / IM
JOHN P GERLACH MD
APT 260
1906 E SHOREWOOD BLVD
MILWAUKEE WI 53211-2543

EM / EM
GARY L GERSCHKE MD
2005 HOLLY HOCK LANE
ELM GROVE WI 53122

PM IM
SYDNEY T GETTELMAN MD
10462 N CIRCLE ROAD
MEQUON WI 53092-5930

414-462-6018
LUUL GHEBREDNGHIL
8926 W HAMPTON AVENUE
MILWAUKEE WI 53225

GS / GS
PRABHAKAR C GHOSH MD
8410 W CLEVELAND AVE
MILWAUKEE WI 53227

U / U
414-273-3796
JOSEPH GILBERT MD
APT 1106
1610 N PROSPECT AVENUE
MILWAUKEE WI 53202

OPH / OPH
414-933-3795
HERBERT GILLER MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

LYNN M GILLES
MCOW REGISTRARS OFFICE
8701 WATERTOWN PLK RD
MILWAUKEE WI 53226

OBG
CALVIN J GILLESPIE MD
11035 W FOREST HOME AV
HALES CORNERS WI 53130

RICK D GILLIS
APT 6
4141 N 104TH STREET
MILWAUKEE WI 53222

OBG
414-871-7900
MICHAEL H GILMAN DO
4957 W FOND DU LAC AVE
MILWAUKEE WI 53216

IM / IM
414-276-1906
IAN H GILSON MD
788 N JEFFERSON STREET
MILWAUKEE WI 53202

GPM OM / GPM OM
414-352-3100
ALFRED S GIMA MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17[illegible]0
MILWAUKEE WI 53217 0300

PS HNS HS / PS GS
414-476-7240
RUEDI P GINGRASS MD
9800 W BLUEMOUND ROAD
MILWAUKEE WI 53226

GP
414-464-8234
MARK J GIOVANELLI DO
3489 NORTH 76TH STREET
MILWAUKEE WI 53222-3968

P
EROL F GIRAY MD
1220 DEWEY AVENUE
MILWAUKEE WI 53213

GP
414-281-4400
JOHN R GLADIEUX MD
4143 SOUTH 13TH STREET
MILWAUKEE WI 53221

A / AI
414-271-4204
DAVID M GLASSNER MD
SUITE 900
324 E WISCONSIN AVENUE
MILWAUKEE WI 53202

PD
414-671-7000
JOHN S GLASSPIEGEL MD
2400 W LINCOLN AVENUE
MILWAUKEE WI 53215

IM / IM
414-271-1444
ROBERT K GLEESON MD
720 E WISCONSIN AVENUE
MILWAUKEE WI 53202

CHP PD / PN
414-289-8675
LUCILLE B GLICKLICH MD
950 NORTH 12TH STREET
POST OFFICE BOX 342
MILWAUKEE WI 53201-0342

PDS / GS
MARVIN GLICKLICH MD
SUITE 316
759 N MILWAUKEE STREET
MILWAUKEE WI 53202

IM
SIMPLICIO K GO MD
SUITE 214
1218 W KILBOURN AVENUE
MILWAUKEE WI 53233

OTO A / OTO
DEAN E GOBLIRSCH DO
9900 W BLUEMOUND ROAD
MILWAUKEE WI 53226

ROBERT F GOERKE MD
1216 N PROSPECT AVENUE
MILWAUKEE WI 53202

MFS BE HNS / OTO
414-241-8000
ROBERT J GOGAN MD
10520 NORTH PORT
WASHINGTON ROAD
MEQUON WI 53092

FP GS
414-643-5710
HUGO F GOITIA MD
POST OFFICE BOX 15135
MILWAUKEE WI 53215-0135

IM FP / FP
HENRY M GOLDBERG MD
[illegible]00 NORTH [illegible]9TH STREET
MILWAUKEE WI 53233

GS / GS
414-961-1118
ROBERT J GOLDBERGER MD
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

FP
PHILIP GOLDFARB MD
#12
4416 W ARTHUR COURT
MILWAUKEE WI 53219

GS
JACOB L GOLDING MD
300 EAST CAPITOL DRIVE
MILWAUKEE WI 53212

FP / FP
414-933-3600
STUART L GOLDMAN MD
1834 W WISCONSIN AVE
MILWAUKEE WI 53233

OPH / OPH
414-933-3795
PAUL H GOLDSTEIN MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

PD / PD
HOWARD J GOLLUP MD
4747 N IDLEWILD AVENUE
WHITEFISH BAY WI 53211

IM
LAWRENCE A GOLOPOL MD
5929 W WASHINGTON BLVD
MILWAUKEE WI 53208

OBG
414-351-5766
JYOTHI GONDI MD
1100 EAST DONGES COURT
MILWAUKEE WI 53217

AN GS / AN
414-351-5766
RAO J GONDI MD
1100 EAST DONGES COURT
MILWAUKEE WI 53217

OPH / OPH
414-257-0170
RUSSELL S GONNERING MD
SUITE 950
2600 N MAYFAIR ROAD
MILWAUKEE WI 53226

R / R
JAMES E GONYO MD
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

FP
CELERINA GONZALEZ MD
4915 S HOWELL AVENUE
MILWAUKEE WI 53207

FP DR
414-671-5410
RAMON A GONZALEZ MD
1308 SOUTH 16TH STREET
MILWAUKEE WI 53204

414-771-7553
ROGER J GONG
361 PINECREST STREET
MILWAUKEE WI 53208

CDS IM / IM
913-384-9590
THOMAS H GOOD MD
6519 MILHAVEN DRIVE
MISSION KS 66202

IM
JAY S GOODMAN MD
4744 NORTH LAKE DRIVE
MILWAUKEE WI 53211

GS CDS / GS
414-462-9555
J JAY GOODMAN MD
SUITE 203
2350 W VILLARD AVENUE
MILWAUKEE WI 53209

PM / PM
KANDAVAR M GOPAL MD
20100 FREEDOM COURT
BROOKFIELD WI 53005

FP
414-771-2177
MICHAEL GORCZYNSKI DO
9330 W GREENFIELD AVE
WEST ALLIS WI 53214

GS
414-781-7627
ARNE C GORDER MD
13900 W BURLEIGH ROAD
BROOKFIELD WI 53005

PM
414-332-9499
JEFFREY B GORELICK MD
1503 E KENSINGTON BLVD
MILWAUKEE WI 53211

PD / PD
414-271-2291
LEONARD GORENSTEIN MD
1218 W KILBOURN AVENUE
MILWAUKEE WI 53233

RICHARD A GORMAN
9143 W WATERFORD SQ N
MILWAUKEE WI 53228-2252

PS HS HNS / GS PS
414-963-1700
GERALD G GOVIN MD
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

AN
JOSE A N GOZAR JR MD
APT 310
1108 NORTH MILWAUKEE
MILWAUKEE WI 53202

OTO
414-352-3100
JOSEPH H GRABOYES MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

A / AI IM
414-425-5750
TERRY S GRAVES MD
10950 W FOREST HOME AV
HALES CORNERS WI 53130

FP
SAMUEL A GRAZIANO MD
4265 W FOND DU LAC AVE
MILWAUKEE WI 53216

OM GPM / OM FP
414-257-8288
WILLIAM W GREAVES MD
8701 WATERTOWN PLANK
MILWAUKEE WI 53226

414-476-0124
PAUL J GREBE
747 NORTH 113TH STREET
WAUWATOSA WI 53226

R TR / TR
414-257-5636
MAURICE GREENBERG MD
RADIATION DEPARTMENT
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

IM
414-332-8131
EDDIE GREENE MD
APT 26
2515 NORTH STOWELL
MILWAUKEE WI 53211

OPH / OPH
414-765-9977
JAMES E GREENLEE MD
SUITE 615
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

ERIC M D GREENMAN
2569A N 69TH STREET
WAUWATOSA WI 53213

DR
DAVID C GREGG MD
2135 NORTH LAKE DRIVE
MILWAUKEE WI 53202

GP
414-541-7410
FERNANDO Q GREGORIO MD
5918 W BURNHAM STREET
WEST ALLIS WI 53219

JAMES S GREGORY MD
3767 NORTH 85TH STREET
MILWAUKEE WI 53222

EM PH
414-765-0849
ROGER A GREMMINGER MD
APT 1608
929 NORTH ASTOR STREET
MILWAUKEE WI 53202

IM
414-351-1635
ERNEST GRESHAM MD
APT 101
6730 N SIDNEY PLACE
GLENDALE WI 53209

GS CDS / GS
414-327-3120
JOSEPH L GRIESHOP MD
5757 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

OPH OTO
JOSEPH J GRIMM MD
APT 3
1632 CARROLL AVENUE
SOUTH MILWAUKEE WI 53172

ORS / ORS
JAMES A GROH MD
4036 N 51ST BOULEVARD
MILWAUKEE WI 53216

414-769-6162
DIANE M GRONSKI
6001 S ROBERT AVENUE
CUDAHY WI 53110

IM PUD / IM
414-961-8866
RICHARD A GROSS MD
SUITE 111
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

AN / AN
414-964-8194
JOSETTE B GROSSBERG MD
4608 N WILSHIRE ROAD
MILWAUKEE WI 53211

R / R
414-933-9600
RONALD E GROSSMAN MD
2000 W KILBOURN AVENUE
MILWAUKEE WI 53233

OTO / OTO
414-375-1577
THOMAS W GROSSMAN MD
11945 W PIONEER ROAD
MEQUON WI 53092

OPH / OPH
ERWIN E GROSSMANN MD
4624 N ARDMORE AVENUE
MILWAUKEE WI 53211

AN
414-258-4360
CLEMENT M GRUM MD
1256 MARTHA WASHINGTON
MILWAUKEE WI 53213

IM
414-782-0019
NEIL R GUENTHER MD
12655 MEADOW DRIVE
ELM GROVE WI 53122

ON HEM
414-289-8014
ESTEBAN GUEVARA MD
5127 WEST DONGES COURT
MILWAUKEE WI 53223-1313

ORS OS / ORS
414-545-3550
JAMES F GUHL MD
5757 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

GP OS
GEORGE J GUMERMAN MD
POST OFFICE BOX E
SUN CITY AZ 85372

GS
SIGURD B GUNDERSON III MD
218 ARNO STREET SE
ALBUQUERQUE NM 87102-3513

PD / PD
JAGDISH C GUPTA MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

ORS
GARY N GUTEN MD
940 NORTH 23RD STREET
MILWAUKEE WI 53233

OBG / OBG
414-271-8558
MILTON F GUTGLASS MD
SUITE 404
1218 W KILBOURN AVENUE
MILWAUKEE WI 53233

414-962-7836
STEPHEN M GUTTING
APT 317
2727 N MARYLAND AVENUE
MILWAUKEE WI 53211

PUD IM / PUD IM
414-797-9790
PAUL M GUZZETTA MD
SUITE 401
17050 W NORTH AVENUE
BROOKFIELD WI 53005

AN EM
RICHARD A HAAS MD
11107 N LAKE SHORE LN
MEQUON WI 53092

GYN
414-476-8884
EDGAR A W HABECK MD
7738 GERALAYNE DRIVE
WAUWATOSA WI 53213

FP
414-785-1215
BETTY J HAGLE DO
3911 S MOORLAND ROAD
NEW BERLIN WI 53151-5799

EM
GORDON A HALL MD
2025 EAST NEWPORT
MILWAUKEE WI 53211

FP IM / FP
414-350-0900
WILLIAM R HALLORAN MD
6900 NORTH PORT
WASHINGTON ROAD
MILWAUKEE WI 53217

GP
JOSEPH G HALSER JR MD
2445 S KINNICKINNIC AV
MILWAUKEE WI 53207

N / N
GEORGE W HAMBROOK MD
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

IM / IM
414-276-2328
H JAMES HAMM MD
SUITE 801
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

IM / IM
414-963-1030
PAUL E HANKWITZ MD
SUITE 208
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

PD
JAMES D HANNA MD
APT 8
805 NORTH 22ND STREET
MILWAUKEE WI 53233-1640

NEP IM / IM
414-447-2387
MATTHEW H HANNA MD
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

414-964-0703
RICHARD D HANNA
1922 EAST BELLEVIEW
MILWAUKEE WI 53211

OM
ARTHUR C HANSEN MD
2565 NORTH 84TH STREET
WAUWATOSA WI 53226

R / R
414-937-5354
RAYMOND A HANSEN MD
RADIOLOGY DEPARTMENT
2000 W KILBOURN AVENUE
MILWAUKEE WI 53233

P / P
414-258-2600
STEVEN V HANSEN MD
1220 DEWEY AVENUE
WAUWATOSA WI 53213

GP
414-352-9390
ERVIN HANSHER MD
APT 313-C
500 WEST BRADLEY ROAD
MILWAUKEE WI 53217-2634

PTH HEM / PTH
GERALD A HANSON MD
DEPT OF PATHOLOGY
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

PUD IM / PUD IM CCM
JAMES COLLOPY HANSON MD
SUITE 516
2901 W KK RIVER PKWY
MILWAUKEE WI 53215

IM GE / IM GE
414-672-1892
JEROME T HANSON MD
SUITE 516
2901 W KK RIVER PARKWY
MILWAUKEE WI 53215-3638

HEM ON
414-672-1892
JOHN P HANSON JR MD
APT 2202
929 NORTH ASTOR STREET
MILWAUKEE WI 53202

OTO / OTO
KINGE HARA MD
842 INSPIRATION LANE
ESCONDIDO CA 92025

IM PUD / IM
414-352-3100
RICHARD G HARBECKE MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

IM / IM
414-352-4536
MAURICE A HARDGROVE MD
7659 N LONGVIEW DRIVE
MILWAUKEE WI 53209

PA CD
414-257-8267
HAROLD F HARDMAN PhD MD
8701 WEST WATERTOWN
PLANK ROAD
MILWAUKEE WI 53226

EM
414-257-5634
KATHLEEN HARGARTEN MD
DEPT OF TRAUMA & EM
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

EM / EM
STEPHEN W HARGARTEN MD
EMERGENCY DEPARTMENT
2900 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

U / U
414-463-7170
RAYMOND HARKAVY MD
8430 W CAPITOL DRIVE
MILWAUKEE WI 53222

EM IM
414-649-6333
HEIDI J HARKINS MD
7453 N MOHAWK AVENUE
MILWAUKEE WI 53217-3457

414-476-2923
RUSSELL W HARLAND
1741 NORTH 53RD STREET
MILWAUKEE WI 53208

THERESE M HARMS MD
APT 1
8416 WATERTOWN PLK RD
WAUWATOSA WI 53226

ON IM / IM
RONALD D HART MD
SUITE 516
2901 W KK RIVER PKWAY
MILWAUKEE WI 53215-3638

GS CDS / GS
414-258-5130
JOHN P HARTWICK MD
ROOM 501
2500 N MAYFAIR ROAD
WAUWATOSA WI 53226

OTO
414-321-5572
STEVEN A HARVEY MD
#136A
2092 SOUTH 102ND ST
WEST ALLIS WI 53227

IM
414-282-8950
MOHAMMED HASEEB MD
5541 SOUTH 13TH STREET
MILWAUKEE WI 53221

ORS / ORS
414-771-7300
DAVID S HASKELL MD
SUITE 310
2323 N MAYFAIR ROAD
MILWAUKEE WI 53226

IM / IM
T EDWARD HASTINGS DO
SUITE 754
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

IM END / IM
414-771-5300
HAYES H HATFIELD MD
7400 HARWOOD AVENUE
MILWAUKEE WI 53213

ORS
414-778-0062
ROLF S HAUCK MD
6004 WEST WELLS
WAUWATOSA WI 53213

GP
JOHN F HAUG MD
2809 NORTH 46TH STREET
MILWAUKEE WI 53210

GS / GVS
JOHN J HAUGH JR MD
SUITE 702
3970 N OAKLAND AVENUE
MILWAUKEE WI 53211

IM
414-258-2600
RICHARD L HAUSER MD
3365 NORTH LAKE DRIVE
MILWAUKEE WI 53211

P / PN
414-964-9013
DONALD P HAY MD
SUITE 302
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

PYA P / P
414-782-6480
RAYMOND HEADLEE MD
12505 GREGMOR DRIVE
ELM GROVE WI 53122

GS CDS / GS
414-933-8882
DAVID L HEBER MD
SUITE 422
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

FP
414-353-1199
PATRICK C HEDLUND MD
10620A W GOOD HOPE RD
MILWAUKEE WI 53224

414-353-2432
KURT HEGMANN
7115 NORTH 86TH STREET
MILWAUKEE WI 53224

R
JOHN S HEIGHWAY MD
2825 WEST KK PARKWAY
MILWAUKEE WI 53215

GS / GS
414-257-1755
CONRAD M HEINZELMANN MD
12011 W NORTH AVENUE
WAUWATOSA WI 53226

414-784-5543
LYNN L HEITING
21970 KING ARTHUR CT
BROOKFIELD WI 53005

AN / AN
414-351-6949
DANIEL R HELLMAN MD
7405 N BRAEBURN LANE
MILWAUKEE WI 53209

EM / IM
414-257-5634
GAIL E HENDLEY MD
EMERGENCY MEDICINE
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

PD
414-797-9272
HALIM M A HENNES MD
15075 BURLEIGH ROAD
BROOKFIELD WI 53005

IM
KERRY H HENRICKSON MD
9266 NORTH 70TH STREET
MILWAUKEE WI 53223-1108

AN / AN
414-567-3645
ANN BARDEEN-HENSCHEL MD
412 NORTH LAKE ROAD
OCONOMOWOC WI 53066

AN
414-257-3918
G HERNANDEZ-ENGSTRAND MD
NO 202
9102 WEST DIXON
MILWAUKEE WI 53214

GS / GS
JACK K HERRINGTON MD
5631 W LINCOLN AVENUE
POST OFFICE BOX 19892A
WEST ALLIS WI 53219

OS
ROLAND E HERRINGTON MD
C-250
5200 S TUCKAWAY BLVD
GREENFIELD WI 53221

PD GFR / PD
414-475-7400
JURGEN HERRMANN MD
2600 N MAYFAIR ROAD
WAUWATOSA WI 53226

414-769-6802
EDWIN W HERRON JR
APT 10
4155 SOUTH LAKE DRIVE
ST FRANCIS WI 53207

D / D
414-442-1177
SIDNEY HERSZENSON MD
SUITE P210
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

CD IM / IM
414-444-1123
TIMOTHY R HESS MD
SUITE 601
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

US
ROSE A KRIZ-HETTWER MD
10 RIDGE ROAD
RUMSON NJ 07760

ORS / ORS
C HUGH HICKEY JR MD
4656 N WILSHIRE ROAD
MILWAUKEE WI 53211

AN
ANNE L HIGH MD
5422 N IROQUOIS AVENUE
MILWAUKEE WI 53217

OTO / OTO
HOWARD C HIGH JR MD
5422 N IROQUOIS AVENUE
MILWAUKEE WI 53217

D / D
RICHARD A HIGLEY MD
APT 419
2566 N 124TH STREET
WAUWATOSA WI 53226

EM
414-527-8728
TIMOTHY J HILL MD
9161 NORTH FIELDING
MILWAUKEE WI 53217

OBG / OBG
414-933-6666
NATHAN M HILRICH MD
940 NORTH 23RD STREET
MILWAUKEE WI 53233

AN / AN
414-332-8238
JOSEPH HIMES MD
100 W INDIAN CREEK CT
MILWAUKEE WI 53217

PD
414-272-7009
ELLEN HING MD
SUITE 909
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

R / R
ROBERT E HINSON MD
9475 N FAIRWAY CIRCLE
MILWAUKEE WI 53217

OBG
414-271-7194
MALCOLM M HIPKE MD
924 EAST JUNEAU AVENUE
MILWAUKEE WI 53202

IM / IM
ERWIN D HIRSCH MD
2124 WEST QUINCY COURT
102N MEQUON WI 53092

AI IM / AI IM
414-546-1110
S ROGER HIRSCH MD
5810 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

IM / IM
414-357-5187
JOHN S HIRSCHBOECK MD
APT 240
9301 NORTH 76TH STREET
MILWAUKEE WI 53223

OPH / OPH
JOHN B HITZ MD
32265 W OAKLAND ROAD
NASHOTAH WI 53058

AN / AN
414-481-5377
ROBERT J HLAVAC MD
APT B
3338 SOUTH WHITNALL
MILWAUKEE WI 53207

NA PTH N / NA PTH N
414-257-6210
KHANG-CHENG HO MD
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

AN / AN
414-783-4374
SUN-O G HO MD
3290 SUNNY VIEW LANE
BROOKFIELD WI 53005

N / N
414-961-7306
RICHARD J HODACH MD
SUITE 408
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

U / U
414-476-0430
NORMAN B HODGSON MD
SUITE 545
2600 N MAYFAIR ROAD
MILWAUKEE WI 53226

GP
414-543-6500
NORMAN A HOEFFLEUR DO
10827 W LINCOLN AVENUE
WEST ALLIS WI 53227

GYN / OBG
414-774-9322
FREDERICK J HOFMEISTER MD
SUITE 226
10425 W NORTH AVENUE
WAUWATOSA WI 53226

PS HS MFS / PS GS
414-259-9000
JOHN P HOGAN MD
SUITE 950
2300 N MAYFAIR ROAD
MILWAUKEE WI 53226

IM GE IM
414-771-3228
SAMUEL E HOKE MD
12011 W NORTH AVENUE
WAUWATOSA WI 53226

IM / IM
ARTHUR A HOLBROOK MD
3050 E NEWPORT COURT
MILWAUKEE WI 53211-2910

P
414-353-3808
STANLEY W HOLLENBECK MD
11957 W APPLETON AVE
MILWAUKEE WI 53224

EM / EM
414-784-7655
PETER J HOLZHAUER MD
160 LYNNWOOD LANE
BROOKFIELD WI 53005

PD / PD
414-769-9040
JAMES J HOMSEY MD
5854 SOUTH PACKARD AVE
CUDAHY WI 53110

RHU IM CER / IM RHU
414-289-8182
BRUCE S HONG MD
950 NORTH 12TH STREET
MILWAUKEE WI 53233

OBG / GON
414-225-8175
DAVID L HOOGERLAND MD
2320 NORTH LAKE DRIVE
POST OFFICE BOX 339
MILWAUKEE WI 53201

ORS / ORS
414-352-3100
NORMAN W HOOVER MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

OTO / OTO
414-241-8000
S FREDRIC HORWITZ MD
10520 NORTH PORT
WASHINGTON ROAD
MEQUON WI 53092

GINGER HOSKO
13669 MCKEE SCHOOL RD
WOODBURN OR 97071-9012

U / U
414-258-2640
JOHN T HOTTER MD
2500 N MAYFAIR ROAD
MILWAUKEE WI 53226

414-466-8686
EVERIN C HOUKOM
#102
4724 N 100TH STREET
WAUWATOSA WI 53225

ORS / ORS
JEROME W HOUSE JR MD
4036 N 51ST BOULEVARD
MILWAUKEE WI 53216

GYN / OBG
WILLIAM F HOVIS JR MD
7921 N FAIRCHILD ROAD
MILWAUKEE WI 53217

AN / AN
LAWRENCE A HOWARDS MD
2305 W WOODBURY LANE
MILWAUKEE WI 53209

PD / PD
JACQUELINE C HOWELL MD
8200 N TEUTONIA AVENUE
MILWAUKEE WI 53209

P
414-321-5941
CHUONG C HUANG MD
3304 S 123RD STREET
MILWAUKEE WI 53227

P
414-257-7261
LENA G HUANG MD
9455 WATERTOWN PL RD
MILWAUKEE WI 53226

CD IM / IM
414-963-1030
GEORGE R HUGHES MD
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

OPH / OPH
414-259-1930
JACK L HUGHES MD
SUITE 607
2500 N MAYFAIR ROAD
WAUWATOSA WI 53226

ORS / ORS
414-464-8880
BERNARD A HUIZENGA MD
4036 N 51ST BOULEVARD
MILWAUKEE WI 53216

414-782-6352
BARBARA A HUMMEL
14470 W REDWOOD DRIVE
NEW BERLIN WI 53151

P
VICTOR H HUNKEL MD
9009 W CLARKE STREET
MILWAUKEE WI 53226

PD / PD
414-228-1140
SALLY G HUNT MD
8909 NORTH PORT
WASHINGTON RD #203
MILWAUKEE WI 53217-1634

AN / AN
SU-RYONG HUR MD
409 E LEXINGTON BLVD
WHITEFISH BAY WI 53217

P / P
JAMES R HURLEY MD
3046 COMMERCIAL AVENUE
MADISON WI 53704-4306

CLP / CLP
414-257-6318
CLARA V HUSSEY MD
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

ORS / ORS
414-272-0280
JACQUES HUSSUSSIAN MD
SUITE 1019
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

OM IM / IM
414-277-2840
ERWIN S HUSTON MD
231 W MICHIGAN STREET
POST OFFICE BOX 2046
MILWAUKEE WI 53201

GS / GS
ELMORE P HUTH MD
1471 LEMON BAY DRIVE
ENGLEWOOD FL 33533

OPH / OPH
414-257-5083
ROBERT A HYNDIUK MD
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

R / R
414-527-8108
HAROLD F IBACH MD
2400 W VILLARD AVENUE
MILWAUKEE WI 53209

IM / IM
414-771-5300
GERALD L IGNACE MD
7400 HARWOOD AVENUE
WAUWATOSA WI 53213

P
414-442-8070
JOHN F IMP MD
7632 W LISBON AVENUE
MILWAUKEE WI 53222

GS
RONALD T INDEN MD
14745 WATERTOWN PL RD
ELM GROVE WI 53122

DR
LINDSEY W INOUYE MD
5830 57TH AVENUE NE
SEATTLE WA 98115

MARYAM B IVANOFF
APT 14
919 GLENVIEW AVENUE
MILWAUKEE WI 53213-3058

P N
414-962-3333
DONALD G IVES MD
409 E SILVER SPRING DR
MILWAUKEE WI 53217

FP / FP
414-425-5351
ROBERT B JACHOWICZ MD
6080 S 108TH STREET
HALES CORNERS WI 53130

ORS / ORS
414-276-6000
PAUL A JACOBS MD
1218 W KILBOURN AVENUE
MILWAUKEE WI 53233

U / U
414-483-8883
HAROLD A JACOBSOHN MD
SUITE 202
5656 S PACKARD AVENUE
CUDAHY WI 53110

OBG / OBG
414-271-2109
FOSTER J JACOBSON MD
1218 W KILBOURN AVENUE
MILWAUKEE WI 53233

IM END / IM
414-276-1906
MITCHELL M JACOBSON MD
788 N JEFFERSON STREET
MILWAUKEE WI 53202

OBG / OBG
414-964-7600
MICHAEL T JAEKELS MD
5631 NORTH MOHAWK ROAD
MILWAUKEE WI 53217

IM PUD / IM
RICHARD P JAHN MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

CD IM / CD IM
414-271-3700
DHARAM P JAIN MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

IM / IM
414-271-6800
ROBERT G JAKUBOWSKI MD
NO 200
525 EAST WELLS STREET
MILWAUKEE WI 53202

OBS GYN
414-289-8323
JANINE A JAMES MD
950 NORTH 12TH STREET
MILWAUKEE WI 53233

P
414-543-7744
RUTH L KRAMER JANSEN MD
POST OFFICE BOX 27272
MILWAUKEE WI 53227

P N
ROLAND A JEFFERSON MD
105 ALAMEDA
PADRE SERRA
SANTA BARBARA CA 93103

GP
ERWIN J JELENCHICK MD
3810 NORTH 85TH STREET
MILWAUKEE WI 53222

N P / N
414-774-7833
LLOYD F JENK MD
2500 N MAYFAIR ROAD
WAUWATOSA WI 53226

IM
414-962-3658
JOSEPH X JENKINS MD
4141 NORTH BARTLETT
SHOREWOOD WI 53211

P
414-272-2633
CLARK L JENNINGS MD
APT 134
1108 N MILWAUKEE ST
MILAUKEE WI 53202

GP
414-931-0500
D SUE JENNINGS DO
#770
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

OBG / OBG
THOMAS F JENNINGS MD
18006 DESERT GLEN BLVD
SUN CITY WEST AZ 85375

AN / AN
MARSHALL R JENNISON MD
2545 MAPLE HILL LANE
BROOKFIELD WI 53005

IM
414-453-5870
LOUIS F JERMAIN MD
6745 WEST WELLS STREET
MILWAUKEE WI 53213

IM CD / IM
WILLIAM M JERMAIN MD
5360 N DIVERSEY BLVD
MILWAUKEE WI 53217

D
414-258-7550
ALFRED JEROFKE MD
SUITE 305
2500 NORTH MAYFAIR RD
WAUWATOSA WI 53226

FP
414-355-3799
JAMES T JERZAK MD
APT 102
8455 N SERVITE DRIVE
MILWAUKEE WI 53223

IM / IM
414-771-8228
TIMOTHY M JEST MD
12011 W NORTH AVENUE
WAUWATOSA WI 53226

IM
414-265-5000
DAVID M JOHNSON MD
829 EAST LOCUST STREET
MILWAUKEE WI 53212

CRS
HOBART W JOHNSON MD
ROOM 101
1840 N PROSPECT AVENUE
MILWAUKEE WI 53202

ORS / ORS
J HOWARD JOHNSON MD
10418 BRIGHT ANGEL CIR
SUN CITY AZ 85351

414-543-9528
KELLY LYNN JOHNSON
APT 216B
2054 S 102ND STREET
WEST ALLIS WI 53227

P
414-258-1680
KENNETH E JOHNSON MD
1123 GLENVIEW AVENUE
WAUWATOSA WI 53213

PD / PD
414-352-3100
KENNETH O JOHNSON MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

PD / PD
414-771-8228
RAYMOND R JOHNSON MD
12011 WEST NORTH AVE
WAUWATOSA WI 53226

ORS / ORS
ROGER P JOHNSON MD
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

AN
SYDNEY J JOHNSON DO
LAKEVIEW HOSPITAL
10010 W BLUEMOUND RD
MILWAUKEE WI 53226

CDS TS / GS TS
414-271-8400
W DUDLEY JOHNSON MD
SUITE 1007
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211-4516

MICHAEL F JOHNSTONE MD
6900 NORTH PORT
WASHINGTON ROAD
MILWAUKEE WI 53217

PDS GS / PDS GS
414-271-6303
JUDA Z JONA MD
SUITE 316
759 N MILWAUKEE STREET
MILWAUKEE WI 53202

P / P
414-258-2600
MORTON JOSEPHSON MD
1220 DEWEY AVENUE
WAUWATOSA WI 53213

IM / IM
414-259-3060
CHARLES L JUNKERMAN MD
9200 W WISCONSIN AVE
MILWAUKEE WI 53226

IM
414-442-5528
WILLI G JURCZYK MD
4263 W FOND DU LAC AVE
MILWAUKEE WI 53216

OPH / OPH
414-786-0240
INGRID E JUREVICS MD
17050 W NORTH AVENUE
BROOKFIELD WI 53005

PUD / PUD
414-453-3168
GEORGE H JURGENS MD
2520 NORTH 97TH STREET
WAUWATOSA WI 53226

GS / GS
414-258-7733
AUGUST J JURISHICA MD
9425 W HADLEY STREET
MILWAUKEE WI 53222

EM
MAJA A JURISIC MD
3061 NORTH SHEPARD
MILWAUKEE WI 53211

TS / GS
414-258-0670
JOHN F JUST MD
SUITE 795
2300 N MAYFAIR ROAD
WAUWATOSA WI 53226

NS / NS
414-462-9697
ALLAN E KAGEN MD
SUITE 101
2350 W VILLARD AVENUE
MILWAUKEE WI 53209

ORS / ORS
414-276-6000
LOUIS KAGEN MD
1218 W KILBOURN AVENUE
MILWAUKEE WI 53233

FP / FP
414-367-7377
WILLIAM W KAH MD
W3081 N7021 CLUB
CIRCLE DRIVE EAST
HARTLAND WI 53029

ON HEM / MON
414-278-8290
GERALD J KALLAS MD
NO 1005
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

414-961-7231
KEVIN KALLAS
3400 NORTH FREDERICK
MILWAUKEE WI 53211

P CHP / PN
IKAR J KALOGJERA MD
1220 DEWEY AVENUE
MILWAUKEE WI 53213

CDS TS GS / TS GS
414-931-8400
M LAXMAN KAMATH MD
#W141
940 NORTH 23RD STREET
MILWAUKEE WI 53233

FP
GARY L KAMER MD
S69 W13488 HALE PARK
HALES CORNERS WI
53130-3321

CD / IM
DAVID G KAMPER MD
SUITE 1330
324 E WISCONSIN AVENUE
MILWAUKEE WI 53202

AN / AN
JOHN P KAMPINE MD
5000 W NATIONAL AVENUE
MILWAUKEE WI 53295

IM
RICHARD S KANE MD
POST OFFICE BOX 17932
MILWAUKEE WI 53217

IM GE / IM GE
414-272-5966
HARRY J KANIN MD
SUITE 217
1218 WEST KILBOURN AVE
MILWAUKEE WI 53233

ORS
414-933-2044
STEVEN J KAPLAN MD
SUITE 560
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

GS CDS / GS
414-352-3100
STEVEN K KAPPES MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

GP / GS
414-671-1500
ROBERT KAREN MD
3501 W GREENFIELD AVE
MILWAUKEE WI 53215

A / AI
414-545-2220
HENRY R KARLIN MD
7635 W OKLAHOMA AVE
MILWAUKEE WI 53219

R / R
414-769-4062
MACK A KARNES MD
5900 SOUTH LAKE DRIVE
CUDAHY WI 53110

AN
MICHAEL G KAROS MD
5961 NORTH SHORE DRIVE
MILWAUKEE WI 53217

ORS
RICHARD K KARR MD
2488 NORTH LAKE DRIVE
MILWAUKEE WI 53211

N / N
414-963-1115
DAVID M KASHNIG MD
400 W SILVER SPRING DR
MILWAUKEE WI 53217

NM / NM
JOSEPH R KASNER MD
N7 W29421 KESWICK CT
WAUKESHA WI 53188

OPH / OPH
414-645-0344
ROBERT KASTELIC MD
3631 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

EM / EM
414-289-8146
EUGENE H KASTENSON MD
950 NORTH 12TH STREET
MILWAUKEE WI 53233

PUD IM
MICHAEL N KATZOFF MD
2900 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

GS / GS
414-259-2870
H MYRON KAUFFMAN MD
14405 JUNEAU BOULEVARD
ELM GROVE WI 53122

GP
LAWRENCE W KAUFMAN MD
3821 S HOWELL AVENUE
MILWAUKEE WI 53207

FP / FP
CHARLES T KAUFMANN DO
953 PINE DRIVE
WEST BEND WI 53095

P / PN
ROMAN R KAUNAS MD
1725 VILLAGE GREEN CT
ELM GROVE WI 53122

GP GS
EUGENE M KAY MD
73-020 HOMESTEAD ROAD
PALM DESERT CA 92260

OPH / OPH
MARILYN C KAY MD
EYE INSTITUTE
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

ORS
SEAN P KEANE MD
1545 SOUTH LAYTON BLVD
MILWAUKEE WI 53215

U / U
414-961-7323
JOHN W KEARNS MD
SUITE 207
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

IM
ROBERT A KEBBEKUS MD
7400 HARWOOD AVENUE
WAUWATOSA WI 53213

AN
THOMAS A KEGEL MD
723 NORTH 79TH STREET
WAUWATOSA WI 53213

R IM / IM
MICHAEL E KEHOE MD
1060 HAWTHORNE RIDGE
WAUKESHA WI 53186

AN / AN
414-225-8000
JOHN A KELBLE MD
201 EAST FOX DALE ROAD
MILWAUKEE WI 53217

GS CRS / GS
414-442-1380
WILLIAM B KELLEY MD
SUITE 207
6001 W CENTER STREET
MILWAUKEE WI 53210

IM / IM
BRIAN W KENNEDY MD
10425 W NORTH AVENUE
MILWAUKEE WI 53226

PD / PD
414-354-6999
STANLEY N KENWOOD MD
6150 WEST FLORAL LANE
MILWAUKEE WI 53223

P / P
414-332-2727
CHRISTINA C KEPPEL MD
SUITE 307
2015 EAST NEWPORT AVE
MILWAUKEE WI 53211

OPH / OPH
414-383-9390
CHARLES W KESKEY MD
3100 SOUTH 37TH STREET
MILWAUKEE WI 53215

THOMAS S KESKEY
3100 SOUTH 37TH STREET
MILWAUKEE WI 53215

GS / GS
414-871-9000
JAMES P KETTERHAGEN MD
SUITE 402
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

AN
NEVENKA T KEVICH MD
1270 N LAKE SHORE ROAD
GRAFTON WI 53024

414-774-0169
ANNE MEI-HAR KHONG
#235
313 NORTH 95TH STREET
MILWAUKEE WI 53226

OTO HNS / OTO
414-649-3900
THOMAS M KIDDER MD
SUITE 201
2901 W KINNICKINNIC
MILWAUKEE WI 53215

FP
414-964-6435
RANDALL J KIESER MD
APT 112
306 W HAMPTON AVENUE
MILWAUKEE WI 53217

GPM OM
414-632-8555
JANE A KILSDONK MD
2921 OLD MILL DRIVE
RACINE WI 53405

IM END / IM
414-464-1167
HAK-JOONG KIM MD
8500 W CAPITOL DRIVE
MILWAUKEE WI 53222

AN / AN
JOSEPH M KIM MD
16730 MARYCLIFF COURT
BROOKFIELD WI 53005-2130

AN / AN
414-527-8000
KUANG S KIM MD
12310 N LAKE SHORE DR
MEQUON WI 53092

IM PUD IG / IM
S BRIAN KIM MD
PULMONARY SECTION
401 W GREEENLAWN AVE
LANSING MI 48909

P
414-962-8900
S JOHN KIM MD
SUITE 209
5205 N IRONWOOD ROAD
GLENDALE WI 53217

DR / R
YONG W KIM MD
14850 WESTOVER ROAD
ELM GROVE WI 53122

BRIAN T KINDER
APT 5
1744 S 116TH STREET
WEST ALLIS WI 53214

OS OM
414-649-6577
ERIC P KINDWALL MD
2900 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

P / PN
414-291-9674
JOSEF A KINDWALL MD
1840 N PROSPECT AVENUE
MILWAUKEE WI 53202

FP / FP
414-332-6900
ARTHUR R KING MD
2414 NORTH FARWELL
MILWAUKEE WI 53211

IM CD
414-649-3505
JAMES F KING MD
SUITE 413
2901 W KK RIVER PKWY
MILWAUKEE WI 53215-3638

R
EDWARD R KINSFOGEL MD
2400 W VILLARD AVENUE
MILWAUKEE WI 53209

414-871-2886
JOHN R KIRKEIDE
6703-A W MOLTKE AVE
MILWAUKEE WI 53210

GS VS / GS
619-340-6200
MARK C KISELOW MD
46-440 WAR BONNET CIR
INDIAN WELLS CA 92210

GS
414-453-9948
JOHN KISPERT MD
2524 N 124TH STREET
WAUWATOSA WI 53226

OPH / OPH
414-259-9090
ARTHUR C KISSLING MD
SUITE 630
2300 N MAYFAIR ROAD
WAUWATOSA WI 53226

IM GE / IM GE
414-672-1892
LANE A KISTLER MD
#516
2901 W KK RIVER PKWY
MILWAUKEE WI 53215-3690

OTO
414-258-5811
MARK S KITA MD
NO 164
2516 N 124TH STREET
WAUWATOSA WI 53226

CRS
414-643-1882
BERNARD J KLAMECKI MD
3201 SOUTH 16TH STREET
MILWAUKEE WI 53215

AN
JAMES G KLAMIK MD
1155 WOODLAND AVENUE
ELM GROVE WI 53122

FP / FP
414-421-8400
DAVID H KLEHM MD
6901 WEST EDGERTON
MILWAUKEE WI 53220

ORS
414-259-1748
CHARLES A KLEIN MD
2600 N MAYFAIR ROAD
MILWAUKEE WI 53210

N
KEVIN M KLEIN MD
3003 W GOOD HOPE ROAD
MILWAUKEE WI 53217

IM / IM
414-962-0200
MORRIS KLEIN MD
330 W SILVER SPRING DR
MILWAUKEE WI 53217

OTO / OTO
414-342-8255
HARVEY KLEINER MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

IM
414-671-7000
LEONARD B KLEINERMAN MD
2400 W LINCOLN AVENUE
MILWAUKEE WI 53215

CDS TS CS / TS GS
414-649-3990
LEONARD H KLEINMAN MD
SUITE 310
2901 W KK RIVER PKY
MILWAUKEE WI 53215

GP
WILLIAM J KLEIS MD
9609 RIDGE BOULEVARD
WAUWATOSA WI 53226

OBG / OBG
414-445-7400
JACK A KLIEGER MD
4833 WEST BURLEIGH
MILWAUKEE WI 53210

AN / AN
414-782-7069
ROBERT E KLINGBEIL MD
12750 GREEN MEADOW PL
ELM GROVE WI 53122

FP
BRUCE L KLINK DO
5629 N 91ST STREET
MILWAUKEE WI 53225

IM END DIA / IM
414-272-6310
DOUGLAS D KLINK MD
SUITE 1330
324 E WISCONSIN AVENUE
MILWAUKEE WI 53202

PS MFS HS / PS
414-476-8855
RALPH A KLOEHN MD
ROOM 503
2323 N MAYFAIR ROAD
MILWAUKEE WI 53226

IM
ROGER W KLOEHN MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

DR R / R
THOMAS E KNECHTGES MD
2900 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

P
ALBERT KNIAZ MD
2240 W GREENWOOD ROAD
MILWAUKEE WI 53209

IM NEP FP / IM
414-643-1530
MAHENDRA S KOCHAR MD
VA HOSPITAL (14A)
MILWAUKEE WI 53295

GER GP
CLARENCE J KOCOVSKY MD
1946 FOREST STREET
WAUWATOSA WI 53213-2153

IM
414-241-6610
RONALD L KODRAS MD
10945 NORTH PORT
WASHINGTON ROAD
MEQUON WI 53092

PTH / PTH
414-961-3300
ROBERT R KOENIG MD
2025 E NEWPORT AVENUE
MILWAUKEE WI 53211

TS CDS TS / CDS
414-258-0670
DONALD E KOEPKE MD
SUITE 795
2300 N MAYFAIR ROAD
WAUWATOSA WI 53226

PENELOPE KOEPPEL
3936 NORTH 86TH STREET
MILWAUKEE WI 53222

OBG / OBG
414-289-9668
CHARLES H KOH MD
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

AN
TONG CHUI KOH MD
125 STOCKTON COURT
BROOKFIELD WI 53005

GP
SIDNEY H KOHLER MD
4527 W CENTER STREET
MILWAUKEE WI 53210

PM / PM
414-354-5429
ALKA KOHLI MD
9137 NORTH TROY COURT
BROWN DEER WI 53223

ORS / ORS
414-933-2200
HARVEY S KOHN MD
940 NORTH 23RD STREET
MILWAUKEE WI 53233

PTH / PTH
414-257-6201
RICHARD A KOMOROWSKI MD
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

ORS
414-257-1586
PHILIP D KONKEL MD
211 GLENVIEW AVENUE
WAUWATOSA WI 53213

DR / R
414-258-8682
WERNER KORDAS MD
3125 NORTH MENOMINEE
RIVER PARKWAY
WAUWATOSA WI 53222

OBG / OBG
414-383-5300
STANLEY A KORDUCKI MD
3201 SOUTH 16TH STREET
MILWAUKEE WI 53215

PS HNS HS / PS
414-259-9000
GEORGE J KORKOS MD
SUITE 950
2300 N MAYFAIR ROAD
MILWAUKEE WI 53226

414-786-9116
THOMAS G KORKOS
1425 WOODLAWN CIRCLE
ELM GROVE WI 53122

414-782-4416
JUDITH BUDIONO KOSASIH
#5
13655 W BURLEIGH ROAD
BROOKFIELD WI 53005

IM
414-645-4240
MERLIN A KOTTKE MD
3201 SOUTH 16TH STREET
MILWAUKEE WI 53215

AN / AN
VLADIMIR KOVACEVIC MD
9525 NORTH REGENT ROAD
MILWAUKEE WI 53217

PD NPM / PD NPM
414-545-4320
THOMAS H KOWALSKI MD
5757 W OKLAHOMA AVE
MILWAUKEE WI 53219-4392

OBG / OBG
414-647-5115
THOMAS J KOZINA MD
3237 SOUTH 16TH STREET
MILWAUKEE WI 53215

PD
JOHN H KRAEGEL MD
1230 WEST GRANT STREET
MILWAUKEE WI 53215

HNS PS / OTO
414-352-3100
ANTHONY S KRAUSEN MD
3003 W GOOD HOPE ROAD
MILWAUKEE WI 53209

FP
KONRAD KRAWCZYK MD
3738 SOUTH 60TH STREET
MILWAUKEE WI 53220

GS
LOUIS H KRETCHMAR MD
2821 EAST MENLO BLVD
MILWAUKEE WI 53211

IM GS
STEPHEN R KREUSER MD
POST OFFICE BOX 11069
MILWAUKEE WI 53211

IM
414-352-3100
KATHRYN C KRIEG MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

AN / AN
414-543-5315
ASHOK K R KRISHNANEY MD
12016 W VERONA COURT
WEST ALLIS WI 53227

IM
414-541-4650
MICHAEL E KROHN DO
9010 W WATERFORD SQ S
GREENFIELD WI 53228

P
AUGUST D KROPP MD
SUITE 308
2901 W KK RIVER PKWY
MILWAUKEE WI 53215-3638

FP NM
ARNOLD J KRUBSACK MD
701 LAKE SHORE ROAD
GRAFTON WI 53024

FP / FP
JOHN R KRUEGER MD
8200 W SILVER SPRG DR
POST OFFICE BOX 18489
MILWAUKEE WI 53218-0489

ORS / ORS
414-321-2255
ALVIN K KRUG MD
9400 WEST LINCOLN
WEST ALLIS WI 53227

PH GPM / GPM
813-261-3159
EDWARD R KRUMBIEGEL MD
3410 GULF SHORE BLVD N
NAPLES FL 33940

IM / IM
FRED P KRUMENACHER MD
6930 N BEECHTREE DRIVE
MILWAUKEE WI 53209

ORS / ORS
414-933-8158
MICHAEL C KUBLY MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

AN FP
ERVIN F KUGLITSCH MD
5600 EUSTON STREET
GREENDALE WI 53129

OBG / OBG
MICHAEL J KUHN MD
12011 W NORTH AVENUE
WAUWATOSA WI 53226

FP / FP
414-543-7543
GREGORY J KUHR MD
8117 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

ORS / ORS
414-289-0360
VIJAY V KULKARNI MD
SUITE 711
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

GS CVD / S
414-327-009
ASHOK K V KUMAR MD
SUITE 104
7635 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

EM
R PRAMOD KUMAR MD
15275 HIDDEN GLEN CT
ELM GROVE WI 53122

IM PUD / IM
414-481-9494
ULLATTIL N KUMAR MD
8842 GARDEN LANE
GREENDALE WI 53129

GP
808-546-8321
JOHN A KUSTERMANN MD
300 ALA MOANA BLVD
POST OFFICE BOX 50266
HONOLULU HI 96850

GP IM
ALOIS F KUSTERMAN MD
C/O ALEXIAN VILLAGE
7979 W GLENBROOK ROAD
MILWAUKEE WI 53223-1055

IM CDS END / IM
414-271-7177
URSULA KUTTER MD
SUITE 703
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

GP
414-321-5727
JAMES R KUZDAS MD
5563 W JACKSON PARK DR
MILWAUKEE WI 53219

PTH CLP / PTH
414-258-1765
JOSEPH F KUZMA MD
1115 HONEY CREEK PKWY
WAUWATOSA WI 53213

OPH / OPH
GREGORY P KWASNY MD
SUITE 1030
2300 N MAYFAIR ROAD
WAUWATOSA WI 53226

IM CD / IM
414-771-1361
PAUL G LA BISSONIERE MD
10425 W NORTH AVENUE
MILWAUKEE WI 53226

414-284-4705
LARRY E LA CROSSE
212 HIGH STREET
PORT WASHINGTON WI 53074

PTH CLP / PTH CLP
414-937-5255
DAVID J LA FOND MD
DEPT PATH & LAB MED
2000 W KILBOURN AVENUE
MILWAUKEE WI 53233

AN / AN
414-281-5950
PETER LAMEKA JR MD
7930 W EDGERTON AVENUE
GREENDALE WI 53129

PTH CLP BLB / AP CLP BLB
414-225-8107
GORDON E LANG MD
2323 NORTH LAKE DRIVE
POST OFFICE BOX 503
MILWAUKEE WI 53201

PTH CLP / PTH CLP
414-963-9951
JEAN L LANG MD
5124 N ARDMORE AVENUE
WHITEFISH BAY WI 53217

IM / IM
414-464-4680
GEORGE M LANGE MD
1200 W GREEN TREE ROAD
MILWAUKEE WI 53217

ORS / ORS
414-933-8158
JAMES H LANGENKAMP MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

PD
414-771-8228
ANN M LAREW MD
12011 W NORTH AVENUE
WAUWATOSA WI 53226

IM
RICHARD E B LAREW MD
12011 W NORTH AVENUE
WAUWATOSA WI 53226

OBG / OBG
414-671-7000
JAY A LARKEY MD
2400 W LINCOLN AVENUE
MILWAUKEE WI 53215

PS OTO / PS OTO
DAVID LEE LARSON MD
9200 W WISCONSIN AVE
MILWAUKEE WI 53226

IM NEP / IM NEP
414-352-3100
LAWRENCE S LARSON MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

FP / FP
STEVEN R LASATER MD
17 CARRIAGE LANE
NEW ORLEANS LA 70114

AN / AN
414-332-8230
THOMAS E LASS MD
6300 NORTH PORT
WASHINGTON ROAD
MILWAUKEE WI 53217

AN
CAROL W LATORRACA MD
7716 GERALAYNE CIRCLE
MILWAUKEE WI 53213

PTH / PTH
414-774-7345
ROCCO LATORRACA MD
7716 GERALAYNE CIRCLE
MILWAUKEE WI 53213

D / D
414-271-2721
ROGER E LAUBENHEIMER MD
SUITE 925
324 E WISCONSIN AVENUE
MILWAUKEE WI 53202

PD
DAVID A LAUTZ MD
11035 W FOREST AVENUE
HALES CORNERS WI 53130

FP / FP
414-649-6729
STEVEN L LAWRENCE MD
1110 SOUTH 24TH STREET
MILWAUKEE WI 53204

EM FP / FP
MICHAEL J LAYDE MD
1026 E SYLVAN AVENUE
MILWAUKEE WI 53217

PD ADL
414-257-2191
W CRAIG LEACH DO
8409 JACKSON PARK BLVD
WAUWATOSA WI 53226

414-774-9373
EVAN G LEDERMAN
APT 361
2560 N 124TH STREET
WAUWATOSA WI 53226

IM A / IM AI
HOWARD J LEE MD
APT 911
1840 N PROSPECT AVENUE
MILWAUKEE WI 53202

GP
PAUL A LEE MD
131 SPRING STREET
SANTA CRUZ CA 95060

D / D
414-271-2721
WILLIAM P LE FEBER MD
324 E WISCONSIN AVENUE
MILWAUKEE WI 53202

414-672-3025
CATHERINE LE GALLEY
1310 SOUTH 7TH STREET
MILWAUKEE WI 53204-2824

OTO OPH / OTO OPH
414-384-2000
ROGER H LEHMAN MD
5000 W NATIONAL AVENUE
MILWAUKEE WI 53295

IM NEP / IM NEP
414-259-3070
JACOB LEMANN JR MD
9200 W WISCONSIN AVE
MILWAUKEE WI 53226

IM / IM
EDWARD J LENNON MD
8701 WATERTOWN
PLANK ROAD
MILWAUKEE WI 53226

FP
414-442-9075
M LEONHARDT MD
3428 NORTH 46TH STREET
MILWAUKEE WI 53216

PM
414-332-6365
JEROME A LERNER MD
2024 E MARION STREET
SHOREWOOD WI 53211

IM / IM
NEIL A LERNER MD
4372 N ALPINE AVENUE
SHOREWOOD WI 53211

OPH / OPH
414-933-3795
RICHARD E LERNOR MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

FP / FP
GARY N LESKO MD
7878 NORTH 76TH STREET
MILWAUKEE WI 53223

ORS
414-352-3100
JOHN F LESKO MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

OPH / OPH
414-281-1066
ERNEST LEVENSON MD
7424 W LAYTON AVENUE
MILWAUKEE WI 53220

D / D
414-764-7050
INA G LEVENSON MD
2011 10TH AVENUE
SOUTH MILWAUKEE WI 53172

AN / AN
RICHARD L LEVERENZ MD
6300 NORTH PORT
WASHINGTON ROAD
MILWAUKEE WI 53217

NS / NS
414-277-0678
JULES D LEVIN MD
SUITE 313
324 E WISCONSIN AVENUE
MILWAUKEE WI 53202

OPH / OPH
414-352-3100
MARC R LEVIN MD
3003 W GOOD HOPE ROAD
MILWAUKEE WI 53217

EM
414-351-4355
RANDALL M LEVIN MD
201 WEST BERGIN DRIVE
FOX POINT WI 53217

PS / PS
414-963-0500
DONALD M LEVY MD
400 W SILVER SPRING DR
MILWAUKEE WI 53217

GS
414-475-7691
MARLON F LEVY MD
8825 W HAWTHORNE AVE
WAUWATOSA WI 53226

IM A / IM
414-442-0234
MICHAEL B LEVY MD
5545 W MELVINA ST
MILWAUKEE WI 53216

PUD IM / IM
STUART A LEVY MD
9509 N WAKEFIELD COURT
MILWAUKEE WI 53217

R ON / R
HOWARD J LEWIS MD
3709 NORTH LAKE DRIVE
MILWAUKEE WI 53211-2647

414-444-8250
MARY E LEWIS
3335A NORTH 50TH
MILWAUKEE WI 53216

R / R
414-961-3800
JAMES E LICHTY MD
2025 E NEWPORT AVENUE
MILWAUKEE WI 53211

R
CLIFFORD LIDDLE JR MD
3237 SOUTH 16TH STREET
MILWAUKEE WI 53215

AN / AN
TJING HIEN LIE MD
6300 NORTH PORT
WASHINGTON ROAD
MILWAUKEE WI 53217

END NM IM / NM
414-271-3870
ALAN S LIEBERTHAL MD
SUITE 501
1218 W KILBOURN AVENUE
MILWAUKEE WI 53233

IM
KARL A LIEFERT MD
5344 S SUTTON PLACE
MILWAUKEE WI 53221

FP
DAVID W LILLICH MD
5346 NORTH SANTA
MONICA BOULEVARD
WHITEFISH BAY WI 53217

GS / GS
RICHARD H LILLIE MD
811 E WISCONSIN AVENUE
MILWAUKEE WI 53202

AN
ROBERT A LIM MD
17510 SIERRA LANE
BROOKFIELD WI 53005

IM GE
414-453-5870
MERLYN C F LINDERT MD
6745 WEST WELLS STREET
MILWAUKEE WI 53213

FP / FP
414-527-8311
DONALD B LINDORFER MD
2400 W VILLARD AVENUE
MILWAUKEE WI 53209

GS / GS
414-271-3700
ANTHONY J LINN MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

OBG
414-271-3700
JAMES G LINN MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

GYN / GYN
414-271-3700
JOHN C LINN MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

DR R / R
ELLIOT O LIPCHIK MD
RADIOLOGY DEPARTMENT
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

PTH / PTH
ROBERT F LIPO MD
DRAWER 11-O
MILWAUKEE WI 53201

R / R
CHARLES R LIPSCOMB MD
1580 HIGHLAND DRIVE
ELM GROVE WI 53122

IM NEP
414-453-5870
JOHN R LITZOW MD
6745 WEST WELLS STREET
MILWAUKEE WI 53213

PD
CHENG-CHI LIU MD
4666 SOUTH 35TH STREET
GREENFIELD WI 53221

FP
414-423-1970
LILY H LIU MD
APT 1
5065 W COLLEGE AVENUE
GREENDALE WI 53129

AI PD / A PD
414-271-4204
MARTIN L LOBEL MD
SUITE 900
324 E WISCONSIN AVE
MILWAUKEE WI 53202

PS HS / PS GS
414-259-9000
PAUL W LOEWENSTEIN MD
SUITE 950
2300 N MAYFAIR ROAD
WAUWATOSA WI 53226

PUD IM / IM
414-466-7400
GARY H LOHAUS MD
SUITE 104
2350 W VILLARD AVENUE
MILWAUKEE WI 53209

FP / FP
RICHARD L LONDON MD
9721 NORTH LAKE DRIVE
BAYSIDE WI 53217

IM / IM
414-327-3500
WILLIAM C LONGE MD
SUITE 306
2400 SOUTH 90TH STREET
WEST ALLIS WI 53227

OBG GS U
414-781-5128
EMILIO M LONTOK MD
3245 TOWN CRIER COURT
BROOKFIELD WI 53005

PM / PM
BASILIO F LOPEZ MD
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

CHP P / CHP P
414-258-0755
GUY P LORD MD
1000 NORTH 92ND STREET
MILWAUKEE WI 53226

P / P
414-258-5262
WILLIAM L LORTON MD
1220 DEWEY AVENUE
WAUWATOSA WI 53213

PD EM / PD
414-933-7331
JOSEPH D LOSEK JR MD
1700 W WISCONSIN AVE
MILWAUKEE WI 53233

AN
414-476-0668
BENJAMIN W LOUTHAN MD
2828 N 122ND STREET
WAUWATOSA WI 53222

FP
414-771-9621
JANIS A LOWELL MD
1859 LUDINGTON AVENUE
WAUWATOSA WI 53226

IM
414-272-1393
SIDNEY LUBAR MD
700 NORTH WATER STREET
MILWAUKEE WI 53202

OBG / OBG
414-352-3100
PAUL LUCCA MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

IM
414-352-4718
MARYANN T LUCE MD
8209 N SANTA MONICA
FOX POINT WI 53217

P
ALLAN LUCK MD
6807 REYNARD ROAD
MILWAUKEE WI 53217

EM
414-475-7405
PAUL R LUND MD
1937 NORTH 73RD STREET
WAUWATOSA WI 53213

CD IM / CD IM
414-273-7368
MISCHA J LUSTOK MD
SUITE 204
1218 W KILBOURN AVENUE
MILWAUKEE WI 53233

PS
JEROME J LUY MD
400 W SILVER SPRING DR
MILWAUKEE WI 53217

PTH / PTH
BENJAMIN W LYNE MD
1744 WHISPERING
WOODS COURT
RICHFIELD WI 53076-9650

PD OS / PD
FRANCISCO M MABINI JR MD
5790 GLEN FLORA DRIVE
GREENDALE WI 53129

GS
JESUS D MACACHOR MD
1135 RIDGEWAY ROAD
BROOKFIELD WI 53005

OBG
414-671-7000
JAMES R MACAK MD
2400 WEST LINCOLN AVE
MILWAUKEE WI 53215

U / U
ALEX J MAC GILLIS MD
SUITE 601
2500 N MAYFAIR ROAD
WAUWATOSA WI 53226

P CHP / P CHP
414-271-5555
ANTHONY T MACHI MD
2664 N SUMMIT AVENUE
MILWAUKEE WI 53211

414-257-3695
JANE M MACHI
4921 W WASHINGTON BLVD
MILWAUKEE WI 53208

OBG / OBG
414-332-3223
STEPHEN MACHINTON MD
SUITE 205
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

IM PUD / IM
414-461-5355
ROBERT F MADDEN MD
8430 W CAPITOL DRIVE
MILWAUKEE WI 53222

R / R
FRANK E MADDISON MD
RADIOLOGY DEPARTMENT
POST OFFICE BOX 503
MILWAUKEE WI 53201

EM
DAVID R MADENBERG DO
5000 WEST CHAMBERS
MILWAUKEE WI 53210

PTH / PTH
414-257-6201
GONZALO MADIEDO MD
DEPT OF PATHOLOGY
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

IM / IM
FREDERICK W MADISON MD
1919 N SUMMIT AVENUE
MILWAUKEE WI 53211

414-933-3384
HOLLY M MAES MD
3418 NORTH 55TH STREET
MILWAUKEE WI 53216

IM PUD EM
414-481-0556
ROBERT C MAGLIO MD
2525 SOUTH SHORE DRIVE
MILWAUKEE WI 53207

GP
JAMES R MAGLIOCCO DO
9900 W BLUEMOUND RD
WAUWATOSA WI 53226

FP / FP
414-347-0537
JAMES J MAGNINO MD
6049 46TH AVENUE
KENOSHA WI 53142

IM
THOMAS J MAHER JR MD
APT T5
201 WICKHAM WAY
NORWOOD MA 02062

CD IM
414-962-9539
THOMAS H MAHN MD
4246 N LARKIN STREET
SHOREWOOD WI 53211

414-476-0124
DAVID B MAINMAN
747 NORTH 113TH STREET
WAUWATOSA WI 53226

ORS / ORS
414-464-8880
MICHAEL R MAJOR MD
4036 NORTH 51ST BLVD
MILWAUKEE WI 53216

IM CD / IM
MASSOUD MALEKI MD
3201 SOUTH 16TH STREET
MILWAUKEE WI 53215

GP / GP
414-771-2177
PAUL G MALEN DO
9330 W GREENFIELD
WEST ALLIS WI 53214

PTH HEM / PTH HEM
414-649-7336
MOHAMMAD I MALIK MD
PATHOLOGY DEPARTMENT
2900 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

IM END / IM
414-276-1906
SANFORD R MALLIN MD
788 N JEFFERSON STREET
MILWAUKEE WI 53202

OPH / OPH
414-774-2630
DAVID J MALLOY MD
9215 W CENTER STREET
MILWAUKEE WI 53222

GS / GS
414-774-2630
THOMAS G MALLOY MD
9215 W CENTER STREET
MILWAUKEE WI 53222

FP
JOHN A MALONE MD
3201 SOUTH 16TH STREET
MILWAUKEE WI 53215

IM
SYLVIA A MAMBY MD
APT 506
1961 N SUMMIT AVENUE
MILWAUKEE WI 53202

IM / IM
414-541-8425
STEVEN J MAMEROW MD
10243 W NATIONAL AVE
WEST ALLIS WI 53227

DR / DR GS
JOSEPH A MANAGO MD
2900 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

OPH
PAUL D MANDEL MD
SUITE 707
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

CD IM / CD IM
414-649-3505
JOHN C MANLEY MD
SUITE 413
2901 W KK RIVER PKWY
MILWAUKEE WI 53215-3638

GS / GS
414-769-6600
ROBERT W MANN MD
3533 E RAMSEY AVENUE
CUDAHY WI 53110

AN / AN
ISIDRO L MARANAN MD
6890 N BEECH TREE DR
MILWAUKEE WI 53209

PUD / IM
IRWIN MARGOLIS MD
6500 NORTH ATWAHL
MILWAUKEE WI 53209

GYN
414-273-1850
RITA M MARINO MD
#4091
161 W WISCONSIN AVENUE
MILWAUKEE WI 53203

DR / DR
619-438-7811
JEROME L MARKS MD
2870 LUCIERNAGA STREET
CARLSBAD CA 92008

P
414-272-4170
JOHN W MARKSON MD
SUITE 601
2266 N PROSPECT AVENUE
MILWAUKEE WI 53202

D / D
414-271-9488
LEONARD S MARKSON MD
SUITE 4052
161 W WISCONSIN AVENUE
MILWAUKEE WI 53203

OBG / OBG
WILLIAM E MARTENS MD
SUITE 226
10425 W NORTH AVENUE
WAUWATOSA WI 53226

GS / GS
813-349-3183
ALBERT G MARTIN MD
5619 CAPE LEYTE DRIVE
SARASOTA FL 34242

OBG
414-332-8478
DAVID P MARTINEZ MD
APT B
1328 E RANDOLPH COURT
MILWAUKEE WI 53212

GS / GS
414-327-7700
FRANCISCO J MARTINEZ MD
SUITE 104
7635 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

PD
JOSE S MARTINEZ MD
3700 W MIGHIGAN AVENUE
MILWAUKEE WI 53208

IM
MICHAEL MARTINEZ MD
2531 EAST NEWBERRY
MILWAUKEE WI 53211

PTH / PTH
414-784-1495
RONALD R MARTINS MD
1855 HOLLYHOCK LANE
ELM GROVE WI 53122

EM
414-476-1497
JOHN A MASARYK MD
9103 HAWTHORNE AVENUE
WAUWATOSA WI 53226

OBG / OBG
414-442-4800
JOHN J MASSART MD
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

AN / AN
WILLIAM E MATEICKA MD
12605 GREMOOR DRIVE
ELM GROVE WI 53122

FP / FP
414-744-6589
RAUL MATEO MD
3821 S HOWELL AVENUE
MILWAUKEE WI 53207

IM PUD / IM
414-481-9494
GEORGE MATHAI MD
13450 DUNWOODY DRIVE
ELM GROVE WI 53122

FP
414-541-5405
MICHAEL C MATHER MD
10111 WEST HOWARD
MILWAUKEE WI 53228

OBG / OBG
RICHARD J MATHEWS MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

PS HS / GS
HANI S MATLOUB MD
9200 W WISCONSIN AVE
MILWAUKEE WI 53226

PD EM / PD
414-464-3410
FREDRICK A MAY MD
APT 151
5368-A N LOVERS LANE
MILWAUKEE WI 53225-3004

PTH CLP / PTH CLP
JAMES E MAY MD
3929 EAST BELL ROAD
PHOENIX AZ 85032

AN
414-475-0327
JUDITH A MAY MD
2210 NORTH 71ST STREET
WAUWATOSA WI 53213

ORS
715-834-0434
LELAND R MAYER MD
870 KARI
EAU CLAIRE WI 54701

OTO / OTO
414-923-7400
DUANE G MAYHEW MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

414-774-5836
JAMES P MAYNARD
#205
630 SOUTH HAWLEY ROAD
MILWAUKEE WI 53214

ORS / ORS
JOHN O'D MC CABE MD
10118 NORTH LEE COURT
21W MEQUON WI 53092

ORS / ORS
414-771-5080
ROBERT W MC CABE MD
SUITE 310
2323 N MAYFAIR ROAD
MILWAUKEE WI 53226

IM / IM
414-352-3100
GERALD J MC CARTHY MD
3121 W RIDGELINE COURT
MEQUON WI 53092

P
414-351-5303
NANETTE M MC CARTHY MD
SUITE 208
250 W COVENTRY COURT
GLENDALE WI 53217

IM RHU / IM
414-257-5946
DANIEL J MC CARTY MD
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

PTH
601-875-1608
STEPHEN L MC CLELLAN MD
SGHL
USAF MEDICAL CENTER
KEESLER AFB MS 39534

AN / AN
THOMAS F MC CORMICK MD
5049 N PALISADES ROAD
MILWAUKEE WI 53217

PTH / PTH
SAMUEL R MC CREADIE MD
1700 W WISCONSIN AVE
POST OFFICE BOX 1997
MILWAUKEE WI 53201

FP / FP
414-961-0090
WILLIAM P MC DANIEL MD
4517 NORTH FREDERICK
WHITEFISH BAY WI 53211

PM
JAMES F MC DERMOTT MD
2438 NORTH 95TH STREET
WAUWATOSA WI 53226

ORS / ORS
414-771-5080
WILLIAM P MC DEVITT MD
SUITE 310
2323 N MAYFAIR ROAD
MILWAUKEE WI 53226

FP GP
414-762-3680
WAYNE L MC FADDEN MD
100 15TH AVENUE
SOUTH MILWAUKEE WI 53172

TIMOTHY A MC GILLIVRAY
628 GROVE STREET
HALF MOON BAY CA 94019

414-476-8256
BARBARA J MC GRATH
APT 3
6700 W ST PAUL AVENUE
MILWAUKEE WI 53213

414-258-9673
SCOTT T MC GRAW
12103 W BLUEMOUND ROAD
WAUWATOSA WI 53226

DR / R
EDWARD J MC GUINNIS MD
1761 CHURCH STREET
WAUWATOSA WI 53213

IM
414-272-3072
JAMES P MC GUIRE MD
1129 N JACKSON #810-C
MILWAUKEE WI 53202

CD IM / IM
GERALD T MC INERNEY MD
2400 SOUTH 90TH STREET
WEST ALLIS WI 53227

IM
NORVAL W MC KITTRICK MD
170 WEST KRAUSE PLACE
MILWAUKEE WI 53217

PD
414-354-6434
JANICE MC LAUGHLIN MD
7878 NORTH 76TH STREET
MILWAUKEE WI 53223

PD / PD
414-342-5262
ZARAH G H MC LEAN MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

IM
414-771-9143
MARY P MC NAMARA MD
10133 W FISHER PARKWAY
WAUWATOSA WI 53226

GE IM / IM
414-271-6800
PETER J MC NAMARA MD
SUITE 200
525 EAST WELLS STREET
MILWAUKEE WI 53202

414-774-2103
DANIEL P MC QUILLEN MD
1005 N 119TH STREET
WAUWATOSA WI 53226

N / N
414-259-2881
MICHAEL P MC QUILLEN MD
9200 W WISCONSIN AVE
MILWAUKEE WI 53226

FP
414-645-7006
BRIAN R MC SORLEY MD
1721 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

D PD
MARY K MC TIGUE MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

DR R / R
414-453-5367
PATRICK J MC WEY MD
8028 WARREN AVENUE
WAUWATOSA WI 53213

414-527-8000
ROBERT C MEAD MD
2400 WEST VILLARD
MILWAUKEE WI 53209

IM NEP / IM NEP
414-462-2160
JAMES A MEANS III MD
8430 W CAPITOL DRIVE
MILWAUKEE WI 53222

FP / FP
JEANNE M MEDINA MD
4422 NORTH WOODRUFF
SHOREWOOD WI 53211

OTO
414-774-1595
PETER M MEDVED MD
113 NORTH 92ND STREET
MILWAUKEE WI 53226

FP
414-672-1174
MARK A MEIER MD
3175 SOUTH 28TH STREET
MILWAUKEE WI 53215

D / D
414-351-3705
MORRIS M MEISTER MD
777 WEST GLENCOE PLACE
MILWAUKEE WI 53217

THOMAS J MELIN
9062 W WATERFORD SQ SO
GREENFIELD WI 53228

GS / GS
414-352-0900
ABDALLAH G MELKONIAN MD
6900 PT WASHINGTON RD
MILWAUKEE WI 53217

ORS / ORS
414-961-0304
DAVID D MELLENCAMP MD
SUITE 501
3970 N OAKLAND AVENUE
MILWAUKEE WI 53211

PD / PD
FRANK J MELLENCAMP MD
6349 N BAY RIDGE AVE
MILWAUKEE WI 53217

PM / PM
414-259-1414
JOHN L MELVIN MD
1000 NORTH 92ND STREET
MILWAUKEE WI 53226

IM / IM
DARYL J MELZER MD
4243 N LARKIN STREET
SHOREWOOD WI 53211

IM / IM
RITA M HANSON MELZER MD
4243 N LARKIN STREET
SHOREWOOD WI 53211

OM GS
ELTON MENDELOFF MD
2320 W KENBOERN DRIVE
GLENDALE WI 53209

GS / GS
414-961-2505
GALE L MENDELOFF MD
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

GP
HYMAN MENDELOFF MD
10327 SAVANNAH COURT
21W MEQUON WI 53092

GS CDS
414-281-7883
ROLANDO M MENDIOLA MD
2745 W LAYTON AVENUE
MILWAUKEE WI 53221

BLB HEM IM / BLB HEM IM
414-933-5000
JAY E MENITOVE MD
1701 W WISCONSIN AVE
MILWAUKEE WI 53233

414-962-9207
DAVID C MERRILL
APT 113
222 W HAMPTON AVENUE
MILWAUKEE WI 53217

FP / FP
414-672-1353
KIM A MERRIMAN MD
1036 SOUTH 16TH STREET
MILWAUKEE WI 53204

OBG
414-425-3641
JOANNE E METOFF MD
10010 W EDGERTON AVE
HALES CORNERS WI 53130

414-259-8961
DAVID METZLER
APT 211
307 NORTH 95TH STREET
MILWAUKEE WI 53226

AN / AN
414-782-4832
THEODORE F MEYES MD
18310 BENNINGTON DRIVE
BROOKFIELD WI 53005

NS / NS
414-257-6465
GLENN A MEYER MD
16475 SHORELINE DRIVE
BROOKFIELD WI 53005

GPM PH / GPM
218-326-1174
JULES O MEYER MD
1124 E HERMITAGE ROAD
MILWAUKEE WI 53217

OPH
LARRY A MEYER MD
APT 4
8806 W MORGAN AVENUE
MILWAUKEE WI 53228

GS
NORBERT A MIKOLAJCZAK MD
9309 W HADLEY STREET
MILWAUKEE WI 53222

FP / FP
ILUMINADO M MILLAR MD
5631 W LINCOLN AVENUE
POST OFFICE BOX 19892A
WEST ALLIS WI 53219

ALLEN L MILLARD III
318 PLUMB
MILTON WI 53563

N P / N P
414-276-5474
FRANCIS J MILLEN MD
SUITE 3185
161 W WISCONSIN AVENUE
MILWAUKEE WI 53203

IM
414-771-7857
DEAN D MILLER MD
1945 WAUWATOSA AVENUE
MILWAUKEE WI 53213

EM FP / FP
EDWARD C W MILLER MD
3405 W PICAREY COURT
MEQUON WI 53092

D / D
414-332-5856
HAROLD L MILLER MD
1124 E LEXINGTON BLVD
MILWAUKEE WI 53217-5382

FP / FP
414-962-7477
JOHN J MILLER MD
1513 E CAPITOL DRIVE
SHOREWOOD WI 53211

FP
LEE E MILLER MD
APT 212
12000 W BLUEMOUND ROAD
WAUWATOSA WI 53226

FP
414-277-8198
MARSHA M MILLER MD
2077 N CAMBRIDGE AVE
MILWAUKEE WI 53202-1011

D / D
414-771-3030
PAMELA PARKE-MILLER MD
2500 N MAYFAIR ROAD
MILWAUKEE WI 53226

PD / PD
414-425-5660
ROBERT JOHN MILLER MD
11035 W FOREST HOME AV
HALES CORNERS WI 53130

NPM PD
GREGORY S MILLEVILLE MD
#309
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

EM
414-363-4264
DELBERT L MINER MD
803 BEULAH PARK ROAD
EAST TROY WI 53120

ORS
414-321-8960
JAMES E MINIKEL MD
5233 W MORGAN AVENUE
MILWAUKEE WI 53220

ORS / ORS
JEFFREY L MINIKEL MD
5233 WEST MORGAN AVE
MILWAUKEE WI 53220

414-873-3016
PAUL L MINOR
2366 NORTH 49TH STREET
MILWAUKEE WI 53210

CDS TS GS / TS
MAHMOOD MIRHOSEINI MD
SUITE 2006
3201 SOUTH 16TH STREET
MILWAUKEE WI 53215

IM
MARSHAL J MIRVISS MD
SUITE 117
1218 W KILBOURN AVENUE
MILWAUKEE WI 53233

FP EM
414-643-7448
SURESH K MISRA MD
3201 SOUTH 16TH STREET
MILWAUKEE WI 53215

PD
LEROY MITCHAM MD
4154 NORTH 15TH STREET
MILWAUKEE WI 53209

PD / PD
414-352-3100
MARK J MITCHELL MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

AN / AN
SAMIR K MITRA MD
3305 ARROYO ROAD
BROOKFIELD WI 53005

GS CDS / GS
RAM K MITTAL MD
100 15TH AVENUE
SOUTH MILWAUKEE WI
53172-1198

PM / PM
414-447-2208
WALTER L MODAFF MD
2545 LAMPLIGHTER LANE
BROOKFIELD WI 53005

FP / FP
414-931-8789
RITA D MODY MD
950 NORTH 35TH STREET
MILWAUKEE WI 53208

R / R
305-972-0037
MORRIS MOEL MD
APT 207
821 CYPRESS BOULEVARD
POMPANO BEACH FL 33060

IM PUD
414-671-7000
HERMES E MONATO MD
2400 W LINCOLN AVENUE
MILWAUKEE WI 53215

D / D
414-352-3100
EUGENE W MONROE MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

GS / GS
JOSE V MONTENEGRO III MD
POST OFFICE BOX 11-0
MILWAUKEE WI 53201

AN
414-781-0067
ARTEMIO M MONTES MD
3540 SHADY BROOK COURT
BROOKFIELD WI 53005

ORS / ORS
414-351-1344
ROBERT P MONTGOMERY MD
7065 N GREEN TREE CT
MILWAUKEE WI 53217

GPM FM
414-421-6724
TIMOTHY J S MOODY MD
3830 W RAWSON AVENUE
FRANKLIN WI 53132

IM A / IM
414-353-6645
M KELLOGG MOOKERJEE MD
9723 W BEECHWOOD AVE
MILWAUKEE WI 53224

P / P
217-886-2541
GEORGE E MOORE MD
ROUTE 1
ASHLAND IL 62612

OM
JOHN S MOORE MD
21730 RED FOX DRIVE
BROOKFIELD WI 53005

GP
414-463-9700
LLOYD W MOREY DO
4025 NORTH 92ND STREET
WAUWATOSA WI 53222

OTO / OTO
HOWARD V MORTER MD
RT 3 - BOX 3162
BLAIRSVILLE GA 30512

R / R
714-768-8876
SILVANUS A MORTON MD
4025 - 2G CALLE
SONORA ESTE
LAGUNA HILLS CA 92653

IM / IM
414-671-7000
MARK J MOSKOWITZ MD
2400 W LINCOLN AVENUE
MILWAUKEE WI 53215

IM / IM
414-352-3100
MICHAEL B MOSLETH MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

EM
DAVID H MOSS MD
5770 NORTH SHORE DRIVE
MILWAUKEE WI 53217

GS
414-774-1255
RICHARD O MOSSEY MD
2500 N 108TH STREET
MILWAUKEE WI 53226

GP GS
NAGHI MOTAMEDI MD
SUITE 415
1218 W KILBOURN STREET
MILWAUKEE WI 53233

FP / FP
RAYMOND W MOY MD
6917 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

ORS / ORS
414-711-8228
CARL F MOYER MD
12011 W NORTH AVENUE
MILWAUKEE WI 53226

IM
TIMOTHY J MOYNIHAN MD
APT 204
8317 WEST HOWARD
GREENFIELD WI 53220

GP
414-482-2740
CHESTER J MROCZKOWSKI MD
2352 S KINNICKINNIC AV
MILWAUKEE WI 53207

JEFFREY MUELLER MD
1746 NORTH 73RD STREET
MILWAUKEE WI 53213-2215

GS / GS
414-476-9592
JOSEPH J MUELLER MD
SUITE 401
2500 N 108TH STREET
MILWAUKEE WI 53226

LORI MUELLER
4730 W GREENVILLE DR
APPLETON WI 54915

PH PUD
800-529-1836
NINA T MUELLER MD
A-210
S77 W12929 MC SHANE RD
HALES CORNERS WI 53130

NS / NS
JOSEPH A MUESON MD
1610 N PROSPECT AVENUE
MILWAUKEE WI 53202

414-527-4885
JANET MUHICH
7352 W POTOMAC AVENUE
MILWAUKEE WI 53216

OBG / OBG
GERALD L MULLANEY JR MD
5631 NORTH MOHAWK ROAD
MILWAUKEE WI 53217

TS CDS GS / TS CD GS
414-649-3990
DONALD C MULLEN MD
2901 W KK RIVER PKY
MILWAUKEE WI 53215

IM
414-463-6350
JOHN P MULLOOLY MD
8430 W CAPITOL DRIVE
MILWAUKEE WI 53222

GS CDS / GS
414-327-3120
GERALD A MUNDSCHAU MD
5757 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

IM / IM
GEORGE A MUNKWITZ MD
NO 801
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

GP IM
GEORGE V MURPHY MD
100 15TH AVENUE
SOUTH MILWAUKEE WI 53172

N PD / N PD
414-342-4400
JEROME V MURPHY MD
SUITE 702
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

IM FM
414-463-4400
THOMAS J MURPHY MD
7114 W CAPITOL DRIVE
MILWAUKEE WI 53216

414-774-6633
EDNAN MUSHTAQ
710 NORTH 76TH STREET
MILWAUKEE WI 53213

IM
414-774-7186
DAVID A NAGELHOUT MD
1264 KAVANAUGH PLACE
WAUWATOSA WI 53213

PD END / PD
414-442-8422
B RAMACHANDRAN NAIR MD
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

GS CDS OS / GS
414-282-7575
BAHRAM NAMDARI MD
6000 SOUTH 27TH STREET
MILWAUKEE WI 53221

TS GS / TS GS
414-962-6300
BENJAMIN G NARODICK MD
6018 NORTH LAKE DRIVE
MILWAUKEE WI 53217

OPH / OPH
414-475-7698
KAMAL F NASSIF MD
SUITE 955
2600 N MAYFAIR ROAD
MILWAUKEE WI 53226

N / N
DENIS C NATHAN MD
2002 W HOWARD AVENUE
MILWAUKEE WI 53221

N IM / PN
414-461-9560
PAUL A NAUSIEDA MD
2025 EAST NEWPORT AVE
MILWAUKEE WI 53211

AN FP
GREGORY S NAZE MD
4010 MAPLE DALE COURT
WISCONSIN RAPIDS WI 54494

414-264-6217
LONZETTA NEAL
1212 EAST CHAMBERS
MILWAUKEE WI 53212

R / R
414-421-3347
JAMES R NELLEN MD
6287 PARKVIEW ROAD
GREENDALE WI 53129

ORS / ORS
SAM P NESEMANN MD
9400 W LINCOLN AVENUE
WEST ALLIS WI 53227

414-637-0386
REBEKHA NEU
2016 CARTER STREET
RACINE WI 53402

GS / GS
414-933-4023
ZEBEDEE J NEVELS MD
2130 W FOND DU LAC AVE
MILWAUKEE WI 53206

IM NEP / IM
MARGARET NEWTON MD
POST OFFICE BOX 11378
SHOREWOOD WI 53211

FP / FP
414-744-6589
GREGORY M NIERENGARTEN DO
3821 S HOWELL AVENUE
MILWAUKEE WI 53207

GP GS
PAUL J NILAND MD
2570 SOUTH SHORE DRIVE
MILWAUKEE WI 53207

IM
414-476-4630
ROBERT A NIMZ MD
4921 W WISCONSIN AVE
MILWAUKEE WI 53208

414-259-0629
LEANN NITSCHKE
APT 1
946 GLENVIEW AVENUE
WAUWATOSA WI 53213

P
414-271-5555
GILBERT J NOCK JR MD
2350 NORTH LAKE DRIVE
MILWAUKEE WI 53211

OTO / OTO
PATRICK J NOONAN MD
10520 NORTH PORT
WASHINGTON ROAD
MEQUON WI 53092

ORS GS / ORS
STEPHEN L NORD MD
3003 W GOOD HOPE ROAD
MILWAUKEE WI 53217

FP / FP
414-425-5566
JOHN R NORDIN MD
6080 S 108TH STREET
HALES CORNERS WI 53130

P
414-258-2600
ARTHUR G NORRIS MD
1220 DEWEY AVENUE
MILWAUKEE WI 53213

GP
414-463-4550
JOSEPH P NOTHUM MD
4847 N HOPKINS STREET
MILWAUKEE WI 53209

N IM / IM
414-352-3100
MARC J NOVOM MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

IM CD
ARMANDO N NUNAG MD
3533 E RAMSEY AVENUE
CUDAHY WI 53110

IM
414-769-9760
D'JAHLMA A NUYDA MD
5854 S PACKARD AVENUE
CUDAHY WI 53110

A D
414-962-3824
HAROLD H OBERFELD MD
APT 808
3909 N MURRAY AVENUE
MILWAUKEE WI 53211

IM / IM
JAMES R O'CONNELL MD
3201 SOUTH 16TH STREET
MILWAUKEE WI 53215

IM
414-962-6993
MARY C O'CONNOR MD
APT 12
3833 NORTH OAKLAND
SHOREWOOD WI 53211

FP OS / FP
THOMAS A O'CONNOR MD
1363 N PROSPECT AVENUE
MILWAUKEE WI 53202

TS CD GS / TS GS
THOMAS M O'CONNOR MD
POST OFFICE BOX 5146
ELM GROVE WI 53122-5146

OM
414-671-7000
MICHAEL G O'GRADY MD
2400 W LINCOLN AVENUE
MILWAUKEE WI 53215

OPH / OPH
414-933-3795
KENNETH W OLANDER, PhD MD
SUITE 601
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

GS / GS
VIGGO B OLSEN MD
PO MALUMGHAT HOSPITAL
DISTRICT COX'S BAZAR
BANGLADESH

TR / TR
414-225-8085
CARL E OLSON MD
9910 NORTH COREY LANE
MEQUON WI 53092

IM / IM
414-541-5477
CARROLL R OLSON MD
SUITE 202
2400 SOUTH 90TH STREET
WEST ALLIS WI 53227

FP
DAVID C OLSON
RT 1 BOX S-15
WEST SALEM WI 54669

HS ORS / ORS
414-377-8332
DAVID WALTER OLSON MD
1262 LIZBETH LANE
CEDARBURG WI 53012

EM GS ORS / GS
414-241-3635
DAVID WILLIAM OLSON MD
10208 ASTER LANE, 1W
MEQUON WI 53092-6153

AN
IRENE R OLSON MD
3890 OAK PARK ROAD
DEERFIELD WI 53531

IM P
414-444-7559
SUSAN J OLSON MD
2941-A N 56TH STREET
MILWAUKEE WI 53210

STEVEN D O'MARRO MD
3457 NORTH 45TH STREET
MILWAUKEE WI 53216

IM GE / IM GE
414-271-6800
PHILIP B O'NEILL MD
SUITE 200
525 EAST WELLS STREET
MILWAUKEE WI 53202

IM
GIDEON A OREN MD
3975 NORTH 68TH STREET
MILWAUKEE WI 53216

P / P
414-327-3230
EDNA F ORIGENES MD
7635 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

JANET L OSBORNE
2411 NORTH 54TH STREET
MILWAUKEE WI 53210

GP
HAROLD H OTTENSTEIN MD
5265 NORTH LAKE DRIVE
MILWAUKEE WI 53217-5371

414-228-7947
MARY F OTTERSON MD
1930 WEST BIRCH COURT
MILWAUKEE WI 53209

U / U
414-344-3700
SAMUEL J OTTO MD
SUITE 401
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

GS / GS
DAVID W OVITT MD
4648 N WOODBURN STREET
MILWAUKEE WI 53211

IM / IM
414-963-1030
NICHOLAS L OWEN MD
SUITE 208
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

AN
414-257-6269
RUSSELL H OWEN MD
SUITE 533
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

OPH / OPH
ANDREW J OWENS MD
13335 NICOLET AVENUE
ELM GROVE WI 53122

IM / IM
JEANNA L OWENS MD
2811 SUSSEX LANE
WAUKESHA WI 53188

GS CDS
414-321-8350
ANDREW M OWSIAK MD
5810 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

BRIAN PADRTA
9123 W WATERFORD SQ N
GREENFIELD WI 53228

OBG
ANTHONY C PAGEDAS MD
11035 W FOREST HOME AV
HALES CORNERS WI 53130

ORS / ORS
414-321-2255
THOMAS C PAGEDAS MD
9400 W LINCOLN AVENUE
WEST ALLIS WI 53227

414-475-0327
PAUL S PAGEL
2210 N 71ST STREET
WAUWATOSA WI 53213

FP / FP
414-933-3600
RUTA M PAKALNS MD
7405 W WELLAUER DRIVE
MILWAUKEE WI 53213

GP
JOSE M PALISOC JR MD
3122 SOUTH 13TH STREET
MILWAUKEE WI 53215

GP U
414-351-3350
FRANK J PALLASCH MD
APT 148
425 WEST WILLOW COURT
FOX POINT WI 53217

CD / CD
THOMAS E PALMER MD
SUITE 601
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

PTH / PTH
414-527-8407
JAMES T PALOUCEK MD
2400 W VILLARD AVENUE
MILWAUKEE WI 53209

IM / IM
414-278-3521
CONSTANTINE PANAGIS MD
841 NORTH BROADWAY
MILWAUKEE WI 53202

U / U
ANDREW A PANDAZI MD
811 E WISCONSIN AVENUE
MILWAUKEE WI 53202

GS
414-931-7600
ANTONIO G PANGILINAN MD
500 NORTH 19TH STREET
MILWAUKEE WI 53233

DR NM / DR NM
RICHARD M PANISH MD
POST OFFICE BOX 1644
MILWAUKEE WI 53201

IM GER / IM
414-289-8024
F PANNILL III MD
950 NORTH 12TH STREET
MILWAUKEE WI 53201

OBG
LOUIS J PAQUETTE MD
105 W SILVER SPRING DR
MILWAUKEE WI 53217

OBG / OBG
414-276-3325
JAZMIN D PARCON MD
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

IM CD / IM CD
414-453-5870
GERARD T PARENT MD
6745 WEST WELLS STREET
WAUWATOSA WI 53213

PD N
414-462-8432
ANGELO D PARIS MD
5368B N LOVERS LANE
MILWAUKEE WI 53225

N / N
STEVEN H PARK MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

OBG
EDWARD C PARKER MD
SUITE 210
2400 SOUTH 90TH STREET
WEST ALLIS WI 53227

IM GE / IM GE
414-447-6622
HARRISON W PARKER MD
SUITE 507
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

OBG
WAYMAN PARKER MD
2003 W CAPITOL DRIVE
MILWAUKEE WI 53206

IM / IM
414-645-2811
ABBAS PARSA MD
3201 SOUTH 16TH STREET
MILWAUKEE WI 53215

PH FP OM / GPM PH
414-278-3637
PETER J PARTHUM MPH MD
S63 W14899 GARDEN TER
MUSKEGO WI 53150

VS CS
ALLAN R PASCH MD
SUITE 203
2350 W VILLARD AVENUE
MILWAUKEE WI 53209

414-453-7916
ATULKUMAR PATEL
APT 8
11151 MEINECKE AVENUE
WAUWATOSA WI 53226

P CHP / P CHP
414-289-9560
MUNI H PATEL MD
2350 NORTH LAKE DRIVE
MILWAUKEE WI 53211-4507

P
414-258-2600
JUNE C PATRICK DO
1220 DEWEY AVENUE
WAUWATOSA WI 53213

GS ABS
414-782-8822
THEODORE M PAULBECK MD
14480 WESTOVER ROAD
ELM GROVE WI 53122

FP
JUDITH A PAUWELS MD
222 PARK AVENUE
PEWAUKEE WI 53072

IM RHU / IM RHU
414-785-0777
LARRY C PEARSON MD
6541 N BRAEBURN LANE
GLENDALE WI 53209

CDS TS
414-278-7600
PABLO M PEDRAZA MD
SUITE 901
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211-4578

GP
608-274-4622
THOMAS P PELINO DO
DEPT OF ANETHESIOLOGY
202 SOUTH PARK STREET
MADISON WI 53715

OBG / OBG
PHILIP C PELLAND MD
2457 N MAYFAIR ROAD
MILWAUKEE WI 53226

PTH / PTH
JORGE G PELLEGRINI MD
2900 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

GS OS / GS
THOMAS J PENDERGAST MD
2460 NORTH 96TH STREET
WAUWATOSA WI 53226

PD / PD
414-453-3420
ARCHEBALD R PEQUET MD
10425 W NORTH AVENUE
MILWAUKEE WI 53226

EM
414-961-2481
ROBERT PERCHIK MD
2715 N SHEPARD AVENUE
MILWAUKEE WI 53211

LEONEL E PEREZ
APT 4
2340 NORTH 51ST STREET
MILWAUKEE WI 53210

OBG / OBG
414-964-9123
SAMUEL G PERLSON MD
4831 N ARDMORE AVENUE
MILWAUKEE WI 53217

IM
PAUL A PETERSON
8700 W WISCONSIN AVE
WAUWATOSA WI 53226

414-444-7106
JAMES E PETRE
APT C
5305 WEST CENTER
MILWAUKEE WI 53210

GS
414-671-7000
NANCY B PETRO MD
2400 WEST LINCOLN AVE
MILWAUKEE WI 53215

GS / GS
WILLIAM M PFEIFER MD
937 WEST SHAKER CIRCLE
98N MEQUON WI 53092

KENNETH J PHILLIPS JR
UNIT 304
2800 N LAKESHORE DRIVE
CHICAGO IL 60657-6201

PTH CLP / PTH AP CLP
414-937-2166
MICHAEL PHILLIPS MD
POST OFFICE BOX 11-0
MILWAUKEE WI 53201

PTH NM / PTH NM
WILLIAM J PIER JR MD
2728 NORTH PARK DRIVE
WAUWATOSA WI 53222

IM
414-541-7900
JAMES V PILLIOD MD
SUITE 208
2400 SOUTH 90TH STREET
MILWAUKEE WI 53227

D OM / D
414-964-9030
ROBERT B PITTELKOW MD
115 W SILVER SPRING DR
MILWAUKEE WI 53217

PS GS / PS GS
414-258-8860
ALAN L POHL MD
SUITE 111
10425 W NORTH AVENUE
MILWAUKEE WI 53226

R / R
414-352-3100
CAROL C POHL MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

D / D
414-961-7330
EDWARD L POHLE MD
SUITE 603
3970 N OAKLAND AVENUE
MILWAUKEE WI 53211

IM / IM
414-272-8950
HERBERT W POHLE MD
SUITE 300
788 N JEFFERSON STREET
MILWAUKEE WI 53202

IM NM / IM NM
414-961-3300
GUENTHER P POHLMANN MD
2025 E NEWPORT AVENUE
MILWAUKEE WI 53211

IM / IM
GERALD W POINDEXTER MD
4259 EAST OAKWOOD ROAD
OAK CREEK WI 53154

PD / PD
414-964-1140
LARRY J POLACHECK MD
710 E SILVER SPRING DR
MILWAUKEE WI 53217

PD / PD
414-352-8900
WALTER S POLACHECK MD
721 EAST DAISY LANE
MILWAUKEE WI 53217

IM DIA / IM
414-352-3100
MAYNARD D POLAND MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

GS
414-671-7000
MARVIN POLL MD
2400 W LINCOLN AVENUE
MILWAUKEE WI 53215

P PYA
SAUL K POLLACK MD
700 NORTH WATER STREET
MILWAUKEE WI 53202

U / U
414-344-3360
RANDLE E POLLARD MD
SUITE 508
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

GP GS
414-462-4929
ALBERT POPP MD
5272 NORTH 27TH STREET
MILWAUKEE WI 53209

OBG / OBG
414-778-0074
TOD J POREMSKI MD
2500 N MAYFAIR ROAD
WAUWATOSA WI 53226

414-476-0616
JEFFERY S POSTLES
APT 3
8536 WATERTOWN PK RD
MILWAUKEE WI 53226

PD
414-778-0271
CATHERINE D POTERACK MD
10315 NORTH AVENUE
WAUWATOSA WI 53226

FP / FP
WILLIAM B POTOS MD
3533 E RANSEY AVENUE
CUDAHY WI 53110

414-786-2477
GREGORY POWELL
12580 W WILBER DRIVE
NEW BERLIN WI 53151

AN
PHILIP F POWONDRA MD
2560 SOUTH 78TH STREET
WEST ALLIS WI 53219

FP EM
PODEROSO G PRADO MD
ROUTE 2, BOX 179
PALMYRA WI 53156

IM NEP / IM NEP
414-276-1007
D RAO PRASAD MD
SUITE 915
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

IM RHU / IM
414-276-1007
JAYA C PRASAD MD
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

NM NR R / NM NR R
414-527-8108
DANIEL J PRICE MD
2400 W VILLARD AVENUE
MILWAUKEE WI 53209

PD / PD
THOMAS A PRIER MD
3970 LILLY ROAD
BROOKFIELD WI 53005

414-453-2691
DALE PROKUPEK
1840 - 56TH STREET
MILWAUKEE WI 53208

ORS / ORS
JOHN T PROPSOM MD
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

OTO HNS / OTO
414-447-6700
WILLIAM F PRUDLOW MD
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

IM / IM
414-527-3869
THOMAS C PUCHNER JR MD
APT 201
8873 WEST POTOMAC
MILWAUKEE WI 53225

AI PD / AI PD
414-271-3700
JAMES M PUGELY MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

ORS
DOMENIC J PULITO MD
4034A N LARKIN STREET
MILWAUKEE WI 53211

FP PYM
FRANK J PULITO MD
6145 NORTH LAKE DRIVE
MILWAUKEE WI 53217

GP
414-342-4126
ROBERT F PURTELL MD
3316 W WISCONSIN AVE
MILWAUKEE WI 53208

FP / FP
414-342-4126
ROBERT F PURTELL JR MD
3316 W WISCONSIN AVE
MILWAUKEE WI 53208

AN
414-352-1897
ANDRES F QUITZON MD
2245 W BRANTWOOD AVE
MILWAUKEE WI 53209

PTH / AP CLP
414-649-7331
IJAZ N QURESHI MD
2900 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

AN / AN
414-352-8567
WILLIAM R RABENN MD
7607 N LONGVIEW DRIVE
MILWAUKEE WI 53209

GS / GS
414-272-1404
FRED S RACADIO MD
1218 W KILBOURN AVENUE
MILWAUKEE WI 53233

PD
414-671-7000
RUTH M RADEMACHER MD
2400 W LINCOLN AVENUE
MILWAUKEE WI 53215

NPM PD / PD
414-447-2467
STEPHEN C RAGATZ MD
SUITE 309
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

AN / AN
MOHINI K RAISINGHANI MD
12320 WEST OHIO AVENUE
WEST ALLIS WI 53227

P
ROBERT W RAKOW MD
2555-17 N LAKE DRIVE
MILWAUKEE WI 53211

AN / AN
414-351-3159
REUF RAMIC MD
2420 W APPLEWOOD LANE
MILWAUKEE WI 53209

IM
414-352-3100
HARRY R RAMSEY MD
3003 W GOOD HOPE ROAD
MILWAUKEE WI 53217

IM
HAROLD RAND MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

OPH OTO
RALPH T RANK MD
4620 N BARTLETT AVENUE
MILWAUKEE WI 53211

R / R
JAMES J RANKIN MD
2090 DE CHATEAU DRIVE
BROOKFIELD WI 53005

PD PHO / PD PHO
414-271-3700
L MOHAN RAO MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

IM
VELUVOLU K RAO MD
1672 S NINTH STREET
MILWAUKEE WI 53204

PUD IM / PUD
414-289-8670
MARC RASANSKY MD
#511
1218 WEST KILBOURN
MILWAUKEE WI 53233

R / R
CORNELIUS J RATER MD
5818 NORTH SHORE DRIVE
MILWAUKEE WI 53217

ORS / ORS
EDWARD K RATH MD
5233 W MORGAN AVENUE
MILWAUKEE WI 53220

P / P
DONALD RATKE MD
8080 NORTH BEACH DRIVE
MILWAUKEE WI 53217

IM
LEONARD C RAUEN MD
3003 W GOOD HOPE ROAD
MILWAUKEE WI 53217

PTH / PTH
414-937-5041
HENRY V RAVELO MD
DEPT OF PATHOLOGY
2200 W KILBOURN AVENUE
MILWAUKEE WI 53233

PD / PD
414-271-3700
LALITHA C RAYAN MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

R / R
414-527-8108
DOUGLAS A REASA MD
2400 W VILLARD AVENUE
MILWAUKEE WI 53209

PM / PM
414-259-1414
NANJAPPAREDDY M REDDY MD
1000 NORTH 92ND STREET
MILWAUKEE WI 53226

FP
414-481-4897
KENNETH C REDLIN MD
2319 EAST EUCLID AVE
MILWAUKEE WI 53207

GS
RUSSELL R REDLIN MD
52630 EISENHOWER DRIVE
LA QUINTA CA 92253

P
ALAN E REED JR MD
SUITE 260
400 W SILVER SPRING DR
MILWAUKEE WI 53217

OPH / OPH
414-276-4071
FREDERICK H REESER JR MD
SUITE 707
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

IM GE / IM GE
414-272-8950
PATRICK T REGAN MD
SUITE 300
788 N JEFFERSON ST
MILWAUKEE WI 53202

FP / FP
414-245-6884
PAUL HAROLD REHNSTROM DO
RR #4
POST OFFICE BOX 1023
LAKE GENEVA WI 53147

IM
LUKE F REHRAUER MD
3003 W GOOD HOPE ROAD
MILWAUKEE WI 53217

CD IM / CD IM
414-259-8001
MICHAEL S REID MD
SUITE 104
2457 N MAYFAIR ROAD
MILWAUKEE WI 53226-1405

GS / GS
414-774-6130
WILLIAM E REIFENRATH MD
10425 W NORTH AVENUE
MILWAUKEE WI 53226

OBG / OBG
414-774-9322
ROBERT P REIK MD
SUITE 226
10425 W NORTH AVENUE
WAUWATOSA WI 53226

IM
414-449-9975
GREGORY REISER MD
3245 NORTH 89TH STREET
MILWAUKEE WI 53222

EM / EM
414-961-3508
THOMAS A REMINGA MD
2025 E NEWPORT AVENUE
MILWAUKEE WI 53211

CDS TS GS / TS GS
414-258-0670
CHARLES F REUBEN MD
SUITE 795
2300 N MAYFAIR ROAD
WAUWATOSA WI 53226

AN / AN
414-781-2125
PRIMITIVO I REYNALDO MD
3835 FRESNO ROAD
BROOKFIELD WI 53005

N / PN
414-289-8099
NORMAN C REYNOLDS JR MD
950 NORTH 12TH STREET
MILWAUKEE WI 53233

OBG / OBG
414-462-6677
YONG HEE RHEE MD
2350 W VILLARD AVENUE
MILWAUKEE WI 53209-4999

414-425-1799
LUCIA M RICCI
113/4 ARROWHEAD TRAIL
HALES CORNERS WI 53130

U
305-286-6695
IGNATIUS J RICCIARDI MD
6531 S FEDERAL HIGHWAY
N105
STUART FL 33497

IM CD / IM
414-272-1393
RAYMOND L RICE MD
700 NORTH WATER STREET
MILWAUKEE WI 53202

TR
414-649-6420
MARCIA J S RICHARDS MD
DEPT OF RAD ONCOLOGY
2900 W OKLAHOMA AVENUE
MILWAUKEE WI 53215-0003

GP / GP
HAROLD K RICHES DO
3044 SOUTH 92ND STREET
WEST ALLIS WI 53227

OPH / OPH
414-278-7500
JOHN E RIDLEY III MD
SUITE 1001
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

GS / GS
414-774-1919
JAN RIECAN MD
2845 NORTH 98TH STREET
MILWAUKEE WI 53222

IM NEP / IM NEP
414-289-8080
RICHARD E RIESELBACH MD
POST OFFICE BOX 342
MILWAUKEE WI 53201

P
414-765-9535
MARC E RITSEMA DO
#705
788 N JEFFERSON STREET
MILWAUKEE WI 53202

IM
414-453-4848
MANUEL A RIVERA MD
5623 W WASHINGTON BLVD
MILWAUKEE WI 53208-1648

IM / IM
DONALD G ROACH MD
12011 W NORTH AVENUE
WAUWATOSA WI 53226

IM GE
414-342-1202
JAMES E ROBINSON MD
SUITE 780
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

EM
608-829-3132
JONATHAN ROBINSON MD
201 NORTH WESTFIELD
MADISON WI 53717

PD
414-541-9900
JUDY H RODEWALD MD
10243 W NATIONAL AVE
WEST ALLIS WI 53227

GS CDS / GS
414-344-4211
RICHARD E RODGERS MD
SUITE 503
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

IM / IM
PATRICK A ROE MD
360 W NOKOMIS COURT
FOX POINT WI 53217

414-257-3015
ROBERT J ROENIUS
GLENAIRE APTS #17
919 GLENVIEW AVENUE
WAUWATOSA WI 53213

CD / CD
414-276-8586
JEFFREY ROGERS MD
SUITE 4005
161 W WISCONSIN AVENUE
MILWAUKEE WI 53203

OBG / OBG
414-321-9111
JOHN C ROGERS MD
3738 SOUTH 60TH STREET
MILWAUKEE WI 53220-1950

OTO GS / OTO
414-281-0602
RUBEN P ROMERO MD
2745 W LAYTON AVENUE
MILWAUKEE WI 53221

OPH / OPH
414-782-5346
GEORGE J RONCKE MD
1650 LINDHURST COURT
ELM GROVE WI 53122-1747

GYN
MONA ROSE MD
APT 814
1732 N PROSPECT AVENUE
MILWAUKEE WI 53202-1942

DR R / R
414-961-8732
QUENTIN F ROSE MD
3481 NORTH LAKE DRIVE
MILWAUKEE WI 53211

FP / FP
414-449-0404
WILLIAM R ROSE MD
3518 W FOND DU LAC AVE
MILWAUKEE WI 53216

414-257-0057
BARRY J ROSEMAN
10416 FISHER PARKWAY
MILWAUKEE WI 53226

LAURA B ROSEMAN
66 SAMOSET AVENUE
HULL MA 02045-2514

IM
414-355-6582
LEON B ROSEN MD
8225 NORTH 52ND STREET
BROWN DEER WI 53223

PD / PD
414-466-9530
DAVID M ROSENBERG DO
3975 NORTH 68TH STREET
MILWAUKEE WI 53216

FP / FP
414-225-8291
LOUIS R ROSIN MD
3435 PILGRIM ROAD
BROOKFIELD WI 53005

GS PS ON / GS
414-543-9240
TERENCE V ROTH MD
8410 W CLEVELAND AVE
WEST ALLIS WI 53227

CLP / PTH
DAVID J ROTHWELL MD
2025 E NEWPORT AVENUE
MILWAUKEE WI 53211

GP
EARLE J ROTTER MD
22557 ESPLANADA DRIVE
BOCA RATON FL 33433

ORS / ORS
FRANCIS J ROTTER MD
9094 NORTH LAKE DRIVE
MILWAUKEE WI 53217

AN / AN
WILLIAM C ROUMAN MD
6300 NORTH PORT
WASHINGTON ROAD
MILWAUKEE WI 53217

IM / IM
414-476-9440
OWEN ROYCE JR MD
2222 N MAYFAIR ROAD
MILWAUKEE WI 53226

D / D
414-271-3436
DONALD M RUCH MD
SUITE 1435
111 E WISCONSIN AVENUE
MILWAUKEE WI 53202

414-259-1756
LAUREL RUDOLPH
APT 3
9446 W MITCHELL AVENUE
WEST ALLIS WI 53214

IM / IM
414-257-7027
ROGER L RUEHL MD
BUILDING 3
9455 WATERTOWN PLANK
MILWAUKEE WI 53226

IM NM / IM
PHILIP P RUETZ MD
5000 W NATIONAL AVENUE
MILWAUKEE WI 53295

IM A
LOUIS L RUFF MD
SUITE 725
2300 N MAYFAIR ROAD
MILWAUKEE WI 53226

DR R / R
414-352-3100
ROBERT S RUGGERO MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

GP
GORDON RUMHOFF MD
2904 S STRATTON DRIVE
MILAUKEE WI 53219

414-774-6744
LUCY RUNDE
APT 205
309 NORTH 95TH STREET
MILWAUKEE WI 53226

AN
JAMES R RUSCH MD
2365 WOODMOOR LANE
BROOKFIELD WI 53005

AN
RICHARD L RUSCH MD
2977 NORTH 50TH STREET
MILWAUKEE WI 53210

D / D
THOMAS J RUSSELL MD
2901 W KK RIVER PKWY
MILWAUKEE WI 53215

IM
414-351-2778
SUSAN K RUSSLER MD
6849 N BARNETT LANE
MILWAUKEE WI 53217

OPH / OPH
414-257-5106
MARK S RUTTUM MD
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

GP ORG
PAUL W RYAN MD
1509 COACHMAN DRIVE
MOUNTAIN HOME AR 72653

ORS / ORS
THOMAS E RYAN MD
POST OFFICE BOX 17532
WHITEFISH BAY WI 53217

ORS / ORS
414-321-8960
JAMES A RYDLEWICZ MD
5233 W MORGAN AVENUE
MILWAUKEE WI 53220

R / R
AUGUST F RYMUT JR MD
633 E LAKE VIEW AVENUE
WHITEFISH BAY WI 53217

P
414-258-2600
KRYSTYNA D RYTEL MD
1220 DEWEY AVENUE
WAUWATOSA WI 53213

OBG / OBG
414-276-4526
MORRIS H SABLE MD
SUITE 301
788 N JEFFERSON STREET
MILWAUKEE WI 53202

ORS
HARRY B SADOFF MD
BUILDING A APT 228
500 WEST BRADLEY ROAD
FOX POINT WI 53217

CD / CD IM
414-271-3740
ALI A SADOUGHIAN MD
SUITE 919
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

TS CDS / TS
414-271-8400
SAED F SAEDI MD
SUITE 1007
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

FP
414-453-1708
STEWART W SAHLBERG DO
622 NORTH 99TH STREET
WAUWATOSA WI 53226

IM
ROBERT P SAICHEK MD
NO 314
1218 W KILBOURN STREET
MILWAUKEE WI 53233

GS PDS / PDS
303-421-5868
SHIMPEI SAKAGUCHI MD
6684 DEFRAME COURT
ARVADA CO 80004

414-258-1469
DAVID J SALAMA
APT 244
315 NORTH 95TH STREET
MILWAUKEE WI 53226

CHP P
EZZELDIN M SALAMA MD
SUITE 504
2350 NORTH LAKE DRIVE
MILWAUKEE WI 53211

PTH / PTH
THOMAS G SAMTER MD
POST OFFICE BOX 342
MILWAUKEE WI 53201

OTO MFS
414-287-0602
MARTIN E SAMUEL DDS MD
2745 W LAYTON AVENUE
MILWAUKEE WI 53221

414-453-0751
JAMES W SANDBERG
APT 7
9131 WEST DIXON STREET
MILWAUKEE WI 53214

GP
414-372-4230
ARTHUR C SANDERS JR MD
2545 N TEUTONIA AVENUE
MILWAUKEE WI 53206

414-476-6914
SUKHWINDER S SANDHU
1236 NORTH 71ST STREET
WAUWATOSA WI 53213

CD PUD / IM
RAYNALDO G SANDOVAL MD
SUITE 754
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

FP / FP
414-352-5457
ANTHONY J SANFELIPPO MD
2420 WEST DEAN ROAD
MILWAUKEE WI 53217

PS GS / PS GS
414-259-3094
JAMES R SANGER MD
9200 W WISCONSIN AVE
MILWAUKEE WI 53226

AN / AN
SUSAN L SANTELLE MD
3103 E HAMPSHIRE ST
MILWAUKEE WI 53211

IM
414-352-3100
ROBERT J SANTILLI MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

OBG / OBG
414-289-8259
GLORIA E SARTO MD
950 NORTH 12TH STREET
POST OFFICE BOX 342
MILWAUKEE WI 53201-0342

GS / GS
414-272-4629
MARVIN E SATTLER MD
SUITE 401
1218 W KILBOURN AVENUE
MILWAUKEE WI 53233

GS / GVS
KENDALL E SAUTER MD
SUITE 501
2500 N MAYFAIR ROAD
MILWAUKEE WI 53226

GS / GS
ALLEN J SAVITT MD
2400 SOUTH 90TH STREET
WEST ALLIS WI 53227

OPH / OPH
414-273-4225
THOMAS R SAWYER MD
811 E WISCONSIN AVENUE
MILWAUKEE WI 53202

FP
414-541-7264
KENNETH M SAYDEL DO
2572 SOUTH 76TH STREET
WEST ALLIS WI 53219

GE IM
414-782-7932
WALTER J SCHACHT MD
1320 VICTORIA CIRCLE S
POST OFFICE BOX 671
ELM GROVE WI 53122-0671

AN
414-771-9777
RICHARD M SCHAEFER
6639 WEST LLOYD STREET
MILWAUKEE WI 53213-2024

N P / N
414-351-3757
BERNARD S SCHAEFFER MD
APT A-128
500 WEST BRADLEY ROAD
MILWAUKEE WI 53217

FP
PAUL SCHAITAUER MD
1717 NORTH 36TH
MILWAUKEE WI 53208

R / R
414-225-8160
JAMES A SCHELBLE MD
1111 EAST LILAC LANE
MILWAUKEE WI 53217

IM / IM
414-271-3700
FRANCIS G SCHERMAN MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

IM / IM
414-257-5222
DAVID L SCHIEDERMAYER MD
INTERNAL MED BOX 135
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

IM PUD / IM PUD
414-257-6355
DONALD P SCHLUETER MD
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

AN / AN
414-351-5252
KAREN S SCHMAHL MD
1925 WEST DEAN ROAD
MILWAUKEE WI 53217

CDS TS / TS GS
414-647-1120
TERENCE M SCHMAHL MD
2901 WEST KINNICKINNIC
RIVER PARKWAY
MILWAUKEE WI 53215

IM
414-463-1158
MICHAEL J SCHMALZ MD
3827 NORTH 80TH STREET
MILWAUKEE WI 53222

ORS
414-771-4755
GREGORY J SCHMELING MD
1513 ST CHARLES STREET
WAUWATOSA WI 53213

R / R
CHARLES E SCHMIDT MD
16569 BOCA DELRAY DR
DELRAY BEACH FL 33445

OTO
FREDERIC W SCHMIDT MD
8131 GRIDLEY AVENUE
WAUWATOSA WI 53213

OPH / OPH OTO
414-332-7270
HERBERT G SCHMIDT MD
2710 E NEWTON AVENUE
MILWAUKEE WI 53211

IM EM
414-771-0743
RANDALL W SCHMIDT MD
845 NORTH 60TH STREET
WAUWATOSA WI 53213

GS CDS / GS GVS
414-352-3100
ROBERT M SCHMIDT MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

414-442-2221
ROBERT S SCHMIDT
10941 WEST LANGLADE
MILWAUKEE WI 53223

ORS
414-771-5218
TODD A SCHMIDT MD
2509 NORTH 67TH STREET
WAUWATOSA WI 53213

DAVID DALE SCHMITT MD
8330 CURRIE AVENUE
WAUWATOSA WI 53226

PTH CLP / PTH CLP
414-649-7335
KARL W SCHMITT MD
DEPT OF LABORATORY MED
2900 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

PD / PD
DONNA L SCHMITZ MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

GYN
JOHN I SCHMITZ MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

IM / IM
414-546-1130
GEORGE R SCHNEIDER MD
9330 W LINCOLN AVENUE
WEST ALLIS WI 53227

ORS
414-257-2198
WILLIAM F SCHNELL MD
1821 NORTH 51ST
MILWAUKEE WI 53208

414-771-1139
HENRY J SCHNITZLER JR
8426 WEST NORTH AVENUE
MILWAUKEE WI 53226

AI
BERT B SCHOENKERMAN MD
APT 109
6575 N GREEN BAY AVE
MILWAUKEE WI 53209

OPH / OPH
414-453-7171
JEAN H SCHOTT MD
SUITE 508
2500 N MAYFAIR ROAD
MILWAUKEE WI 53226

GS / GS
414-964-4247
CHARLES M SCHROEDER MD
3927 N RIDGEFIELD CIR
SHOREWOOD WI 53211

EM
RUDOLPH J SCHROEDER MD
9161 WEST FIELDING
MILWAUKEE WI 53217

ON IM / MON IM
414-352-3100
MICHAEL W SCHUETZ MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

FP / FP
414-769-6600
RONALD E SCHULGIT MD
3533 EAST RAMSEY AVE
CUDAHY WI 53110

OPH / OPH
414-257-5082
RICHARD O SCHULTZ MD
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

CRS / CRS
LEONARD J SCHWADE MD
923 CEDAR RIDGE COURT
MEQUON WI 53092-6003

PD / PD
ABRAHAM B SCHWARTZ MD
SUITE 712
1840 N PROSPECT AVENUE
MILWAUKEE WI 53202

414-438-1437
JOSEPH R SCHWARTZ
3936 NORTH 86TH
MILWAUKEE WI 53222

OBG / OBG
414-774-9322
WALTER R SCHWARTZ MD
SUITE 226
10425 W NORTH AVENUE
WAUWATOSA WI 53226

D / D
414-964-3650
RUDOLPH J SCRIMENTI MD
316 E SILVER SPRING DR
MILWAUKEE WI 53217

P
414-242-5143
J ARTHUR SEAHOLM MD
12530 N JACQUELINE CT
MEQUON WI 53092-2314

IM
JAMES E SEAR MD
3003 W GOOD HOPE ROAD
MILWAUKEE WI 53217

MERRY E SEBELIK
W203 N10109 LANNON RD
COLGATE WI 53017

TS CDS
414-272-1563
W MICHAEL SEE MD
922 EAST LYON STREET
MILWAUKEE WI 53202

GS / GS
PHILIP H SEEFELD MD
8041 BURCHMORE ROAD
THREE LAKES WI 54562

AN
414-786-5572
POLISETTY C SEKHAR MD
20165 FREEDOM COURT
BROOKFIELD WI 53005

IM / IM
414-352-3100
ANN R SELZER MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

OBG
414-462-2272
WILLIAM L SEMLER MD
8430 W CAPITOL DRIVE
MILWAUKEE WI 53222

OBG / OBG
414-933-6666
NEVILLE SENDER MD
940 NORTH 23RD STREET
MILWAUKEE WI 53233

R / R
715-385-2856
GENE W SENGPIEL MD
4541 HARMONY POINT LN
WOODRUFF WI 54568

IM END / IM EM
414-271-2110
JORDAN A SENNETT MD
1218 W KILBOURN AVENUE
MILWAUKEE WI 53233

P / P
414-539-3222
ELVIRA C SENO MD
3606 DYER LAKE ROAD
BURLINGTON WI 53105

FP / FP
LOUIS S SENO JR MD
6900 NORTH PORT
WASHINGTON ROAD
MILWAUKEE WI 53217

IM RHU DIA
414-384-1800
INGEBORG E SEPP MD
1545 SOUTH LAYTON BLVD
MILWAUKEE WI 53215

OBG / OBG
LIONEL T SERVIS MD
454 WEXFORD CIRCLE
VENICE FL 33595

IM / IM
ALBINO L SETTIMI MD
15105 WESTOVER ROAD
ELM GROVE WI 53122

DR / DR
414-257-5200
KATHERINE A H SHAFFER MD
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

OBG OS / OBG
414-342-3000
MOHAMMAD SHAFI MD
C312
2000 W KILBOURN AVENUE
MILWAUKEE WI 53233

PTH / PTH
414-421-7821
INDU M SHAH MD
5703 ROCHELLE DRIVE
GREENDALE WI 53129

IM PUD / IM
KANAK K SHAH MD
SUITE 200
525 EAST WELLS STREET
MILWAUKEE WI 53202

IM
VINODKUMAR S SHAH MD
4103 WEST NORTH AVENUE
MILWAUKEE WI 53208

J ANTHONY SHAHEEN
298 CARMEL AVENUE
MARINA CA 93933-3135

IM
414-258-3403
REZA SHAKER MD
12331 W DEARBOURN AVE
WAUWATOSA WI 53226

P
414-276-3244
MILTON SHAPSON MD
700 NORTH WATER STREET
MILWAUKEE WI 53202

PTH / PTH
MOHINI SHARMA MD
POST OFFICE BOX 503
MILWAUKEE WI 53201-0503

R / R
414-962-8477
DONALD K SHAW MD
791 EAST SUMMIT AVENUE
OCONOMOWOC WI 53066

FP
JEROME R SHEFF MD
3455 SOUTH 16TH STREET
MILWAUKEE WI 53215

414-258-1469
RANDY A SHELERUD
APT 244
315 NORTH 95TH STREET
WAUWATOSA WI 53226

CD IM / IM
414-647-2899
SUHAS K SHELGIKAR MD
3124 SOUTH 27TH STREET
MILWAUKEE WI 53215

AI PD / AI PD
414-352-3100
BROCK V SHERMAN MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

DR / DR
414-961-3800
JAMES J SHERRY MD
2025 E NEWPORT AVENUE
MILWAUKEE WI 53211

AN
414-425-2983
PRAVIN C SHETH MD
9611 W MEADOW PARK DR
HALES CORNERS WI 53130

IM
414-476-0985
THOMAS M SHIMSHAK MD
APT 206
7900 HARWOOD AVENUE
WAUWATOSA WI 53213

GP
414-464-3115
SHAILA R SHIRKE MD
5231 W VILLARD AVENUE
MILWAUKEE WI 53218

HS / ORS
MYSORE S SHIVARAM MD
3201 SOUTH 16TH STREET
MILWAUKEE WI 53215

GS / GS
414-786-8090
BENJAMIN F SHOCKLEY JR MD
POST OFFICE BOX 593
ELM GROVE WI 53122-0593

CDS TS VS / TS GS
414-272-5893
RICHARD T SHORE MD
SUITE 819
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

ORS / ORS
414-545-4646
PHILIP SHOVERS MD
9400 W LINCOLN AVENUE
MILWAUKEE WI 53227

IM
414-771-3707
STEPHEN G SIEVERS MD
7741 W STICKNEY AVENUE
WAUWATOSA WI 53213

U / U
414-344-3700
JOHN D SILBAR MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

FP
414-649-6742
FARROL H SIMS MD
2331 W VIEAU PLACE
MILWAUKEE WI 53204

AN / AN
414-782-1799
EUGENE P SINCLAIR MD
13185 LEE COURT
ELM GROVE WI 53122

U GS
414-931-8789
RICARDO R SINENSE MD
950 NORTH 35TH STREET
MILWAUKEE WI 53208

GS CDS
ANILKUMAR M SINGH MD
2745 W LAYTON AVENUE
MILWAUKEE WI 53221

IM HEM ON
JUANITO P SINGSON MD
SUITE 1005
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

OBG / OBG
414-778-0070
JOHN E SINSKY MD
2500 N MAYFAIR ROAD
MILWAUKEE WI 53226

OBG / OBG
414-282-3030
KIRIM F SIRIN MD
4768 SOUTH 27TH STREET
MILWAUKEE WI 53221

FP / FP
414-529-9100
STEVEN R SIRUS MD
SUITE 201
9200 WEST LOOMIS ROAD
FRANKLIN WI 53132

IM / IM
414-463-2511
LUCIO C SIY MD
3975 NORTH 68TH STREET
MILWAUKEE WI 53216

D / D
CARLA A SKIBBA MD
9033 W GRANGE AVENUE
HALES CORNERS WI 53130

GP
EUGENE W SKRZYPEK DO
2572 SOUTH 76TH STREET
WEST ALLIS WI 53219

IM NEP / IM
G JON SKULASON MD
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

JEAN M SLANE
APT 24
5721 NORTH 94TH STREET
MILWAUKEE WI 53225

GS / GS
DOUGLAS R SLEIGHT MD
3533 E RAMSEY AVENUE
CUDAHY WI 53110

IM GE
414-383-4700
ZACHARY SLOMOVITZ MD
1672 S NINTH STREET
MILWAUKEE WI 53204

IM
JONATHAN SLOMOWITZ MD
1672 S NINTH STREET
MILWAUKEE WI 53204

PD / PD
414-425-0525
CATHERINE M SLOTA MD
5631 GATEWOOD LANE
GREENDALE WI 53129

GE IM / GE IM
414-447-2387
THOMAS SLOTA MD
SUITE 606
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

JEFFERY R SMALE
W220 N10660 AMY BELLE
COLGATE WI 53017

FP
414-332-8817
MAUREEN D SMALL MD
3450 N NEWHALL STREET
MILWAUKEE WI 53211-2805

FP
414-383-8487
KENNETH M SMIGIELSKI MD
3615 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

AN / AN
414-784-7787
RICHARD A SMITH MD
13850 WEST WATERTOWN
PLANK ROAD
ELM GROVE WI 53122

WALLACE BRET SMITH
259 NORTH 600 WEST
CEDAR CITY UT 84720-2435

ORS / ORS
WILLIAM B SMITH MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

P CHP / P CHP
414-332-2450
MARK B SMUCKLER MD
155 E SILVER SPRING DR
MILWAUKEE WI 53217

DR / DR
414-447-2212
WILLIAM A SMULLEN MD
DEPT OF RADIOLOGY
5000 W CHAMBERS STREET
MILWAUKEE WI 53210

PD
414-771-5600
REUBEN J SNARTEMO MD
6200 W BLUEMOUND ROAD
POST OFFICE BOX 601
MILWAUKEE WI 53201

D IM
414-771-0660
STEVEN B SNYDER MD
APT 109
1618 SOUTH 115TH COURT
MILWAUKEE WI 53214

414-344-8362
KENNETH M SOLIS MD
APT 307
4232 W HIGHLAND AVENUE
MILWAUKEE WI 53208

D / D IM
414-649-2480
GLENN E SONDAG MD
SUITE 100
2901 WEST KK RIVER PKY
MILWAUKEE WI 53215

PTH CLP / PTH CLP
414-649-7333
PAULA R SONNELAND MD
2900 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

P / PN
414-962-3841
K KWANG SOO MD
SUITE M118
2025 E NEWPORT AVENUE
MILWAUKEE WI 53211

OBG / OBG
414-425-6464
RALPH F SORTOR MD
10691 W PARNELL AVENUE
HALES CORNERS WI 53130

IM
WALTER C SOUTHCOTT MD
6934 N SENECA AVENUE
MILWAUKEE WI 53217

P N / P N
414-332-9145
DAVID L SOVINE MD
6310 NORTH PORT
WASHINGTON ROAD
GLENDALE WI 53217

ORS / ORS
414-342-4142
JACK D SPANKUS MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

IM
414-344-7223
JACK A SPECTOR MD
SUITE 305
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

OS / IM
414-271-1444
ROBERT J SPELLMAN MD
720 E WISCONSIN AVENUE
MILWAUKEE WI 53202

PM / PM
414-527-8442
SALVATORE A SPICUZZA MD
2400 W VILLARD AVENUE
MILWAUKEE WI 53209

R NM / R NM
414-421-4609
DON R SPIEGELHOFF MD
6286 PARKVIEW ROAD
GREENDALE WI 53129

P / PN
HERZL R SPIRO MD
SUITE 304
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

IM
414-272-5040
MILTON B SPITZ MD
NO 117
1218 W KILBOURN AVENUE
MILWAUKEE WI 53233

OBG / OBG
414-321-4500
DEAN P SPYRES MD
SUITE 115
7635 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

414-475-1601
PAULA SQUITIERI
APT 107
2520 N 124TH STREET
WAUWATOSA WI 53226

OPH PS
414-476-3580
JAROSLAVA STAFL MD
10425 W NORTH AVENUE
MILWAUKEE WI 53226

CD / CD
414-649-3530
BERNARD J STALLER MD
SUITE 300
2901 WEST KK PARKWAY
MILWAUKEE WI 53215

IM
DAVID A STAMPFL MD
1313 NORTH 64TH STREET
WAUWATOSA WI 53213

R PDR DR / R
ROBERT J STARSHAK MD
1700 W WISCONSIN AVE
POST OFFICE BOX 1997
MILWAUKEE WI 53201-1997

FP / FP
414-769-2540
WILLIAM J STASTNY MD
4915 S HOWELL AVENUE
MILWAUKEE WI 53207

ABS
414-643-4900
NICHOLAS P STAVES MD
3238 SOUTH 16TH STREET
MILWAUKEE WI 53215

CHP P / CHP P
414-271-5555
FREDRIC A STEIGER MD
2350 NORTH LAKE DRIVE
MILWAUKEE WI 53211

P N / P N
PAUL G STEIN MD
12320 ST MARTINS ROAD
FRANKLIN WI 53132

P / PN
PHILLIP L STEIN MD
APT 314
2260 N SUMMIT AVENUE
MILWAUKEE WI 53202-1238

NS
ROBERT E STEINER MD
4113 NORTH LAKE DRIVE
SHOREWOOD WI 53211

P
414-964-4830
BRIAN T STEINHAUS MD
409 E SILVER SPRING DR
MILWAUKEE WI 53217

P / P
414-961-6166
JOHN A STEMPER MD
2216 E EDGEWOOD AVENUE
MILWAUKEE WI 53211

GS / GS
414-691-2414
WALTER P STENBORG MD
W284 N3266 LAKESIDE RD
PEWAUKEE WI 53072-3330

GP
414-352-1118
RUTH S STERN MD
APT 108
6575 N GREEN BAY AVE
MILWAUKEE WI 53209

IM RHU / IM
414-271-3700
RICHARD O STERNLIEB MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

PYA P / P
STEVEN R STEURY MD
4875 NORTH LAKE DRIVE
WHITEFISH BAY WI 53217

PD PUD
414-352-3100
JOHN C STEVENS MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

FP
414-332-1699
ROBERT J STEVENS MD
5048 N BAY RIDGE AVE
MILWAUKEE WI 53217

PM N
414-281-3676
WILLIAM A STEWART MD
6224 SOUTH 31ST STREET
GREENFIELD WI 53221

OBG / OBG
414-778-0070
WILLIAM C STEWART MD
2500 N MAYFAIR ROAD
MILWAUKEE WI 53226

FP / FP
414-421-8400
SUSAN F STICKELS MD
6901 W EDGERTON AVENUE
MILWAUKEE WI 53220

GS
CHARLES W STIEHL MD
2740 W FOREST HOME AVE
POST OFFICE BOX 15535
MILWAUKEE WI 53215

414-527-8191
SCOTT M STILLWELL MD
2400 WEST VILLARD AVE
MILWAUKEE WI 53209

FP
414-529-9100
WILLIAM F STINEMAN MD
SUITE 201
9200 WEST LOOMIS ROAD
FRANKLIN WI 53132

GS / GS
414-541-8150
KNUD C STOBBE MD
8410 W CLEVELAND AVE
MILWAUKEE WI 53227

U / U
RICHARD E STOCKINGER MD
POST OFFICE BOX 183
MENOMONEE FALLS WI
53051-0183

R / R
LEO STOCKLAND MD
POST OFFICE BOX 1644
MILWAUKEE WI 53201

ORS
414-352-3100
JAMES E STOLL JR MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

IM NEP
414-643-6060
SHERWOOD B STOLP MD
3201 SOUTH 16TH STREET
MILWAUKEE WI 53215

ORS / ORS
JOSEPH R STONE MD
1330 MOONMIST DRIVE
SARASOTA FL 34242

OPH / OPH
414-961-2020
RICHARD STONE MD
227 E SILVER SPRING DR
MILWAUKEE WI 53217

414-475-0796
THOMAS J STORMONT
7220 WEST CENTER #5
WAUWATOSA WI 53210

NS / NS
414-272-3673
RICHARD H STRASSBURGER MD
161 W WISCONSIN AVENUE
MILWAUKEE WI 53203

FP
414-961-2601
ROBERT H STRAUB MD
105 W SILVER SPRING
WHITEFISH BAY WI 53217

OTO / OTO
GERHARD D STRAUS MD
APT 402
100 WORTH AVENUE
PALM BEACH FL 33480

OBG / OBG
414-271-3700
ESTIL Y STRAWN MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

OBG
414-271-3700
ESTIL Y STRAWN JR MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

FP
SCOTT R STREHLOW MD
4930 SETON PLACE
GREENDALE WI 53129

OTO FP
MICHAEL A STRIGENZ MD
7802 W LIVINGSTON AVE
WAUWATOSA WI 53213

IM NEP / IM
WINFRED H STRINGER MD
12011 W NORTH AVENUE
WAUWATOSA WI 53226

EM
414-425-7744
ROBERT W STUART MD
8845 KNOLL COURT
FRANKLIN WI 53132

D / D
414-541-1323
GERALD O STUBENRAUCH MD
7635 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

EM
414-289-8146
HARLAN A STUEVEN MD
950 NORTH 12TH STREET
MILWAUKEE WI 53233

ROBERT R STUMPF
545 NORTH 106
WAUWATOSA WI 53226

FP
RODOLFO P SUAVERDEZ MD
5631 W LINCOLN AVENUE
POST OFFICE BOX 19892A
WEST ALLIS WI 53219

IM / IM
DILIPKUMER B SUBBARAO MD
100 15TH AVENUE
SOUTH MILWAUKEE WI 53172

NS / NS
414-873-7400
P DANIEL SUBERVIOLA MD
SUITE 107
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

ORS / ORS
DENNIS M SULLIVAN MD
1218 W KILBOURN AVENUE
MILWAUKEE WI 53233

P
414-271-3361
LAURA ANN SUNN MD
#1A
1919 NORTH SUMMIT
MILWAUKEE WI 53202

N PD OS / PD
414-383-7300
CHARLES SUPAPODOK MD
2245 W FAIRY CHASM RD
RIVER HILLS WI 53217

OPH / OPH
ELIESER B SUSON MD
2300 MAYFAIR ROAD
MILWAUKEE WI 53226

EM
414-933-8333
SUSSAN K SUTPHEN MD
2528 W HIGHLAND BLVD
MILWAUKEE WI 53233

FP / FP
414-352-0888
ABE A SVERDLIN MD
7870 NORTH MOHAWK ROAD
MILWAUKEE WI 53217

FP
GEOFFREY R SWAIN MD
10636 W GRANTOSA DRIVE
WAUWATOSA WI 53222

CDS TS GS / TS GS
414-258-0670
MICHAEL SWANK MD
SUITE 795
2300 N MAYFAIR ROAD
WAUWATOSA WI 53226

FP / FP
SAMUEL J SWEET MD
606 W WISCONSIN AVENUE
MILWAUKEE WI 53203

IM / IM
JEAN M SWITALA MD
15211 W VERA CRUZ DR
NEW BERLIN WI 53151

GP
JOSEPH E SZYMAREK MD
5101 W JACKSON PARK DR
MILWAUKEE WI 53219

IM CD
414-769-6600
ROBERT C TABET MD
3533 E RAMSEY AVENUE
CUDAHY WI 53110

OPH / OPH
414-352-9738
ARTHUR W TACKE MD
777 W GLENCOE PLACE
MILWAUKEE WI 53217

414-778-2397
GORDON B TADEWALDT
POST OFFICE BOX 13112
MILWAUKEE WI 53213-0112

PTH CLP / PTH CLP
414-421-3426
YOSHIRO TAIRA MD
5781 FERN COURT
GREENDALE WI 53129

GP CD
ALFRED R TALENS MD
2745 W LAYTON AVENUE
MILWAUKEE WI 53221

PTH PD NM / PTH NM
414-931-1010
THOMAS T TANG MD
POST OFFICE BOX 1997
MILWAUKEE WI 53201

OBG / OBG
RUSSELL E TANNER MD
5631 N MOHAWK AVENUE
MILWAUKEE WI 53217

OPH / OPH
PHILIP J TAUGHER MD
2400 SOUTH 90TH STREET
MILWAUKEE WI 53227

GS / GS
ALI TAVAF-MOTAMEN MD
3353 E RAMSEY AVENUE
CUDAHY WI 53110

D / D
414-933-2552
JOEL E TAXMAN MD
1622 W WISCONSIN AVE
MILWAUKEE WI 53233

PD
414-933-3015
JEAN S TAY MD
APT 503
1810 W WISCONSIN AVE
MILWAUKEE WI 53233-2146

PD
414-535-0076
JOHN W TAYLOR DO
5210 NORTH 54TH STREET
MILWAUKEE WI 53218

PS / PS
414-963-0993
JACK L TEASLEY MD
SUITE 401
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

TS / GS TS
414-647-1120
ALFRED J TECTOR JR MD
2901 WEST KINNICKINNIC
RIVER PARKWAY
MILWAUKEE WI 53215

OS
GAMBER F TEGTMEYER SR MD
APT 520
1840 N PROSPECT AVENUE
MILWAUKEE WI 53202-1963

OPH / OPH
414-271-1580
RALPH E TEITGEN MD
1684 N PROSPECT AVENUE
MILWAUKEE WI 53202

AN / AN
J WILLIAM TEMPLE MD
2374 N 101ST STREET
MILWAUKEE WI 53226

PTH CLP / PTH
JACK R TENGE MD
W221 N2662 LINDENWOOD
WAUKESHA WI 53186

SUE ELLEN TEN HOOR
303 PARK AVENUE
SHEBOYGAN WI 53081-2952

P / P
414-964-2050
ERVIN TEPLIN MD
SUITE 218
400 W SILVER SPRING DR
MILWAUKEE WI 53217

OTO / OTO
414-961-1550
ROBERT W TEPLIN MD
SUITE 309
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

PTH / PTH
414-527-8404
JOSEPH L TERESI MD
14760 VIRGINIA AVENUE
BROOKFIELD WI 53005

EM IM
RANJAN KUMAR THAKUR MD
APT NO 5
9121 WEST DIXON STREET
MILWAUKEE WI 53214

FP / FP
CHARLES E THEISEN MD
100 15TH AVENUE
SOUTH MILWAUKEE WI 53172

EM
GLENN A THIEL MD
8901 W LINCOLN AVENUE
WEST ALLIS WI 53227

ORS
ROBERT L THOMAS MD
3015 N PROSPECT AVENUE
MILWAUKEE WI 53211-3348

GS / GS
414-352-3100
WALTON D THOMAS MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

ORS
414-482-0004
JOHN G THOMETZ MD
2436 NORTH 96TH STREET
MILWAUKEE WI 53226

CD IM / IM
414-352-3100
MELISH A THOMPSON JR MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

GP
414-646-8222
RICHARD D THOMPSON MD
1341 MILWAUKEE STREET
DELAFIELD WI 53018

AN
STEPHEN R THOMPSON MD
4433 N STOWELL AVENUE
SHOREWOOD WI 53211

PD
NEIL R THOMSON MD
409 E SILVER SPRING DR
MILWAUKEE WI 53217

PM / PM
EPHREM THOPPIL MD
2900 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

AN / AN
LORON F THURWACHTER JR MD
621 EAST CEDAR LANE
100N MEQUON WI 53092

D / D
414-672-8050
PALMER G TIBBETTS MD
3800 SOUTH 27TH STREET
MILWAUKEE WI 53221-1307

IM ON / MON
CHARLES H I TIBER MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

R / R
EUGENE W TILL MD
2900 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

AN
JAMES J TISONE MD
6070 N ALBERTA LANE
MILWAUKEE WI 53217

CD IM / CD IM
414-321-8550
ALFONSO L TIU MD
10617 W OKLAHOMA AVE
WEST ALLIS WI 53227

414-258-1469
DAVID TOIVONEN
APT 244
315 NORTH 95TH STREET
WAUWATOSA WI 53226

CRS
414-342-7045
MARIO G TOLENTINO MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

CRAIG P TOMLINSON
8325 PORTLAND AVENUE
MILWAUKEE WI 53213-3017

IM
414-769-1632
MARK A TOMSKI MD
2978 S LOGAN AVENUE
MILWAUKEE WI 53207

D
414-273-7360
SAMUEL W TONKENS MD
925 EAST WELLS STREET
MILWAUKEE WI 53202

OTO / OTO
414-257-5150
ROBERT J TOOHILL MD
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

IM
GREGORY J TOPETZES MD
8430 W CAPITOL DRIVE
MILWAUKEE WI 53222

EM
414-961-7012
RICHARD T TOVAR MD
#4
704 EAST GLENDALE
SHOREWOOD WI 53211

GS CD / GS GVS
414-257-5516
JONATHAN B TOWNE MD
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

U / U
H AXEL TRANGSRUD MD
7404 PORTLAND AVENUE
MILWAUKEE WI 53213

IM RHU / IM
414-771-9870
WILLIAM L TREACY MD
10125 W NORTH AVENUE
MILWAUKEE WI 53226

ORS
414-782-8375
TIMOTHY J TREIBLE MD
18350 SURREY LANE
BROOKFIELD WI 53005

SHELLIE A TRENTLAGE
2436 NORTH LAKE DRIVE
MILWAUKEE WI 53211

IM / IM
414-271-3700
C R TRIYAMBAKARAJ MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

D DMP IM / D DMP IM
414-352-3100
JAMES L TROY MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

FP
414-463-5200
DAVID R TSCHOPP DO
5629 NORTH 91ST STREET
MILWAUKEE WI 53225

IM CD / IM
HERMAN TUCHMAN MD
5215 N IRONWOOD ROAD
MILWAUKEE WI 53217

EM / EM
414-246-1274
JOHN F TUCKER MD
ROUTE 1 BOX 634
LAKE GENEVA WI 53147

GS
THOMAS C TUNBERG MD
11121 W WISCONSIN AVE
WAUWATOSA WI 53226

P
RICHARD D TURCOTT MD
POST OFFICE BOX 13064
WAUWATOSA WI 53213

IM
VALERIO TURGAI MD
908 MILWAUKEE AVENUE
SOUTH MILWAUKEE WI 53172

N / N
414-344-9494
ARTHUR J TURNER MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

GS TS / GS
HARVEY A TURNER MD
321 WEST MANOR CIRCLE
MILWAUKEE WI 53217

GS / GS
414-476-9592
HENRY F TWELMEYER MD
1174 PILGRIM PARKWAY
ELM GROVE WI 53122

414-797-7912
JOHN M TWELMEYER
1174 PILGRIM PARKWAY
ELM GROVE WI 53122

R / R
414-352-7846
ERIC JOEL UDOFF MD
7846 NORTH LAKE DRIVE
MILWAUKEE WI 53217

NS / NS
414-873-7400
DONALD P ULLRICH MD
SUITE 107
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

D / D
414-453-2962
FRANK H URBAN MD
10425 W NORTH AVENUE
WAUWATOSA WI 53226

OBG / OBG
KENNETH J URLAKIS MD
6001 W CENTER STREET
MILWAUKEE WI 53210

U / U
414-344-3700
BARRY H USOW MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

FP
714-768-1282
EUGENE J USOW MD
APT N
5364 ALGARROBO
LAGUNA HILLS CA 92653

FP / FP
LOUIS B USZLER MD
569 W LINCOLN AVENUE
MILWAUKEE WI 53207

ORG
MARIO L UY MD
756 NORTH 35TH STREET
MILWAUKEE WI 53208

IM / IM
414-645-4240
JORGE T VAQUIANO MD
3201 SOUTH 16TH STREET
MILWAUKEE WI 53215

PD
JOSEPH E VACCARO MD
13425 COMMONS DRIVE
POST OFFICE BOX 443
BROOKFIELD WI 53005-0443

DR / DR
414-289-8015
URI VAISMAN MD
DEPT OF RADIOLOGY
POST OFFICE BOX 342
MILWAUKEE WI 53201

FP / FP
414-527-8348
BRUCE L VAN CLEAVE MD
2400 W VILLARD AVENUE
MILWAUKEE WI 53209

AN / AN
414-786-3915
JOHN H VAN GILDER MD
13005 WRAYBURN ROAD
ELM GROVE WI 53122

PTH CLP / PTH
LEANDER J VAN HECKE MD
6055 NORTH KENT AVENUE
WHITEFISH BAY WI 53217

GS / GS
414-461-9620
JAMES A VAN HEEST MD
8430 W CAPITOL DRIVE
MILWAUKEE WI 53222

414-462-7496
LORI VAN KOEVERING
APT 2
5180 NORTH LOVERS LANE
MILWAUKEE WI 53225

414-546-3119
ANDRE VAN MOL
8810 W HOWARD AVENUE
MILWAUKEE WI 53228-1752

P
414-258-2600
JAN C VAN SCHAIK MD
1220 DEWEY AVENUE
WAUWATOSA WI 53213

414-453-0956
JOAN VAN SLOUN
622 NORTH 99TH STREET
MILWAUKEE WI 53226

PD
G VATTAKATTCHERRY MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

IM
414-259-7930
TIMOTHY VELLINGA MD
7704 MILWAUKEE AVENUE
WAUWATOSA WI 53213

NM DR
PURUSHOTHAM VELUVOLU MD
2000 W KILBOURN AVE
MILWAUKEE WI 53233

FP / FP
414-762-3680
NICHOLAS A R VENCI MD
100 15TH AVENUE
SOUTH MILWAUKEE WI 53172

FP
LAURENCE J VERLINDEN MD
1310 MENASHA AVENUE
MANITOWOC WI 54220

OBG
BENJAMIN M VICTORIA JR MD
ROOM 800
740 N PLANKINTON AVE
MILWAUKEE WI 53203

IM PUD
414-783-5510
PATRICIO F VIERNES MD
13845 W CAPITOL DRIVE
BROOKFIELD WI 53005

GS GP
414-342-8085
ALEJANDRO M VINLUAN MD
ROOM 201
756 NORTH 35TH STREET
MILWAUKEE WI 53208

OBG / OBG
414-352-3100
GERALD L VITAMVAS MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

OBG / OBG
414-769-9220
VITO N VITULLI MD
1100 FAIRVIEW AVENUE
SOUTH MILWAUKEE WI 53172

AN / AN
FERDINAND J VLAZNY MD
447 HORSESHOE LANE
MUKWONAGO WI 53149

P
WESS R VOGT MD
ROOM 515
2350 NORTH LAKE DRIVE
MILWAUKEE WI 53211

GS CDS / GS
MICHAEL J VOLKERT MD
12011 W NORTH AVENUE
WAUWATOSA WI 53226

FP
EMMA VOLOSHIN MD
3003 WEST GOOD HOPE RD
MILWAUKEE WI 53217

OBG / OBG
BEN F VONDRAK MD
10425 W NORTH AVENUE
WAUWATOSA WI 53226

IM / IM
414-871-9300
W GREGORY VON ROENN MD
2628 N SUMMIT AVENUE
MILWAUKEE WI 53211

SALLY VRANA
C/O SCHRAG
1325 WALNUT STREET
BERKELEY CA 94709-1408

OPH / OPH
414-769-6900
GERALD W WADINA MD
12239 W VERONA COURT
WEST ALLIS WI 53227

OBG / OBG
414-271-2109
ALAN M WAGNER MD
SUITE 402
1218 W KILBOURN AVENUE
MILWAUKEE WI 53233

GS GYS / GS
414-462-9955
MARVIN WAGNER MD
SUITE 203
2350 W VILLARD AVENUE
MILWAUKEE WI 53209

OPH / OPH
414-763-3513
PAUL F WAGNER MD
308 MC HENRY STREET
BURLINGTON WI 53105

ID IG IM / IM
414-272-1929
BURTON A WAISBREN MD
SUITE 815
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

CD IM / CD IM
414-464-1167
BURTON A WAISBREN JR MD
8500 W CAPITOL DRIVE
MILWAUKEE WI 53222

ORS PDS / ORS
414-933-2044
RAYMOND C WAISMAN MD
10006 N HOLMES COURT
22W MEQUON WI 53092

IM CD / IM CD
414-271-6800
GEORGE WALCOTT MD
SUITE 200
525 EAST WELLS STREET
MILWAUKEE WI 53202

OBG
HENRY M WALDREN JR MD
SUITE 210
2400 SOUTH 90TH STREET
WEST ALLIS WI 53227

CD / CD
414-649-3530
JOHN A WALKER MD
SUITE 300
2901 W KK RIVER PKWY
MILWAUKEE WI 53215

NEP IM / NEP IM
JEFFREY D WALLACH MD
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

OPH
414-352-0280
ERNEST F WALLNER JR MD
777 WEST GLENCOE PLACE
MILWAUKEE WI 53217

U / U
414-476-0430
JOHN P WALSH MD
SUITE #545
2600 N MAYFAIR ROAD
MILWAUKEE WI 53226

FP GP
MARYANN M WALTHIER MD
3300 PINE AVENUE
LONG BEACH CA 90807

PD / PD
414-541-9900
STEVEN G WALVISCH MD
10243 W NATIONAL AVE
WEST ALLIS WI 53227

414-377-6443
MARY JO WAMSER
W60 N903 SHEBOYGAN RD
CEDARBURG WI 53012

OBG
MICHAEL WAN MD
POST OFFICE BOX 11-0
MILWAUKEE WI 53201

FP
414-423-1970
MORGAN E WARFFUEL MD
APT 1
5065 W COLLEGE AVENUE
GREENDALE WI 53129

AN / AN
414-529-2311
JAMES R WARSH MD
5851 GLEN FLORA DRIVE
GREENDALE WI 53129

IM GS
RICK R WARTGOW MD
APT 7A
1300 UNIVERSITY STREET
SEATTLE WA 98101-2804

GP FP
414-276-3154
CHESTER G WARTH MD
710 N PLANKINTON AVE
MILWAUKEE WI 53203

ORS / ORS
414-276-6000
DANIEL R WARTINBEE MD
1218 W KILBOURNE AVE
MILWAUKEE WI 53233

414-442-6548
SHARON D WASHINGTON
APT 508
2325 NORTH 50TH STREET
MILWAUKEE WI 53210

FP
414-769-6600
MASOOD WASIULLAH MD
3533 E RAMSEY AVENUE
CUDAHY WI 53110

414-466-0663
SHELDON A WASSERMAN
8808 W PALMETTO AVENUE
MILWAUKEE WI 53225

PD
HARRY J WATSON JR MD
8511 W LINCOLN AVENUE
MILWAUKEE WI 53227

IM / IM
414-351-2693
LISA WAXMAN MD
8331 N SANTA MONICA
MILWAUKEE WI 53217

IM / IM
414-543-3800
WILLIAM C WEBB MD
8501 W LINCOLN AVENUE
MILWAUKEE WI 53227

OBG
414-355-3745
DONALD FRANK WEBER MD
4205 W CHERRYWOOD LANE
BROWN DEER WI 53209

GE IM / GE IM
414-546-1513
JEFFREY M WEBER MD
5757 W OKLAHOMA AVENUE
MILWAUKEE WI 53219

GP
414-744-6589
MARSHALL L WEBER MD
3821 S HOWELL AVENUE
MILWAUKEE WI 53207

FP / FP
B J WEIDA MD
2508 E BEVERLY ROAD
MILWAUKEE WI 53211

A
HARRY R WEIL MD
3131 E HAMPSHIRE ST
MILWAUKEE WI 53211-3117

AN / AN
414-332-6303
MAXWELL H S WEINGARTEN MD
4720 N CRAMER STREET
MILWAUKEE WI 53211

GS TRS OM
414-271-0373
LEO R WEINSHEL MD
238 W WISCONSIN AVENUE
MILWAUKEE WI 53203

CLP END / CLP CP
HARRY F WEISBERG MD
2574 N TERRACE AVENUE
MILWAUKEE WI 53211

U / U
414-342-7744
CHARLES L WEISENTHAL MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

GP
SAMUEL C WEISFELD MD
5581 FOREST OAK TERR
DELRAY BEACH FL 33445

IM / IM
CASSANDRA P WELCH MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

A / PD
ROSS R WELLER MD
SUITE 970
2600 N MAYFAIR ROAD
MILWAUKEE WI 53226

GP
MARVIN WELLS MD
525 CAMINO DE LA
SIERRA NE
ALBUQUERQUE NM 87123

PD / PD
414-786-1160
RONALD K WELLS MD
17030 W NORTH AVENUE
BROOKFIELD WI 53005

PM / PM
EDWIN C WELSH MD
13246 DESERT GLEN DR
SUN CITY WEST AZ 85375

PD / PD
414-545-4500
JAMES A WENDERS MD
10202 W HAYES AVENUE
WEST ALLIS WI 53227

ORS
PETER P WENDT MD
161 W WISCONSIN AVENUE
MILWAUKEE WI 53203

OBG / OBG
WILLIAM P WENDT MD
1905 HOLLYHOCK LANE
ELM GROVE WI 53122

GS / GS
414-321-7811
HENRY B WENGELEWSKI MD
7689 OVERLOOK DRIVE
GREENDALE WI 53129

DR / DR
JOSEPH F WEPFER MD
2479 NORTH 95TH STREET
MILWAUKEE WI 53226

OBG / OBG
DAVID J WERNER MD
5631 N MOHAWK AVENUE
MILWAUKEE WI 53217

CDS TS GS / TS GS
414-649-3990
PAUL H WERNER MD
SUITE 310
2901 WEST KK PARKWAY
MILWAUKEE WI 53215

NS / NS
414-462-9697
SHELLEY WERNICK MD
SUITE 101
2350 W VILLARD AVENUE
MILWAUKEE WI 53209

P
VALERIE A WESTHEAD MD
3519 N FREDERICK AVE
MILWAUKEE WI 53211

PD / PD
WILLIAM WESTLEY JR MD
2722 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

NM PTH / NM PTH
414-475-1813
JOHN P WHALEN MD
#227
2526 NORTH 124TH ST
WAUWATOSA WI 53226

IM
414-961-3328
PHILIP WHEATLEY MD
2103 E KENWOOD BLVD
MILWAUKEE WI 53221

FP
414-358-1491
DAVID E WHITAKER DO
6413 N 105TH STREET
MILWAUKEE WI 53224

EM IM / IM
414-649-7299
JOHN E WHITCOMB MD
2900 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

PS GS / GS
JAMES E WHITE MD
9516 HARDING BOULEVARD
WAUWATOSA WI 53226

ORS / ORS
HARVEY M WICHMAN MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

OTO OPH / OTO
414-242-1516
JOSEPH P WILD MD
3033 W BONNIWELL ROAD
136N MEQUON WI 53092

PS HS / PS GS
414-963-1700
TERRENCE J WILKINS MD
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

IM / IM
414-543-4500
DELORE WILLIAMS MD
8501 W LINCOLN AVENUE
WEST ALLIS WI 53227

GS / GS
414-963-1210
D MACLEAN WILLSON MD
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

IM / IM
414-272-2276
DONALD M WILLSON MD
APT 723
924 EAST JUNEAU AVENUE
MILWAUKEE WI 53202

TR R / R
J FRANK WILSON MD
DEPT OF RAD THERAPY
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

P N / P N
414-332-0552
JEFFREY W WILSON MD
316 E SILVER SPRING DR
MILWAUKEE WI 53217

D / D IM
414-271-3700
EVONNE M WINSTON MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

R / R
JOHN C WINTERS MD
POST OFFICE BOX 484
BROOKFIELD WI 53005

414-425-1958
KATHRYN J WISIALOWSKI
5050 S GUERIN PASS
NEW BERLIN WI 53151

AN
ROBERT J WISLER MD
5520 NORTH 33RD STREET
MILWAUKEE WI 53209

GP
PETER P WISNIEWSKI MD
5164 S MALLARD CIRCLE
MILWAUKEE WI 53221

IM ID / IM ID
414-964-4837
GERHARD L WITTE MD
324 E WISCONSIN AVENUE
MILWAUKEE WI 53202

FP
414-527-8000
THOMAS G WITTMANN MD
2400 W VILLARD AVENUE
MILWAUKEE WI 53209

PS / PS
414-272-1222
WILBERT WIVIOTT MD
SUITE 409
1218 W KILBOURN AVENUE
MILWAUKEE WI 53233

DIANE WOLF
2436 NORTH LAKE DRIVE
MILWAUKEE WI 53211

FP OBS / FP
414-421-8400
MICHAEL S WOLKOMIR MD
3303 N 51ST BOULEVARD
MILWAUKEE WI 53216

GS / GS
DONALD A WOLLHEIM MD
3535 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

GP
H HARPSTER WONDER DO
2572 SOUTH 76TH STREET
WEST ALLIS WI 53219

N
414-797-8252
WALTER KHE TIAN WONG MD
1320 INDIANWOOD DRIVE
BROOKFIELD WI 53005

PD / PD
LINDA S WOODARD MD
1822 NORTH 72ND STREET
WAUWATOSA WI 53213

CDS GS / GS
414-453-2121
JAMES H WOODS MD
SUITE 845
2300 N MAYFAIR ROAD
WAUWATOSA WI 53226

MARY-FRANCES WOODS
1641 E NEWTON AVENUE
SHOREWOOD WI 53211

OBG / OBG
GEORGE S WOODWARD MD
9730 W BLUEMOUND ROAD
MILWAUKEE WI 53226

N
414-961-7305
MARVIN R WOOTEN MD
SUITE 408
2015 E NEWPORT AVENUE
MILWAUKEE WI 53211

GP
GEORGE J WORM MD
8735 PARKVIEW COURT
WAUWATOSA WI 53226-2729

OBS GYN / OBG MFM
414-447-2674
DENNIS WORTHINGTON MD
5000 W CHAMBERS STREET
MILWAUKEE WI 53210

R / R
414-774-8689
HOBART H WRIGHT MD
8026 W WISCONSIN AVE
WAUWATOSA WI 53213

AN / AN
414-782-6432
IRVING V WRIGHT MD
16300 TOMAHAWK TRAIL
BROOKFIELD WI 53005

414-771-9322
JAMES ARTHUR WRIGHT
7059 WEST STUTH PLACE
WEST ALLIS WI 53219

OBG END
HUI T WU MD
8541 N PELHAM PARKWAY
BAYSIDE WI 53217

P / P
414-645-3531
CHARLES A WUNSCH MD
3201 SOUTH 16TH STREET
MILWAUKEE WI 53215

PM / PM
704-885-2619
JOHN F WYMAN MD
POST OFFICE BOX 94
CEDAR MOUNTAIN NC 28718

PS OTO / PS OTO
414-259-3611
SIDNEY K WYNN MD
9200 W WISCONSIN AVE
MILWAUKEE WI 53226

IM
414-871-4754
JOHN C WYNSEN MD
6217 WEST BURLEIGH
MILWAUKEE WI 53210

OTO / OTO
RUSSELL S YALE MD
10520 NORTH PORT
WASHINGTON ROAD
MEQUON WI 53092

AN
414-539-1221
JAIME B YAMAT MD
8825 GREENMNEADOW LANE
GREENDALE WI 53129

DR / R
ALBERT C YARD MD
2900 W OKLAHOMA AVENUE
MILWAUKEE WI 53215

EM / EM
414-351-5867
ALBERT S YEE MD
9161 N FIELDING ROAD
BAYSIDE WI 53217

OBG / OBG
414-271-3700
CLYDE W YELLICK MD
2388 NORTH LAKE DRIVE
MILWAUKEE WI 53211

R / R
414-257-6110
JAMES E YOUKER MD
8700 W WISCONSIN AVE
MILWAUKEE WI 53226

PD
414-765-0515
CAROL E YOUNG MD
SUITE 601
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

N
414-962-9731
JAMES A YOUNG MD
4871 N ANITA AVENUE
WHITEFISH BAY WI 53217

CHP IM / PN
LAURENS D YOUNG MD
GEN HOSP PSYCHIATRY
#175 8700 W WISCONSIN
MILWAUKEE WI 53226

P
MICHAEL M C YOUNG MD
APT 36-A
1910 ALA MOANA BLVD
HONOLULU HI 96815

VICKY L YOUNG MD
APT 1
5240 BRINDISI COURT
MIDDLETON WI 53562

GS
LOREN J YOUNT MD
SUITE 1015
2315 NORTH LAKE DRIVE
MILWAUKEE WI 53211

PS HS
414-259-3095
N JOHN YOUSIF MD
9200 W WISCONSIN AVE
MILWAUKEE WI 53226

414-782-3520
ANTHONY G YUG
13795 FOREST GROVE RD
BROOKFIELD WI 53005

GS EM / GS
HAFIZ M YUNUS MD
SUITE 681
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

P
THOMAS E ZABORS MD
316 E SILVER SPRING DR
WHITEFISH BAY WI 53217

GS
ALFREDO P ZAMORA JR MD
1469 SOUTH 70TH STREET
WEST ALLIS WI 53214

P
414-273-1717
NORTON L ZAREM MD
POST OFFICE BOX 93206
MILWAUKEE WI 53203-0206

AN / AN
ALAN R ZARKOWER DO
5310 W CAPITOL DRIVE
MILWAUKEE WI 53216

P CHP
414-964-4830
DAVID H ZARWELL MD
6405 W WASHINGTON BLVD
WAUWATOSA WI 53213

414-453-9164
JOSEPH F ZASTROW
1351 S 111TH STREET
WEST ALLIS WI 53214

PTH CLP NM / AP CLP NM
414-527-8404
RAYMOND C ZASTROW MD
2400 W VILLARD AVENUE
MILWAUKEE WI 53209

CD / IM
HOWARD J ZEFT MD
2901 WEST KINNICKINNIC
RIVER PARKWAY #315
MILWAUKEE WI 53215

P / P
414-962-8900
CLIFFORD L ZELLER MD
5205 N IRONWOOD ROAD
MILWAUKEE WI 53217-4906

FP / FP
414-462-8250
JAMES H ZELLMER MD
5148 N TEUTONIA AVE
MILWAUKEE WI 53209

OM / GPM
CARL ZENZ MD
2418 ROOT RIVER PKY
WEST ALLIS WI 53227

EM GS GP
414-543-0962
SONJA J ZENZ MD
2418 ROOT RIVER PKWY
WEST ALLIS WI 53227

CHP P IM
414-271-2633
AIVARS A ZEPS MD
SUITE 701
929 N ASTOR STREET
MILWAUKEE WI 53202

IM
608-784-2864
JOHN A ZERNIA MD
2109 B SOUTH SEVENTH
LA CROSSE WI 54601

414-771-5091
LORI S ZETLAU
2942 NORTH 77TH STREET
MILWAUKEE WI 53222

IM / IM
414-546-0200
ANTHONY P ZIEBERT MD
SUITE 206
2400 SOUTH 90TH STREET
WEST ALLIS WI 53227

PTH IM
FRANK L ZIEHL MD
11 FERN COURT
HILTON HEAD SC 29928

414-252-3367
CHRISTINE M ZIETLOW
N60 W15949 HAWTHORNE
MENOMONEE FALLS WI 53051

GS / GS
JAMES F ZIMMER MD
8410 W CLEVELAND AVE
WEST ALLIS WI 53227

GP
JOSEPH J ZIMMER MD
8238 LEGEND DRIVE
FRANKLIN WI 53132-9615

PD
414-352-3100
MARY JO ZIMMER MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

FP / FP
414-272-5040
BURTON M ZIMMERMANN MD
SUITE 117
1218 W KILBOURN AVENUE
MILWAUKEE WI 53233

DR / R
HERBERT J ZIMMERS MD
1620 EAST DEAN ROAD
FOX POINT WI 53217

IM END / IM
JAMES S ZIOLKOWSKI MD
7400 HARWOOD AVENUE
WAUWATOSA WI 53213

ORS / ORS
414-933-1941
ROBERT C ZUEGE MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

GS / GS
414-272-2250
GERALD R ZUPNIK MD
606 W WISCONSIN AVENUE
MILWAUKEE WI 53203

IM
414-933-8448
DIANNE L ZWICKE MD
4261 W HIGHLAND BLVD
MILWAUKEE WI 53208

MONROE

FP
608-372-4111
HELEN HAENG-KANG AHN MD
105 W MILWAUKEE STREET
TOMAH WI 54660

FP / Y
608-269-6731
PAUL G ALBRECHT MD
315 WEST OAK STREET
POST OFFICE BOX 250
SPARTA WI 54656

FP / FP
608-269-6731
JACK D BROWN MD
315 WEST OAK STREET
POST OFFICE BOX 250
SPARTA WI 54656-0250

GS
608-372-3678
ROLANDO R BUAN MD
912 BRANDON
TOMAH WI 54660

FP / FP
JANET S CHESTNUT MD
315 WEST OAK STREET
POST OFFICE BOX 250
SPARTA WI 54656

FP / FP
608-372-5951
JAMES R DEMING MD
1200 MC LEAN AVENUE
TOMAH WI 54660

FP / FP
608-372-4111
JAMES F GIROLAMI MD
105 W MILWAUKEE STREET
TOMAH WI 54660

FP
KEVIN A JESSEN MD
625 HAYWARD AVENUE
TOMAH WI 54660

GP
CLARENCE E KOZAREK MD
723 LAKE STREET
TOMAH WI 54660

FP / FP
608-372-5951
GUSTAVE A LANDMANN MD
POST OFFICE BOX 729
TOMAH WI 54660-0729

GS / GS
608-269-6731
JUDY K LOTTMANN MD
315 WEST OAK STREET
POST OFFICE BOX 250
SPARTA WI 54656

FP GER / FP
608-269-4765
EDWARD O LUKASEK MD
615 PEARL STREET
SPARTA WI 54656

GP
608-272-4111
JAMEEL S MUBARAK MD
105 W MILWAUKEE STREET
TOMAH WI 54660

FP / FP
608-269-6731
MICHAEL T PACE MD
315 WEST OAK STREET
POST OFFICE BOX 250
SPARTA WI 54656

GP
PATRICIA R RAFTERY DO
315 WEST OAK STREET
POST OFFICE BOX 250
SPARTA WI 54656

FP / FP
608-372-5957
MICHAEL J SAUNDERS MD
1200 MC LEAN AVENUE
TOMAH WI 54660

FP / FP
608-372-4176
MICHAEL C STARK DO
325 BUTTS AVENUE
TOMAH WI 54660

FP / FP
HUGH H WILLIAMS MD
302 NORTH SPRING
SPARTA WI 54656

OCONTO

IM
414-846-3092
ROBERT ARTWICH MD
835 SOUTH MAIN STREET
OCONTO FALLS WI 54154

GP / PTH
414-834-4975
KIM Y CHUNG MD
1134 MAIN STREET
POST OFFICE BOX 258
OCONTO WI 54153-0258

GP
414-846-3644
JOHN R CULVER MD
150 NORTH MAIN STREET
OCONTO FALLS WI 54154

PUD DR
DOUGLAS A GUTHEIL MD
145 S WEBSTER AVENUE
DE PERE WI 54115

FP / FP
414-834-2201
GLEN J HEINZL MD
POST OFFICE BOX 170
OCONTO WI 54153-0170

GP
JOHN S HONISH MD
POST OFFICE BOX 260
OCONTO WI 54153-0260

IM / IM
STEVEN J MANDELBLATT MD
835 SOUTH MAIN STREET
OCONTO FALLS WI 54154

FP
414-846-2287
ROBIN T PRICE MD
835 SOUTH MAIN STREET
OCONTO FALLS WI 54154

FP
414-855-6031
METODIO M REYES MD
POST OFFICE BOX 398
GILLETT WI 54124

GP
414-855-2126
RICHARD SARNWICK DO
119 MAIN STREET
POST OFFICE BOX 676
GILLETT WI 54124-0676

GP
414-846-3671
CLYDE E SIEFERT MD
164 NORTH MAIN STREET
OCONTO FALLS WI 54154

IM
414-846-3092
CARRIE M WARE MD
835 SOUTH MAIN STREET
OCONTO FALLS WI 54154

GP
414-846-2287
BRETT A WILSON DO
835 SOUTH MAIN STREET
OCONTO FALLS WI 54154

ONEIDA-VILAS

P N
DANILO S ABUD MD
POST OFFICE BOX 96
BOSCOBEL WI 53805-0096

FP
STEPHEN E ANICH MD
HIGHWAY 51
POST OFFICE BOX 470
WOODRUFF WI 54568

D / D
715-369-4500
ROBERT J AYLESWORTH JR MD
TWO EAST OCALA
POST OFFICE BOX 815
RHINELANDER WI 54501-0815

OBG / OBG
OLIVER B BEARDSLEY MD
7734 TROUT ROAD
POST OFFICE BOX 1371
RHINELANDER WI 54501

GS / GS
JOSEPH A BODENSTEINER MD
1020 KABEL AVENUE
RHINELANDER WI 54501

PD
STUART N BOISMENUE MD
1020 KABEL AVENUE
RHINELANDER WI 54501

IM
715-362-5650
JOHN F BROWN MD
1020 KABEL AVENUE
RHINELANDER WI 54501

IM PUD / IM PUD
715-356-8000
JEROME J CALLAWAY MD
POST OFFICE BOX 549
WOODRUFF WI 54568

PH / GPM
715-362-2836
FRANCES A CLINE MD
123 N STEVENS STREET
RHINELANDER WI 54501

GP
715-479-4171
JOHN J COLGAN MD
321 WALL STREET
POST OFFICE BOX 429
EAGLE RIVER WI 54521

FP / FP
715-277-3411
RONALD J COOPER MD
8002 TIMBERTRACT DR
LAKE TOMAHAWK WI 54539

R NM / R
LEON F DE JONGH MD
BOX 26
RHINELANDER WI 54501

GP IM
DOUGLAS K DIEHL MD
POST OFFICE BOX 1023
MINOCQUA WI 54548

ORS HS TRS
715-369-2300
JAMES R DYREBY JR MD
550 TIMBER DRIVE
RHINELANDER WI 54501

PD / PD
LYNN D FGGMAN MD
1020 KABEL AVENUE
RHINELANDER WI 54501

GP GS
715-547-3626
EVERETT C EICKHOFF MD
5022 BIRCH ROAD
LAND O'LAKES WI 54540

OBG / OBG
JAMES M FINNERAN MD
L-2121 TO TO TOM DRIVE
LAC DU FLAMBEAU WI 54538

ORS
RICHARD N FOLTZ MD
550 TIMBER DRIVE
RHINELANDER WI 54501

IM / IM
715-369-7700
JOHN F FROST MD
1020 KABEL AVENUE
RHINELANDER WI 54501

FP / FP
715-547-3626
JAMES V GREBNER MD
LAND O'LAKES WI 54540

PD / PD
715-362-5650
ANTE GRGIC MD
1020 KABEL AVENUE
RHINELANDER WI 54501

R
PAUL W GROTENHUIS MD
4085 NORTH BAY ROAD
RHINELANDER WI 54501

OPH
715-356-3292
GARY A HAUG MD
9637 MANITOU PARK DR
MINOCQUA WI 54548

U / U
715-362-5650
BENN A HAYNES MD
1020 KABEL AVENUE
RHINELANDER WI 54501

IM / IM
715-362-5650
MICHAEL J HENRY MD
1020 KABEL AVENUE
RHINELANDER WI 54501

PTH / PTH
BRUCE F HERTEL MD
1044 KABEL AVENUE
RHINELANDER WI 54501

GP
715-356-8000
JAMES T HOULIHAN MD
240 MAPLE STREET
POST OFFICE BOX 470
WOODRUFF WI 54568

FP
715-356-3292
LORRAINE F P HOULIHAN MD
WOODRUFF WI 54568

U / U
715-356-3292
ARTHUR J JACOBSEN MD
POST OFFICE BOX 549
WOODRUFF WI 54568

FP / FP
715-479-6453
LEWIS L JACOBSON MD
POST OFFICE BOX 1449
EAGLE RIVER WI 54521

PTH
RAJ KUMAR JAIN MD
5509 MOHAWK ROAD
RHINELANDER WI 54501

FP / FP
715-356-3292
STEVE W JANAK MD
POST OFFICE BOX 549
WOODRUFF WI 54568

GS / GS
715-356-3292
JAMES R KEUER MD
POST OFFICE BOX 549
WOODRUFF WI 54568

FP PH / FP
715-282-5222
HAROLD J KIEF MD
7231 LAKE MILDRED ROAD
RHINELANDER WI 54501

IM
715-362-5650
JOHN J KIEF MD
1020 KABEL AVENUE
RHINELANDER WI 54501

ORS / ORS
715-369-2300
ROBERT H KITZMAN MD
550 TIMBER DRIVE
RHINELANDER WI 54501

PS OTO GS / OTO
715-356-4292
MARTIN E KLABACHA MD
MAPLE STREET BOX 549
WOODRUFF WI 54568

AN / AN
715-356-5282
DAVID W KOSKI MD
POST OFFICE BOX 744
WOODRUFF WI 54568

IM / IM
BRUCE A KOTILA MD
210 ELM COURT
RHINELANDER WI 54501

OBG / OBG
715-362-6160
PETER L LOES MD
1020 KABEL AVENUE
RHINELANDER WI 54501

FP / FP
CHARLES A LONSDORF MD
POST OFFICE BOX 549
WOODRUFF WI 54568-0549

PD / PD
715-369-5027
STEVEN R MANSON MD
307 RIDGEWAY DRIVE
RHINELANDER WI 54501

ORS / ORS
715-356-4427
PETER J MELCHER MD
POST OFFICE BOX 109
MINOCQUA WI 54548

FP / FP
715-356-3292
GEORGE NEMEC JR MD
AV11322 WILLIES DRIVE
WOODRUFF WI 54568

IM
715-478-3361
REBECCA CONWAY NIEHAUS MD
313 EAST POLK STREET
CRANDON WI 54520

IM / IM
715-362-5650
LEO G NORDEN MD
1020 KABEL AVENUE
RHINELANDER WI 54501

OBG / OBG
715-362-5650
JUDITH S PAGANO MD
1020 KABEL AVENUE
RHINELANDER WI 54501

N / N
715-369-5051
ELLEN L PARRIS MD
TWO EAST OCALA
POST OFFICE BOX 615
RHINELANDER WI 54501-0615

IM / IM
STEPHEN R PETERS MD
POST OFFICE BOX 549
WOODRUFF WI 54568-0549

GS / GS
715-356-3292
ANTHONY E POGODZINSKI MD
POST OFFICE BOX 549
WOODRUFF WI 54568

GS / GS
715-362-5650
GEORGE F PRATT MD
1020 KABEL AVENUE
RHINELANDER WI 54501

PTH
STEVEN R QUACKENBUSH MD
C/O HYMC
POST OFFICE BOX 470
WOODRUFF WI 54568

FP / FP
715-356-3292
WILLIAM E RADUEGE MD
POST OFFICE BOX 549
WOODRUFF WI 54568

FP
THOMAS K RESAN MD
BEALE AFB HOSPITAL
MARYSVILLE CA 95903

PTH / PTH
CAROL A RITTER MD
1044 KABEL AVENUE
RHINELANDER WI 54501

FP
715-356-3292
CHARLES A SCHELL MD
POST OFFICE BOX 549
WOODRUFF WI 54568

GS OS
IRVING E SCHIEK III MD
ROUTE 6
RHINELANDER WI 54501

IM OS / IM
904-234-1841
HENRY J C SCHWARTZ MD
3030 LAURIE AVENUE
PANAMA CITY BEACH FL
32407

GS / GS
715-356-3292
BARRY J SEIDEL MD
POST OFFICE BOX 549
WOODRUFF WI 54568

AN PS GS
GURKIRPAL S SIKKA MD
5509 MOHAWK ROAD
RHINELANDER WI 54501

IM / IM
715-362-6303
WARREN K SIMMONS MD
715 LAKE SHORE DRIVE
RHINELANDER WI 54501

OBG / OBG
715-362-5650
DOROTHY V SKYE MD
1020 KABEL AVENUE
RHINELANDER WI 54501

FP EM / FP
715-356-3292
RAYMOND J SLOAN MD
POST OFFICE BOX 549
WOODRUFF WI 54568

IM / IM
715-362-6160
LEE A SWANK MD
203 SCHIEK PLAZA DRIVE
RHINELANDER WI 54501

AN / AN
715-799-4426
ALLAN E TALBOT MD
ROUTE 1 BOX 371
GILLETT WI 54124-9604

GS / GS
715-362-5650
GEORGE R THUERER MD
406 WEST PEARL STREET
RHINELANDER WI 54501

IM / IM
715-356-3292
JAMES K WIESNER MD
POST OFFICE BOX 549
WOODRUFF WI 54568

GS / GS
JAMES W ZELINSKI MD
2382 HWY 17
PHELPS WI 54554

OUTAGAMIE

OBG
414-739-0114
ERNESTO L ACOSTA MD
506 E LONGVIEW DRIVE
APPLETON WI 54911

FP / FP
414-739-0171
KAREN ADLER-FISCHER MD
401 N ONEIDA STREET
APPLETON WI 54911

IM / IM
414-739-0171
JOHN E ALMQUIST MD
1501 S MADISON STREET
APPLETON WI 54915

IM / IM
STEPHEN K ALT MD
1036 E MOORPARK AVENUE
APPLETON WI 54911-3460

IM / IM
414-734-8062
JACK G ANDERSON MD
900 EAST GRANT STREET
APPLETON WI 54911

OBG
FELICISIMA B BALVERDE MD
715 DEPOT STREET
LITTLE CHUTE WI 54140

FP / FP
JOHN R BARKMEIER MD
1523 S MADISON STREET
APPLETON WI 54911

FP
414-738-0279
JOYCE M BAUER MD
3316 N RANKIN STREET
APPLETON WI 54911-1427

EM
414-738-0568
GEORGE A BEHNKE MD
1406 RIVERVIEW LANE
APPLETON WI 54915

P / PN
414-739-9273
ALLAN D BELDEN MD
1611 S MADISON STREET
APPLETON WI 54915

GP
414-779-4595
JAMES G BERGWALL MD
217 WEST CEDAR
POST OFFICE BOX 100
HORTONVILLE WI 54944

GS / GS
JOSEPH N BONNER MD
106 RIVER DRIVE
APPLETON WI 54911

GS CDS / GS
414-731-8131
CLARK H BOREN JR MD
900 EAST GRANT STREET
APPLETON WI 54911-3494

PD
414-739-0171
MONA S BOULOS MD
401 N ONEIDA STREET
APPLETON WI 54911

GP
GEORGE L BOYD MD
605 WISCONSIN AVENUE
KAUKAUNA WI 54130

U / U
DONALD D BRAVICK MD
436 E LONGVIEW DRIVE
APPLETON WI 54911

FP IM / FP
414-733-2949
FREDERICK A BREI MD
601 W PERSHING STREET
APPLETON WI 54911

R / R
ROBERT G BRUCKER MD
SUITE 103
424 E WISCONSIN AVENUE
APPLETON WI 54911

FP / FP
414-734-4501
KEITH E BUCHANAN MD
620 E LONGVIEW DRIVE
APPLETON WI 54911

A PDA PD / AI PD
414-739-5213
JACK K BURR MD
436 E LONGVIEW DRIVE
APPLETON WI 54911-2192

OTO / OTO
414-734-7181
THOMAS BURROWS MD
626 E LONGVIEW DRIVE
APPLETON WI 54911

FP / FP
JAMES E BURWITZ MD
418 W COMMERCIAL ST
APPLETON WI 54911-4442

IM / IM
414-738-4845
JOHN M BUTITTA MD
1501 S MADISON STREET
APPLETON WI 54915

IM / IM
608-271-6805
GUY W CARLSON MD
APT 806
6209 MINERAL POINT RD
MADISON WI 53705

GS / GS
414-731-8131
WILLIAM W CHANDLER MD
900 EAST GRANT STREET
APPLETON WI 54911-3494

FP / FP
414-766-7761
ALAN H CHERKASKY MD
430 BRILL STREET
KAUKAUNA WI 54130

GP OM
SIMON CHERKASKY MD
117 WEST THIRD STREET
KAUKAUNA WI 54130

R TR / TR
HENRY CHESSIN MD
424 E WISCONSIN AVENUE
APPLETON WI 54911

AN
SHAN H CHIEN MD
706 E WISCONSIN AVENUE
APPLETON WI 54911

IM / IM
414-739-4241
BLAINE W CLAYPOOL JR MD
610 E LONGVIEW DRIVE
APPLETON WI 54911

OBG / OBG
414-739-0114
RICHARD S CLINE MD
506 E LONGVIEW DRIVE
APPLETON WI 54911

AN
PERFECTO COMPETENTE MD
1751 N RACINE STREET
APPLETON WI 54911

PTH / PTH
ARMENIO C CORDERO MD
DEPT OF PATHOLOGY
1506 S ONEIDA STREET
APPLETON WI 54911

FP
PAUL M CUNNINGHAM MD
320 E GLENDALE AVENUE
APPLETON WI 54911

A / AI
414-734-6614
JAMES C CURRY MD
1111 S ONEIDA STREET
APPLETON WI 54915

GS / GS
WILLIAM A DAFOE MD
700 EAST BYRD STREET
APPLETON WI 54911-2815

IM / IM
HAROLD G DANFORD MD
900 EAST GRANT STREET
APPLETON WI 54911

ORG
414-739-0171
RAYMON E DARLING MD
1501 S MADISON STREET
APPLETON WI 54915

FP / FP
414-734-4501
D JON DERKSEN MD
620 E LONGVIEW DRIVE
APPLETON WI 54911

FP
LAWRENCE R DONATELLE MD
1186 APPLETON ROAD
MENASHA WI 54952

OBG / OBG
414-739-0114
CHARLES F DUNGAR MD
506 E LONGVIEW DRIVE
APPLETON WI 54911

P / P
DENTON P ENGSTROM MD
1611 S MADISON STREET
APPLETON WI 54915

PTH CLP / AP CLP RP
414-738-2126
JAMES W ERCHUL MD
DEPT OF PATHOLOGY
1506 S ONEIDA STREET
APPLETON WI 54911

AN
TEOFILO EVANGELISTA MD
706 E WISCONSIN AVENUE
APPLETON WI 54911

FP / FP
414-984-3361
MICHAEL S FAUDREE MD
103 SOUTH BEACH
POST OFFICE BOX 257
BLACK CREEK WI 54106-0257

FP / FP
414-735-6026
CHARLES E FENLON MD
2601 N MCDONALD STREET
APPLETON WI 54911

DR / R
JOHN W FENLON MD
SUITE 103
424 E WISCONSIN AVENUE
APPLETON WI 54911

AN
414-739-3298
PASCUAL B FERNANDEZ MD
706 E WISCONSIN AVENUE
APPLETON WI 54911

HS PS / PS
414-739-3100
DAVID R FINCH MD
1611 S MADISON STREET
APPLETON WI 54915

IM / IM
HENRY A FOLB MD
525 W PARK RIDGE AVE
APPLETON WI 54911-1126

FP / FP
414-734-4501
ROBERT S FOX MD
620 E LONGVIEW DRIVE
APPLETON WI 54911

FP / FP
414-738-6504
C WILLIAM FREEBY MD
1818 N MEADE STREET
APPLETON WI 54911

EM
414-734-3660
GEORGE A FRENCH MD
1827 N RACINE STREET
APPLETON WI 54911

GP
RALPH S GAGE MD
POST OFFICE BOX 145
KIMBERLY WI 54136-0145

PUD IM / IM
414-730-0633
KEVIN C GARRETT MD
516 NORTH BATEMAN
APPLETON WI 54911-5074

GE IM
MICHAEL G GEALL MD
900 EAST GRANT STREET
APPLETON WI 54911

OBG
WALTER S GIEFIN MD
N11905 DEER LAKE ROAD
TOMAHAWK WI 54487

AN
SEVERINO G GOMILLA MD
POST OFFICE BOX 384
APPLETON WI 54912

FP / FP
414-738-4840
DOUGLAS H GRANT MD
401 N ONEIDA STREET
APPLETON WI 54911

PD / PD
414-739-0171
MAURY D GRAVES MD
401 N ONEIDA STREET
APPLETON WI 54911

PD / PD
414-739-0171
CHARLES J GREEN MD
401 N ONEIDA STREET
APPLETON WI 54911

FP
414-731-9580
PAUL W GREEN MD
412 CAMBRIDGE DRIVE
APPLETON WI 54915

R NM / R NR NM
414-739-4213
WILLIAM B GRUBB JR MD
SUITE 103
424 E WISCONSIN AVENUE
APPLETON WI 54911

FP / FP
414-731-9121
DEAN A GRUNER MD
1523 S MADISON STREET
APPLETON WI 54915

ORS / ORS
414-731-6611
FINN O GUNDERSON MD
900 EAST GRANT STREET
APPLETON WI 54911

ORS / ORS
414-731-3111
JEROME H HAGENS MD
1260 VALLEY ROAD
APPLETON WI 54911

FP / FP
RICHARD O HAIGHT MD
1523 MADISON STREET
APPLETON WI 54911

FP / FP
WILLIAM H HALE MD
900 EAST GRANT STREET
APPLETON WI 54911-3412

OPH / OPH
414-733-4438
MARVIN L HALL MD
612 E LONGVIEW DRIVE
APPLETON WI 54911

OBG / OBG
414-739-0114
JOHN S HARRIS MD
506 E LONGVIEW DRIVE
APPLETON WI 54911

ORS / ORS
414-731-3111
ROBERT L HAUSSERMAN MD
1260 VALLEY ROAD
APPLETON WI 54911

IM / IM
BERNARD J HAZA MD
1501 S MADISON STREET
APPLETON WI 54915

FP / FP
G MARK HEIFNER MD
1186 APPLETON ROAD
MENASHA WI 54952

FP / FP
DAN L HEYERDAHL MD
620 E LONGVIEW DRIVE
APPLETON WI 54911

P / PN
414-738-2727
BRUCE A HEYL MD
1611 S MADISON STREET
APPLETON WI 54915

PD / PD
414-739-0171
KURT A HEYRMAN MD
401 N ONEIDA STREET
APPLETON WI 54911

FP / FP
414-739-0171
NANCY J HOMBURG MD
401 N ONEIDA STREET
APPLETON WI 54911

GP CRS
414-734-4916
FRANCIS J HUBERTY MD
114 E FRANKLIN STREET
APPLETON WI 54911

FP
414-733-7726
ROBERT W JOHNSON DO
531 W WISCONSIN AVENUE
APPLETON WI 54911

D / D
414-733-5138
CHARLES N KAGEN MD
SUITE 409
100 W LAWRENCE STREET
APPLETON WI 54911

D
414-733-5138
MARVIN S KAGEN MD
SUITE 409
100 W LAWRENCE STREET
APPLETON WI 54911

AI IM / AI IM
414-739-9100
STEVEN L KAGEN MD
SUITE 410
100 WEST LAWRENCE
APPLETON WI 54911

P / P
KEITH M KEANE MD
820 EAST GRANT STREET
APPLETON WI 54911-3478

R / R
414-739-4213
RALPH O KENNEDY MD
SUITE 103
424 E WISCONSIN AVENUE
APPLETON WI 54911

OBG / OBG
414-731-5111
JIN SIK KIM MD
1611 S MADISON STREET
APPLETON WI 54911

R / R
ROBERT R KINDE MD
SUITE 103
424 E WISCONSIN AVENUE
APPLETON WI 54911

GS / GS
414-739-0171
EARL B KITZEROW MD
401 N ONEIDA STREET
APPLETON WI 54911

EM / EM
FREDERICK W KNOCH III MD
445 KITTIVER COURT
NEENAH WI 54956

GP
WILLIAM H KNOEDLER MD
135 N WASHINGTON AVE
KIMBERLY WI 54136

IM CD / IM
414-734-8837
ROBERT C KOBERSTEIN MD
1602 N MEADE STREET
APPLETON WI 54911

ON IM / MON IM
414-731-8135
BRIAN E KOESTER MD
900 EAST GRANT STREET
APPLETON WI 54911

IM
414-734-5721
HANNS O KRETZSCHMAR MD
4321 N BALLARD ROAD
APPLETON WI 54919

FP / FP
414-739-0171
MICHAEL A KRUEGER MD
401 N ONEIDA STREET
APPLETON WI 54911

OTO / OTO
414-734-7181
MITCHELL F KWATERSKI MD
626 E LONGVIEW DRIVE
APPLETON WI 54911

FP
ALAN E LAIRD MD
1706 WHITNEY DRIVE
APPLETON WI 54914-1970

GP
JAMES W LAIRD MD
APT 3
3001 W FOURTH STREET
APPLETON WI 54914

FP
414-378-0772
CHARLES E LARSON MD
1003 SUPERIOR
APPLETON WI 54911

IM
THOMAS J LEONARD MD
117 EAST NORTH AVENUE
LITTLE CHUTE WI 54140

ORS / ORS
414-731-6611
JOHN R LINDSTROM MD
900 E GRANT STREET
APPLETON WI 54911

EM FP OM / EM FP
414-734-6351
THOMAS M LOESCHER MD
2520 E CRESTVIEW DRIVE
APPLETON WI 54915

D / D
414-734-5967
THOMAS W LUTHER MD
215 SOUTH STATE STREET
APPLETON WI 54911

P
414-738-2727
CHERYL M MC CHESNEY MD
1611 S MADISON STREET
APPLETON WI 54915

FP / FP
CHARLES A MC KEE MD
1523 S MADISON STREET
APPLETON WI 54915

PTH BLB / PTH BLB
414-738-2128
DONALD C MC KEE MD
DEPT OF PATHOLOGY
1506 S ONEIDA STREET
APPLETON WI 54915

PTH / PTH
PEARSE P MEIGHAN MD
ROUTE 6 BOX 1215
WAUPACA WI 54981

IM / IM
RICHARD A MENET MD
1501 S MADISON STREET
APPLETON WI 54915

PD AI PUD / PD AI
414-739-0171
JAMES G MERRICK MD
401 N ONEIDA STREET
APPLETON WI 54911

FP / FP
414-738-2005
JACK ROBINSON MEYER MD
1225 W NORTHLAND AVE
APPLETON WI 54914

GP GS
414-734-8481
CHESTER L MEYERS MD
412 E LONGVIEW DRIVE
APPLETON WI 54911

FP / FP
GERALD R MICH MD
1523 S MADISON STREET
APPLETON WI 54915

FP
414-738-0064
DOUGLAS P MOARD MD
212 S SPRUCE STREET
APPLETON WI 54914

IM RHU / IM
414-739-0171
RONALD R MOLONY MD
1501 S MADISON STREET
APPLETON WI 54915

PTH CLP / PTH CLP
414-738-6538
BRIAN P MOORE MD
DEPT OF PATHOLOGY
1818 N MEADE STREET
APPLETON WI 54911

GS CD / GS
414-731-8131
GILBERT F MUELLER JR MD
900 EAST GRANT STREET
APPLETON WI 54911-3494

OPH / OPH
414-734-8714
ROSS A MUELLER MD
1620 N MEADE STREET
APPLETON WI 54911

DR / DR
414-739-4213
JAMES E MURPHY MD
SUITE 103
424 EAST WISCONSIN AVE
APPLETON WI 54911

FP / FP
N CARTER NOBLE MD
1186 APPLETON ROAD
MENASHA WI 54952

OBG / OBG
414-739-0114
GEORGE J PETERSEN MD
171 RIVER DRIVE
APPLETON WI 54915

GS CDS / GS
414-731-8131
PHILIP E PIER MD
900 EAST GRANT STREET
APPLETON WI 54911-3494

R / R
LOUIS T PLOUFF MD
SUITE 103
424 E WISCONSIN AVENUE
APPLETON WI 54911

FP / FP
414-734-4501
DAVID L PRICE MD
620 E LONGVIEW DRIVE
APPLETON WI 54911

U / U
GABRIEL J QUEROL MD
436 E LONGVIEW DRIVE
APPLETON WI 54911

OBG / OBG
414-735-0811
EUGENE H RANEY MD
900 EAST GRANT STREET
APPLETON WI 54911

GP GS
FERDINAND J RANKIN MD
401 N ONEIDA STREET
APPLETON WI 54911

CDS TS / TS GS
414-731-8900
TREVOR A RATTRAY MD
820 EAST GRANT STREET
APPLETON WI 54911-3494

OBG
CATHY A REEB-ALBA MD
1501 S MADISON STREET
APPLETON WI 54915

TR / TR
414-730-0303
TED O REINKE MD
2245 PALISADES DRIVE
APPLETON WI 54911

ORS / ORS
414-731-6611
WILLIAM R RICHARDS MD
900 EAST GRANT STREET
APPLETON WI 54911

N / N
414-738-2531
MICHAEL J RIEDER MD
1611 S MADISON STREET
APPLETON WI 54915-1844

PD
414-788-6396
HUMBERTO RODRIGUEZ JR MD
920 NORTH BAY RIDGE
APPLETON WI 54915

OTO / OTO
414-733-4438
JOHN H RUSSELL MD
612 E LONGVIEW DRIVE
APPLETON WI 54911

PUD IM / PUD IM
414-739-3161
JOHN G RUSSO MD
106 HAYES STREET
KAUKAUNA WI 54130

IM ON / IM
414-731-8135
THOMAS A RYAN MD
900 EAST GRANT STREET
APPLETON WI 54911

AN
ANTONIO V SALUD MD
706 E WISCONSIN AVENUE
APPLETON WI 54911

ORS / ORS
414-731-6611
JAMES M SARGENT MD
900 EAST GRANT STREET
APPLETON WI 54911

GYN
414-739-0114
GEORGE W SAVAGE MD
506 E LONGVIEW DRIVE
APPLETON WI 54911

OBG
414-739-0114
STEPHEN G SAVAGE MD
506 E LONGVIEW DRIVE
APPLETON WI 54911

FP / FP
414-739-0171
THOMAS C SCHELBLE MD
401 N ONEIDA STREET
APPLETON WI 54911

PS HS / PS
414-731-8131
THOMAS J SCHINABECK MD
900 EAST GRANT STREET
APPLETON WI 54911-3494

OBG / OBG
414-731-3341
HASSAN SHAHBANDAR MD
1611 SOUTH MADISON
APPLETON WI 54915

OPH / OPH
414-731-3237
JOHN A SHILLINGLAW MD
ROOM 305
103 W COLLEGE AVENUE
APPLETON WI 54911

AN / AN
KENNETH J SIEGRIST MD
POST OFFICE BOX 783
APPLETON WI 54912

IM OM OS / IM
414-734-5721
FRANKLIN A SMITH MD
4321 N BALLARD ROAD
APPLETON WI 54919

FP OM / FP
414-734-5721
PATRICK D SNOW MD
4321 N BALLARD ROAD
APPLETON WI 54919

GS / GS
414-739-0171
GEORGE R STANIS MD
401 N ONEIDA STREET
APPLETON WI 54911

CDS TS GS / GS
414-731-8900
LOUIS A SUAREZ MD
820 EAST GRANT AVENUE
APPLETON WI 54911-3494

OPH / OPH
414-731-0916
ROBERT D SULLIVAN MD
612 E LONGVIEW DRIVE
APPLETON WI 54911

P
THOMAS W TATLOCK MD
100 W LAWRENCE STREET
APPLETON WI 54911

GP GS
ARTHUR C TAYLOR MD
303 RIVER DRIVE
APPLETON WI 54915

GP
FRANCIS X VAN LIESHOUT MD
117 EAST NORTH AVENUE
LITTLE CHUTE WI 54140

PD / PD
414-739-0171
JAMES S VEUM MD
401 N ONEIDA STREET
APPLETON WI 54911

GS CDS
PHILIP A VOGT MD
900 EAST GRANT STREET
APPLETON WI 54911

FP / FP
414-739-0171
CHARLES C WALLACE MD
401 N ONEIDA STREET
APPLETON WI 54911

OTO HNS / OTO HNS
414-734-7181
RICHARD H WARD MD
626 E LONGVIEW DRIVE
APPLETON WI 54911

CDS PYM OS / TS
414-731-8900
DAVID E WARNER MD
820 EAST GRANT STREET
APPLETON WI 54911-3494

OPH / OPH
JEFFREY L WARREN MD
21 PARK PLACE
APPLETON WI 54915

P / P
JOSEPH B WEISSLER MD
1611 S MADISON STREET
APPLETON WI 54915-1844

OBG
414-731-3341
MICHAEL E WEST MD
1611 S MADISON STREET
APPLETON WI 54911

IM PUD / IM PUD
414-734-9600
JEFFREY R WHITESIDE MD
820 EAST GRANT STREET
APPLETON WI 54911

AN / AN
414-731-9725
ANTONIO R WICO JR MD
1225 E PAULINE STREET
APPLETON WI 54911

PD / PD
414-739-0171
LLOYD P WILLIAMS MD
401 N ONEIDA STREET
APPLETON WI 54911

FP EM / FP
414-982-4322
JON N WINTHER MD
1410 DIVISION STREET
NEW LONDON WI 54961-1543

AN
KUANG-MIN YANG MD
706 E WISCONSIN AVENUE
APPLETON WI 54911

FP / FP
414-734-3210
JOSEPH J YOUNG MD
1718 N VIOLA STREET
POST OFFICE BOX 85
APPLETON WI 54912

OPH
EDWARD J ZEISS MD
1240 E OPECHEE STREET
APPLETON WI 54911

OPH / OPH
JOHN C ZEISS MD
1620 N MEADE STREET
APPLETON WI 54911

OZAUKEE

R DR / DR
414-282-3355
ISIS A BEBAWY MD
5311 SOUTH 21ST STREET
MILWAUKEE WI 53221

FP / FP
ANN C BEECHER MD
10404 N LARKSPUR LANE
MEQUON WI 53092

ORS / ORS
414-933-6880
ALLAH W BHATTI MD
326 WEST PIERRE LANE
PORT WASHINGTON WI 53074

IM / IM
414-284-9032
MARK S BOSTWICK MD
223 BARRY AVENUE
PORT WASHINGTON WI 53074

PD / PD
414-375-1130
KALAPURACKAL J CHAKO MD
1314 BRIDGE STREET
GRAFTON WI 53024

PD / PD
THOMAS B CHATTON MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

OPH / OPH
M THOMAS CHEMOTTI MD
N69 W5289 COLUMBIA RD
POST OFFICE BOX 503
CEDARBURG WI 53012-0503

PTH CLP / PTH CLP
ARTHUR B CONRAD MD
1301 MILWAUKEE STREET
DELAFIELD WI 53018

ORS / ORS
414-284-0884
ANTHONY P DALTON MD
100 WEST MONROE STREET
PORT WASHINGTON WI 53074

IM / IM
414-242-6743
WILLIAM A EBINGER MD
3003 W GOOD HOPE ROAD
POST OFFICE BOX 17300
MILWAUKEE WI 53217-0300

GP
414-242-1120
TED D ELBE MD
143 GREEN BAY ROAD
THIENSVILLE WI 53092

OBS GYN / OBG
414-284-4451
FEMA SO GARAY MD
326 WEST PIERRE LANE
PORT WASHINGTON WI 53074

OPH / OPH
414-242-5400
ARTHUR F GARCIA JR MD
214 GREEN BAY ROAD
THIENSVILLE WI 53092

PD / PD
JOHN N GOETZ MD
3003 W GOOD HOPE ROAD
MILWAUKEE WI 53217

IM / IM
KEVIN J GONIU MD
3003 W GOOD HOPE ROAD
MILWAUKEE WI 53217

OBG / OBG
414-242-3596
THOMAS A HANDRICH MD
11132 N RIVERLAND CT
MEQUON WI 53092

GP
414-284-2631
ROBERT F HENKLE MD
100 WEST MONROE STREET
PORT WASHINGTON WI 53074

R / R
AUDREY L HUCKABY MD
W53 N440 PARK CIRCLE
CEDARBURG WI 53012

IM / IM
THOMAS J JAMES MD
13 RAVEN TURN
RACINE WI 53402

GP
414-377-0717
HENRY J KATZ MD
N56 W6509 CENTER ST
CEDARBURG WI 53012

FP / FP
414-649-7909
HERBERT F LAUFENBURG MD
N70 W6874 BRIDGE ROAD
CEDARBURG WI 53012

PD
OLIVA A LUIB MD
457 WEST GRAND AVENUE
PORT WASHINGTON WI 53074

GS CDS / GS
414-375-1580
AYKARETHU O MAMMEN MD
4922 HIGHWAY 57
POST OFFICE BOX 374
CEDARBURG WI 53012

OBS GYN
414-375-1580
INDIRA MAMMEN MD
4922 HIGHWAY 57
POST OFFICE BOX 374
CEDARBURG WI 53012

GE IM
C M MEENAKSHISUNDARAM MD
W62 N536 WASHINGTON AV
CEDARBURG WI 53012

D
414-375-2800
PETER W MESSER MD
N28 W5901 LINCOLN BLVD
CEDARBURG WI 53012

PD ADL / PD
414-375-3700
EDWIN G MONTGOMERY JR MD
215 W WASHINGTON ST
GRAFTON WI 53024

GS
GWENN K PAVLOVITZ MD
3003 W GOOD HOPE ROAD
MILWAUKEE WI 53217

FP / FP
414-284-0600
ROBERT A PFEFFER MD
118 EAST GRAND AVENUE
PORT WASHINGTON WI 53074

GP
GEORGE F SAVAGE MD
173 E PROSPECT STREET
PORT WASHINGTON WI 53074

GP OM
414-963-2261
JOSEPH A SEIDL MD
AMERICAN MOTORS
3880 N RICHARDS STREET
MILWAUKEE WI 53212

FP / FP
THOMAS J SHEWCZYK MD
4722 COLUMBIA ROAD
CEDARBURG WI 53012

GS / GS
414-284-4345
THOMAS WALL MD
326 WEST PIERRE LANE
PORT WASHINGTON WI 53074

P / P
414-375-0055
BRUCE E WEFFENSTETTE MD
POST OFFICE BOX 327
GRAFTON WI 53024-0327

PIERCE-ST CROIX

IM
715-386-4400
MYRON G ANDERSON MD
226 LOCUST STREET
HUDSON WI 54016

FP / FP
715-425-6701
JAMES R BEIX MD
409 SPRUCE STREET
RIVER FALLS WI 54022

FP / FP
715-246-6911
JAMES L CRAIG MD
821 WEST EIGHTH STREET
NEW RICHMOND WI 54017

GP
715-647-3641
CHARLES W DOCTER MD
PLUM CITY WI 54761

PD / PD
715-285-5244
JOHN C DOCTER MD
ROUTE 1 BOX 108
ARKANSAW WI 54721

R DR
715-425-9935
DONALD W DOHNALEK MD
ROUTE 5 BOX 228
RIVER FALLS WI 54022

FP / FP
715-386-9381
TERRY G DOMINO MD
220 VINE STREET
HUDSON WI 54016

GS FP / FP
715-246-6041
COLIN J DRURY MD
956 WEST RIVER DRIVE
NEW RICHMOND WI 54017

GP
ERNEST M DRURY MD
911 WEST RIVER DRIVE
NEW RICHMOND WI 54017

GS / GS
715-425-6701
MICHAEL R EVANS MD
409 SPRUCE STREET
RIVER FALLS WI 54022

GS
715-386-2311
RUBEN E FERMIN MD
226 LOCUST STREET
HUDSON WI 54016

U GS / U
PAUL GLEICH MD
UROLOGY DEPT
640 JACKSON STREET
ST PAUL MN 55101

FP / FP
715-425-6701
ROLAND M HAMMER MD
409 SPRUCE STREET
RIVER FALLS WI 54022

FP / FP
BRUCE G HANSON MD
661 PARKVIEW DRIVE
NEW RICHMOND WI 54017

FP / FP
715-425-6701
PAUL S HASKINS MD
409 SPRUCE STREET
RIVER FALLS WI 54022

FP / FP
715-425-6701
ROBERT B JOHNSON JR MD
409 SPRUCE STREET
RIVER FALLS WI 54022

FP / FP
715-273-4341
EUGENE R JONAS MD
144 SOUTH PLUM STREET
ELLSWORTH WI 54011

ORS / ORS
715-246-2251
A HAMID KHAN MD
ROUTE 5
POST OFFICE BOX 312
NEW RICHMOND WI 54017

FP / FP
715-273-5041
FREDERICK B KLAAS MD
144 SOUTH PLUM STREET
ELLSWORTH WI 54011

OBG
715-425-6701
BECKY L KLEAGER MD
409 SRRUCE STREET
RIVER FALLS WI 54022

R / R
JOSEPH L KOVAR MD
535 HOSPITAL ROAD
NEW RICHMOND WI 54017

FP P
715-262-3286
HOWARD J LANEY MD
119 BROAD STREET
PRESCOTT WI 54021

GP
715-265-4979
ALLEN W LIMBERG MD
RR2 BOX 100B
318 SIXTH STREET
GLENWOOD CITY WI 54013

FP / FP
715-386-9381
VICKI L MAYER MD
220 VINE STREET
HUDSON WI 54016

GS GP / GS
715-246-6911
NEAL A MELBY MD
645 EAST SECOND STREET
NEW RICHMOND WI 54017

FP / FP
715-684-3326
ROBERT A NOGLER MD
CURTIS MEDICAL CLINIC
BALDWIN WI 54002

GP GS
715-684-2119
CLIFFORD A OLSON MD
920 CURTIS STREET
BALDWIN WI 54002

FP / FP
DAVID L OLSON MD
POST OFFICE BOX 68
NEW RICHMOND WI 54017

IM GP FP / IM
715-246-3875
JOSEPH J OSTERBAUER MD
POST OFFICE BOX 68
NEW RICHMOND WI 54017

FP / FP
JAMES C PALMQUIST MD
409 SPRUCE STREET
RIVER FALLS WI 54022

FP / FP
715-425-6701
GEORGE M POPE MD
503 RIVER HILLS DRIVE
RIVER FALLS WI 54022

FP / FP
715-246-6846
JOSEPH E POWELL MD
441 E SEVENTH STREET
NEW RICHMOND WI 54017

FP / FP
715-386-4400
STEPHEN R SCHMITZ MD
226 LOCUST STREET
HUDSON WI 54016

GP / FP
715-639-4151
FRANK A SPRINGER MD
ELMWOOD WI 54740

FP GS / FP
715-684-3326
LEONARD B TORKELSON MD
1380 FRANKLIN STREET
BALDWIN WI 54002

FP / FP
LOUIS W WEISBROD MD
POST OFFICE BOX 6939
HAYWARD WI 54843-6939

FP / FP
715-425-6701
DAVID M WOESTE MD
409 SPRUCE STREET
RIVER FALLS WI 54022

POLK

GP
715-268-7191
ORRIN N ARNESON MD
225 SCHOOL
AMERY WI 54001

FP / FP
715-483-3221
MARK E BOYKEN MD
208 SOUTH ADAMS STREET
POST OFFICE BOX 739
ST CROIX FALLS WI
54024-0739

GP FP
715-268-7191
WILLIAM R BYRNE MD
225 SCHOLL STREET
POST OFFICE BOX 106
AMERY WI 54001-0106

GP
715-263-2350
LORNE A CAMPBELL JR MD
165 THIRD STREET
CLEAR LAKE WI 54005

FP / FP
HERBERT A DASLER MD
225 SCHOLL STREET
POST OFFICE BOX 106
AMERY WI 54001-0106

FP
PAUL F ELBING MD
225 SCHOLL STREET
POST OFFICE BOX 106
AMERY WI 54001-0106

GP CD
WILLIAM A FISCHER MD
502 BIRCH STREET
FREDERIC WI 54837

GS
JUDY M GRISARD MD
221 SCHOLL STREET
AMERY WI 54001

IM / IM
CARL W HANSEN MD
208 ADAMS ST SOUTH
ST CROIX FALLS WI 54024

FP
715-483-3221
ALLEN S HANSON MD
208 SOUTH ADAMS STREET
POST OFFICE BOX 739
ST CROIX FALLS WI
54024-0739

FP / FP
715-483-3221
GAIL J HANSON MD
208 ADAMS ST SOUTH
ST CROIX FALLS WI 54024

FP
DAVID P KELSEY MD
ROUTE 3 BOX 53A
FREDERIC WI 54837

IM / IM
JAMES R KRAVIG MD
208 SOUTH ADAMS
POST OFFICE BOX 739
ST CROIX FALLS WI 54024

FP / FP
715-483-3221
ARNE T LAGUS MD
208 SOUTH ADAMS STREET
POST OFFICE BOX 739
ST CROIX FALLS WI
54024-0739

GP FP
715-268-7596
MICHAEL T G MARRA MD
318 RIVERSIDE BLVD
AMERY WI 54001

FP / FP
715-483-3221
LEO K NELSON MD
208 SOUTH ADAMS STREET
POST OFFICE BOX 739
ST CROIX FALLS WI
53024-0739

GS / GS
715-483-3221
LLOYD L OLSON MD
219 DAY ROAD
ST CROIX FALLS WI 54024

FP IM / FP
EVAN H PETERSON MD
HCR 5 BOX 574-241
KERRVILLE TX 78028

FP / FP
715-327-4206
TIMOTHY J PETERSON MD
ROUTE 3 BOX 53A
FREDERIC WI 54837

GP
715-294-2116
ARNOLD S POTEK MD
301 RIVER STREET
OSCEOLA WI 54020

FP AN / FP
715-483-3221
FRED B RIEGEL MD
208 SOUTH ADAMS STREET
POST OFFICE BOX 739
ST CROIX FALLS WI
54024-0739

FP / FP
MARTIN L RIMESTAD MD
225 SCHOLL STREET
AMERY WI 54001

FP / FP
715-483-3221
MICHAEL R SCHMIDT MD
208 SOUTH ADAMS STREET
POST OFFICE BOX 739
ST CROIX FALLS WI
54024-0739

FP / FP
DONALD F SCHWAB MD
ROUTE 1 BOX 362 A
HAYESVILLE NC 28904

GS / GS
715-294-2116
JOHN O SIMENSTAD MD
301 RIVER STREET
OSCEOLA WI 54020

FP / FP
715-483-3221
MARWOOD E WEGNER MD
208 SOUTH ADAMS STREET
POST OFFICE BOX 739
ST CROIX FALLS WI
54024-0739

GP
715-268-7191
FREDERICK L WHITLARK MD
309 HARRIMAN AVENUE N
AMERY WI 54001

FP / FP
715-483-3221
WILLIAM W YOUNG MD
208 SOUTH ADAMS STREET
POST OFFICE BOX 739
ST CROIX FALLS WI
54024-0739

PORTAGE

OTO OPH / OTO
715-344-0943
GEORGE H ANDERSON MD
4217 RIDGE COURT
STEVENS POINT WI 54481

FP / FP
STEVEN J BAHRKE MD
POST OFFICE BOX 405
PLOVER WI 54467

GP
715-344-3233
VERNARD A BENN MD
615 SUNRISE AVENUE
STEVENS POINT WI 54481

AN
KASHYAP S BHATT MD
900 ILLINOIS AVENUE
STEVENS POINT WI 54481

IM
ROBERT H BICKFORD MD
3217 HIGH POINT DRIVE
EL PASO TX 79904

AN / AN
C GARY BODENSTEINER MD
1521 PINE OAKS COURT
STEVENS POINT WI 54481

OBG / OBG
715-341-8559
FREDERICK J BOEHM II MD
122 N WILSHIRE DRIVE
STEVENS POINT WI 54481

GS CDS / GS
715-344-4120
RICHARD P BOYER MD
2501 MAIN STREET
STEVENS POINT WI 54481

GP
715-344-4120
DANIEL L BRICK MD
2501 MAIN STREET
STEVENS POINT WI 54481

AN
715-346-5345
FONG CHUNG CHANG MD
900 ILLINOIS AVENUE
STEVENS POINT WI 54481

ORS / ORS
715-344-4120
JAMES H DE WEERD JR MD
2501 MAIN STREET
STEVENS POINT WI 54481

OTO / OTO
715-341-8001
ROY J DUNLAP II MD
508 VINCENT STREET
STEVENS POINT WI 54481

GS TS / GS TS
715-344-4120
RICHARD A ECKBERG MD
2501 MAIN STREET
STEVENS POINT WI 54481

R
DAVID E FNERSON MD
1201 SOO MARIE AVENUE
STEVENS POINT WI 54481

D
715-344-4573
NYLES R ESKRITT MD
3508 EAST MARIA DRIVE
STEVENS POINT WI 54481

U / U
715-344-4120
PHILIP K HACKER MD
2501 MAIN STREET
STEVENS POINT WI 54481

EM
DAVID J HENDRICKSON MD
900 ILLINOIS AVENUE
STEVENS POINT WI 54481

GP GS / GS
715-344-3000
FRANK C IBER MD
2402 SPRINGVILLE DRIVE
STEVENS POINT WI 54481

OBG / OBG
715-341-0590
ROBERT J JAEGER MD
3291 THOMPSON COURT
STEVENS POINT WI 54481

IM / IM
715-344-4120
JOSEPH F JARABEK MD
2501 MAIN STREET
STEVENS POINT WI 54481

IM GE / IM
ROBERT J JEAN MD
1501 MAIN STREET
STEVENS POINT WI 54481

FP / FP
715-346-7751
DONALD D JOHNSON MD
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

R / R
715-344-5100
RICHARD A KESSLER MD
900 ILLINOIS AVENUE
STEVENS POINT WI 54481

ORS / ORS
JOHN M KIRSCH MD
3426 EAST MARIA DRIVE
STEVENS POINT WI 54481

ORS HS PS / ORS
715-344-0701
CLARENCE A KLASINSKI MD
500 VINCENT STREET
STEVENS POINT WI 54481

GP
715-344-0701
MICHELE M KLASINSKI MD
500 VINCENT STREET
STEVENS POINT WI 54481

R / R
ALBERT M KOHN MD
900 ILLINOIS AVENUE
STEVENS POINT WI 54481

ORS / ORS
715-344-0701
JOHN A KOZISEK MD
500 VINCENT STREET
STEVENS POINT WI 54481

PS
BRUCE R KRYGOWSKI MD
DOCTOR'S PARK
508 VINCENT STREET
STEVENS POINT WI 54481

PD / PD
715-344-3314
JUAN B LOPEZ MD
4100 MAIN STREET
STEVENS POINT WI 54481

OBG
715-344-4120
EDWIN G MAY MD
2501 MAIN STREET
STEVENS POINT WI 54481

PTH CLP / PTH
ANGELO MILANO MD
900 ILLINOIS AVENUE
STEVENS POINT WI 54481

PTH / PTH
715-346-5050
HERBERT P MILLER JR MD
900 ILLINOIS AVENUE
STEVENS POINT WI 54481

GP
JAMES D MILLER MD
316 VINCENT STREET
STEVENS POINT WI 54481

GP
715-344-3684
STANLEY R MILLER MD
316 VINCENT STREET
STEVENS POINT WI 54481

GS CDS TS / GS
715-344-4120
BIENVENIDO C PALAGANAS MD
2501 MAIN STREET
STEVENS POINT WI 54481

IM / IM
715-341-8044
JOHN K PAULSON MD
3504 EAST MARIA DRIVE
STEVENS POINT WI 54481

OBG / OBG
JOHN A PICCONATTO MD
122 N WILSHIRE DRIVE
STEVENS POINT WI 54481

ORS / ORS
FRED W REICHARDT MD
1653 NW 19TH CIRCLE
GAINSVILLE FL 32605

U / U
715-341-6181
RICHARD P REIGEL MD
120 N WILSHIRE DRIVE
STEVENS POINT WI 54481

FP
715-345-0990
PETER A SANDERSON MD
2008 GREEN DRIVE
POST OFFICE BOX 405
PLOVER WI 54467

AN
ANNE M G SCHIERL MD
POST OFFICE BOX 308
STEVENS POINT WI 54481

IM
715-344-4120
E MICHAEL SCHNEEBERGER MD
2501 MAIN STREET
STEVENS POINT WI 54481

PTH / PTH
FRANCESCO SCIARRONE MD
900 ILLINOIS AVENUE
STEVENS POINT WI 54481

GP OBG
715-344-5225
JAMES R SEVENICH MD
624 ISADORE STREET
STEVENS POINT WI 54481

GP GS
715-344-6043
W CLIFFORD SHEEHAN MD
1025 SOO MARIE
STEVENS POINT WI 54481

GP
ROBERT H SLATER MD
305 SUNRISE AVENUE
STEVENS POINT WI 54481

GS / GS
715-344-4142
ALBIN J SOWKA MD
1525 MAIN STREET
STEVENS POINT WI 54481

GS / GS
THOMAS R WAGNER MD
3504 EAST MARIA DRIVE
STEVENS POINT WI 54481

PRICE-TAYLOR

FP / FP
715-339-2101
PETER N DAHLIE MD
605 PETERSON DRIVE
PHILLIPS WI 54555

IM
T BAYARD FREDERICK MD
80 SHEBOYGAN STREET
FOND DU LAC WI 54935

IM / IM
715-748-2121
MICHAEL A HAASE MD
101 N GIBSON AVENUE
MEDFORD WI 54451

PD AN / PD
715-748-2121
MILAN KANCA MD
101 N GIBSON AVENUE
MEDFORD WI 54451

FP / FP
715-762-3212
TIMOTHY J LINDGREN MD
POST OFFICE BOX 190
PARK FALLS WI 54552

FP
LEO J LOFLAND MD
ROUTE 2 BOX 107A
OGEMA WI 54459

U / U
715-748-5324
URQUHART L MEETER MD
W6922 CENTER AVENUE
MEDFORD WI 54451

GP
715-748-2121
WALTHER W MEYER MD
101 N GIBSON STREET
MEDFORD WI 54451

GS
ROMULO P MOSCOSO MD
101 N GIBSON AVENUE
MEDFORD WI 54451

GP
715-762-4166
JAMES L MURPHY MD
607 THIRD AVENUE SOUTH
PARK FALLS WI 54552

GP
WALTER E NIEBAUER MD
264 NORTH AVON AVENUE
PHILLIPS WI 54555

FP / FP
STEVEN J NOVACHECK MD
POST OFFICE BOX 190
PARK FALLS WI 54552

GP
715-748-2121
DANILO E OLIVEROS MD
101 N GIBSON AVENUE
MEDFORD WI 54451

FP / FP
715-748-3377
JAMES K ROBINSON II DO
105 N GIBSON AVENUE
MEDFORD WI 54451

GP GS
715-762-2453
JAMES G SARGEANT MD
177 DIVISION STREET
PARK FALLS WI 54552

IM
DINESH H SHAH MD
101 N GIBSON AVENUE
MEDFORD WI 54451

GS / GS
715-762-3212
STEPHEN THORNGATE MD
205 LINDEN STREET
PARK FALLS WI 54552

IM GE
VLADIMIR UHRI MD
107 N GIBSON AVENUE
MEDFORD WI 54451

IM
WILLIAM E YANKE MD
914 S SEVENTH AVENUE
PARK FALLS WI 54552

RACINE

OBG / OBG
414-637-8314
A CHARLES ALEXANDER MD
1244 WISCONSIN AVENUE
RACINE WI 53403

P
BARRY M ALTENBERG MD
SUITE 201
1244 WISCONSIN AVENUE
RACINE WI 53403

OPH / OPH
414-637-7231
ROBERT G ANDERSON MD
500 WALTON AVENUE
RACINE WI 53402

P N / P N
GLENN A BACON MD
C/O R TOMKIEWICZ MD
312 SEVENTH STREET
RACINE WI 53403

GP
414-763-9121
DAVID J BAKER MD
224 N OAKLAND AVENUE
BURLINGTON WI 53105

AN
414-681-2900
HENRY J BARINA MD
3456 N WISCONSIN ST
RACINE WI 53402

GS CDS
PETER J BARTZEN JR MD
5625 WASHINGTON AVENUE
RACINE WI 53406

IM
DON P BAUMBLATT MD
SUITE 206
1244 WISCONSIN AVENUE
RACINE WI 53403

PTH CLP / PTH CLP
414-636-4212
VICTORIANO A BAYLON MD
3801 SPRING STREET
RACINE WI 53405

PTH CLP / PTH CLP
414-636-2276
HENRY W BOCKELMAN MD
414 ROMAYNE AVENUE
RACINE WI 53402

OPH
414-639-2056
GORDON W BREWER MD
3435 ERIE STREET
RACINE WI 53402

OBG PTH
414-632-5730
LENORA M BROCKMAN MD
2405 NORTHWESTERN AVE
RACINE WI 53404

IM / IM
JEROME C BROOKS MD
5625 WASHINGTON AVENUE
RACINE WI 53406

PS HS / PS
RICHARD J C BROWN MD
3315 PATZKE LANE
RACINE WI 53405

GP
JOHN T BRUTON MD
3 SHOREWOOD COURT
RACINE WI 53402

GS / GS
414-632-7521
DONALD R BURKE MD
2405 NORTHWESTERN AVE
RACINE WI 53404

U / U
414-632-6988
HARK C CHANG MD
SUITE 203
3803 SPRING STREET
RACINE WI 53405

ORS / ORS
414-637-5686
CHARLES W CHRISTENSON MD
500 WALTON AVENUE
RACINE WI 53402

GS CDS / GS
414-632-7521
DONALD F COHILL MD
2405 NORTHWESTERN AVE
RACINE WI 53404

OPH / OPH
KERMIT W COVELL MD
214 WOLFF STREET
RACINE WI 53402

NS / NS GS
S MARSHALL CUSHMAN JR MD
3831 LIGHTHOUSE DRIVE
RACINE WI 53402

IM / IM
414-632-9600
HENRY E DE GROOT MD
SUITE 305
3803 SPRING STREET
RACINE WI 53405

P CHP / P CHP
414-633-2933
ROBERT E DROM MD
211 9TH STREET
RACINE WI 53403-1510

PD / PD
414-637-4922
STANLEY M ENGLANDER MD
2405 NORTHWESTERN AVE
RACINE WI 53404

FP / FP
LIEF W ERICKSON MD
POST OFFICE BOX 40
BURLINGTON WI 53105

ORS / ORS
414-632-7523
HURON L ERICSON MD
12 RAVEN TURN
RACINE WI 53402

ABS
305-852-3370
LOUIS E FAZEN MD
NO 409
WRENN ST PLANTAT'N KEY
TAVERNIER FL 33070

OTO
DENNIS E FEIDER MD
SUITE 202
3803 SPRING STREET
RACINE WI 53405

GS PH
813-536-6894
GABRIEL P FERRAZZANO MD
1927 BELLEAIR ROAD
CLEARWATER FL 33546

GYN / OBG
414-886-8213
LOUIS J FLOCH MD
5625 WASHINGTON AVENUE
RACINE WI 53406

PD
STEPHEN T FLOX MD
5625 WASHINGTON AVENUE
RACINE WI 53406

OTO / OTO
414-632-4082
RICHARD J FOGLE MD
SUITE 108
3803 SPRING STREET
RACINE WI 53405

PD / PD
414-637-4922
JOHN W FOREMAN MD
2405 NORTHWESTERN AVE
RACINE WI 53404

OBG / OBG
414-632-7521
JOSEPH C FRALICH MD
2405 NORTHWESTERN AVE
RACINE WI 53404

GP
414-763-9121
E PAUL GANDER MD
190 GARDNER AVENUE
BURLINGTON WI 53105

PD / PD
414-637-4922
PETER A GARDETTO MD
2405 NORTHWESTERN AVE
RACINE WI 53404

OBG / OBG
414-632-7521
HOWARD I GASS MD
2405 NORTHWESTERN AVE
RACINE WI 53404

GE IM / IM
414-636-8100
JOSEPH E GEENEN MD
1333 COLLEGE AVENUE
RACINE WI 53403

IM / IM
414-632-4455
JAMES P GIERAHN MD
2405 NORTHWESTERN AVE
RACINE WI 53404

GS ABS
414-639-3770
GEORGE N GILLETT MD
416 FOUR MILE ROAD
RACINE WI 53402

PD NPM / PD NPM
414-447-2467
JOHN C GLASPEY MD
SUITE P309
3070 NORTH 51ST STREET
MILWAUKEE WI 53210

PD
414-886-8202
ALFRED E GRAF MD
5625 WASHINGTON AVENUE
RACINE WI 53406

GYN / OBG
414-637-7614
ARTHUR B GRANT MD
C/O C ALEXANDER MD
1244 WISCONSIN AVENUE
RACINE WI 53403

FP / FP
414-634-6679
JUNE L C GRINNEY MD
SUITE 105
3803 SPRING STREET
RACINE WI 53405

GYN / OBG
LEO R GRINNEY MD
SUITE 105
3803 SPRING STREET
RACINE WI 53405

ORS / ORS
JAMES R HAMMES MD
500 WALTON AVENUE
RACINE WI 53402

GS ORS / GS
414-632-7521
WILLIAM C HARRIS MD
2405 NORTHWESTERN AVE
RACINE WI 53404

PD / PD
WILLIAM F HENKEN MD
APT 11
700 WATERS EDGE
RACINE WI 53402

IM / IM
414-886-8254
JOHN W HOUSER MD
5625 WASHINGTON AVENUE
RACINE WI 53406

GP
414-632-2252
JOHN G JAMIESON MD
812 MAIN STREET
RACINE WI 53403

IM GE / GE IM
414-637-7996
G KENNETH JOHNSON MD
1333 COLLEGE AVENUE
RACINE WI 53403

R DR / R
HOWARD H JOHNSON MD
5516 ACORN TRAIL
RACINE WI 53402

AN / AN
414-554-0764
SHAILESH G JOSHI MD
3804 WARREN COURT
RACINE WI 53405

AN
OLLI F KAARAKKA MD
1159 N OSBORNE BLVD
RACINE WI 53405

NS
414-634-1909
JOSE KANSHEPOLSKY MD
822 WISCONSIN AVENUE
RACINE WI 53403

TS CDS / TS
414-552-7337
SHERALI KHOJA MD
3801 MONARCH DRIVE
RACINE WI 53405

R NM / R NM
414-636-4311
BYUNG HOON KIM MD
468 WIND RIDGE DRIVE
RACINE WI 53402

P / P
414-632-5344
DAVID Y KIM MD
SUITE 203
1244 S WISCONSIN AVE
RACINE WI 53403

PTH
SOO YUN KIM MD
16 STEEPLECHASE DRIVE
RACINE WI 53402

A / AI
414-632-5161
ZAEZRUNG KIM MD
SUITE 103
1300 S GREEN BAY ROAD
RACINE WI 53406

TR / TR
KENNETH A KLEIN MD
8735 WEST MEADOW LANE
FRANKLIN WI 53132

EM / EM
STEVEN J KOENIGSKNECHT MD
3801 SPRING STREET
RACINE WI 53405

GP OBG
WILLIAM F KONNAK MD
3346 NORTH MAIN STREET
RACINE WI 53402

OPH / OPH
414-886-9100
DENNIS J KONTRA MD
5802 WASHINGTON AVENUE
RACINE WI 53406

GP
414-639-9777
RANDOLPH W KREUL MD
40 S VINCENNES CIRCLE
RACINE WI 53402

AN / AN
414-632-5119
WILLIAM R KREUL MD
100 12TH STREET
RACINE WI 53403

GP
414-763-3513
GEORGE J KRISMER MD
34822 WEST WIND ROAD
BURLINGTON WI 53105

ORS
ROBERT LAING MD
5625 WASHINGTON AVENUE
RACINE WI 53406

IM / IM
414-886-8222
JACK T LANE MD
5625 WASHINGTON AVENUE
RACINE WI 53406

EM IM / IM
608-222-9617
CHARLES R LEADHOLM MD
3037 WAUNONA WAY
MADISON WI 53713

EM
414-639-6277
MITCHELL H LEAVITT MD
806 WATERS EDGE
RACINE WI 53402

OBG / OBG
414-886-8217
DAVID R LE CLOUX MD
5625 WASHINGTON AVENUE
RACINE WI 53406

OPH / OPH
414-637-9615
ROBERT H LEHNER SR MD
3805 SPRING STREET
POST OFFICE BOX 1677
RACINE WI 53401-1677

OPH
414-637-9615
ROBERT H LEHNER II MD
3805 SPRING STREET
POST OFFICE BOX 1677
RACINE WI 53401-1677

GS / GS
414-886-5000
ROBERT B LEITSCHUH MD
5625 WASHINGTON AVENUE
RACINE WI 53406

EM IM
JOHN W LINSTROTH MD
1131 SHERWOOD LANE
CALEDONIA WI 53108

NS N / NS
HARRY H LIPPMAN MD
SUITE 102
3803 SPRING STREET
RACINE WI 53405

IM PUD / IM PUD
414-632-7334
WILLIAM J LITTLE JR MD
SUITE 104
3803 SPRING STREET
RACINE WI 53405

OPH / OPH
414-637-8361
ERNEST L MAC VICAR JR MD
500 WALTON AVENUE
RACINE WI 53402

GYN / OBG
WILLIAM J MADDEN MD
4700 LIGHTHOUSE DRIVE
RACINE WI 53402

GS CDS HS / GS
414-886-8230
RODNEY W MALINOWSKI MD
5625 WASHINGTON AVENUE
RACINE WI 53406

ORS
414-886-0274
DAVID J MANNING MD
5625 WASHINGTON AVENUE
RACINE WI 53406

CD IM / CD IM
414-652-2260
CARROLL M MARTIN MD
8011 14TH AVENUE
KENOSHA WI 53140

IM / IM
414-886-5000
RICHARD J MAYER MD
5625 WASHINGTON AVENUE
RACINE WI 53406

IM PUD / IM
KEVIN W MC CABE MD
5625 WASHINGTON AVENUE
RACINE WI 53406

IM / IM
JOSIAH A MC HALE MD
315 WOLFF STREET
RACINE WI 53402

OBG / OBG
414-632-6202
DONALD W MILLER JR MD
SUITE 105
1244 WISCONSIN AVENUE
RACINE WI 53403

FP
HUBERT C MILLER MD
421 WILLIAM STREET
RACINE WI 53402

R / R
414-636-2311
PAUL L MILLER MD
1320 WISCONSIN AVENUE
RACINE WI 53403

IM / IM
414-632-7521
RICHARD MINTON MD
2405 NORTHWESTERN AVE
RACINE WI 53404

OBG
414-632-7521
LAURA J MUELLER MD
2405 NORTHWESTERN AVE
RACINE WI 53404

IM ON / IM
CARL F MYERS MD
5625 WASHINGTON AVENUE
RACINE WI 53406

EM IM
414-784-0285
DAVID R NAHIN MD
1175 GRAY FOX HOLLOW
WAUKESHA WI 53186

ORS / ORS
414-634-0860
MARVIN W NELSON MD
837 MAIN STREET
RACINE WI 53403

PD / PD
414-632-7521
WILLARD H NETTLES JR MD
2405 NORTHWESTERN AVE
RACINE WI 53404

P CHP / PN
JULIAN J NEWMAN MD
500 WALTON AVENUE
RACINE WI 53402

AN
414-681-0543
MEI FONG NGUI MD
5217 WILLOW VIEW ROAD
RACINE WI 53402

US
JOHN R NICKELSEN MD
823 PERRY AVENUE
RACINE WI 53406

PTH / PTH
414-636-2205
CLAUDE E OBERDORFER MD
1320 S WISCONSIN AVE
RACINE WI 53403

IM ON
414-886-8226
RICHARD N ODDERS MD
5625 WASHINGTON AVENUE
RACINE WI 53406

PD / PD
414-886-5000
ROBERT K ORTWEIN MD
5625 WASHINGTON AVENUE
RACINE WI 53406

U
414-632-7521
ROBERT A PALM MD
2405 NORTHWESTERN AVE
RACINE WI 53404

FP / FP
414-878-4424
CAMILLE A PAQUETTE MD
1120 MAIN STREET
UNION GROVE WI 53182

N
414-637-6106
BYUNG H PARK MD
312 SEVENTH STREET
RACINE WI 53403

OM IM HEM / IM
414-631-2000
MARVIN G PARKER MD
1525 HOWE STREET
RACINE WI 53403

EM GS
414-553-5545
DILIP P PATEL MD
3741 PLEASANT LANE
RACINE WI 53405

D / D
414-632-7535
CHARLES H PATTON MD
2405 NORTHWESTERN AVE
RACINE WI 53404

D GP / D
414-632-7535
KENNETH J PECHMAN PhD MD
2405 NORTHWESTERN AVE
RACINE WI 53404

GP
JAMES J G PETERSEN MD
4222 WASHINGTON AVENUE
RACINE WI 53405

ORS
414-886-8272
GREGORY A PEYER MD
5625 WASHINGTON AVENUE
RACINE WI 53406

GS / GS
414-634-7015
WALTER H PINKUS MD
SUITE 206
1244 WISCONSIN AVENUE
RACINE WI 53403

AN
414-639-2020
MARK J POLEWSKI MD
39 S VINCENNES CIRCLE
NORTH BAY WI 53402

GP
414-632-3973
JOSEPH D POSTORINO MD
SUITE 107
3803 SPRING STREET
RACINE WI 53405

R NM / R NM
414-681-2343
MOHAMMAD H A QAZI MD
1320 WISCONSIN AVENUE
RACINE WI 53403

IM / IM
414-632-4455
RUSSELL A QUIRK MD
2405 NORTHWESTERN AVE
RACINE WI 53404

NS / NS
414-637-6106
MOHAMMED RAFIULLAH MD
3001 MICHIGAN BLVD
RACINE WI 53402

IM
414-632-7521
CHARLES H RAINE MD
2405 NORTHWESTERN AVE
RACINE WI 53404

FP
414-637-5664
JOSE E REYES JR MD
SUITE 205
1244 WISCONSIN AVENUE
RACINE WI 53403

GP
414-634-0422
GLENWAY L ROTHENMAIER MD
1700 C A BECKER DRIVE
RACINE WI 53406

GP
414-279-3407
THOMAS J SALACH MD
POST OFFICE BOX 543
POWERS LAKE WI 53159-0543

FP / FP
414-886-5000
GERALD J SAMPICA MD
5625 WASHINGTON AVENUE
RACINE WI 53406

GS
414-639-3496
EDMUND W SCHACHT MD
ONE DEEPWOOD DRIVE
RACINE WI 53402

GP
414-634-1224
FRANK J SCHEIBLE MD
632 HIGH STREET
RACINE WI 53402

GP
ROBERT F SCHELLER MD
1422 DEANE BOULEVARD
RACINE WI 53405

GP IM
414-835-1490
GRACE E SCHENKENBERG MD
POST OFFICE BOX 183
FRANKSVILLE WI 53126

FP / FP
414-886-5000
ALBIN J SCHLEPER MD
5625 WASHINGTON AVENUE
RACINE WI 53406

P / P
414-634-7117
HAROLD T SCHROEDER MD
500 WALTON AVENUE
RACINE WI 53402

CD
414-632-7521
GERT J SCHULLER MD
2405 NORTHWESTERN AVE
RACINE WI 53404

PTH CLP / PTH AP CLP
414-636-4212
MYRON SCHUSTER MD
3801 SPRING STREET
RACINE WI 53405

GE IM / IM
414-886-8500
ROBERT D SHAFFER MD
5625 WASHINGTON AVENUE
RACINE WI 53406

FP / FP
414-633-5650
MAHMOOD S SHAIKH MD
1244 WISCONSIN AVENUE
RACINE WI 53403

CD IM / CD IM
414-637-7996
HOWARD W SHORT MD
1333 COLLEGE AVENUE
RACINE WI 53403

RHU IM / IM
GREGORY A SHOVE MD
5625 WASHINGTON AVENUE
RACINE WI 53406

IM NEP
414-633-6767
SULTAN H SIDDIQI MD
SUITE 304
3803 SPRING STREET
RACINE WI 53405

GS / GS
414-886-8229
ROBERT F SIEGERT MD
5625 WASHINGTON AVE
RACINE WI 53406

EM IM / IM
LEWIS A SIERRA MD
3801 SPRING STREET
RACINE WI 53405

OPH / OPH
414-637-0500
KANWAR A SINGH MD
3803 SPRING ST STE 301
POST OFFICE BOX 1247
RACINE WI 53405

PTH
SATNAM SINGH MD
5045 WINDPOINT DRIVE
RACINE WI 53402

FP / FP
414-886-8207
RAYMOND E SKUPNIEWICZ MD
5625 WASHINGTON AVENUE
RACINE WI 53406

GS / GS
414-633-0366
LAWRENCE W SMITH MD
704 ORCHARD STREET
RACINE WI 53405

FP
414-763-9128
SHARON A SMITH MD
SUITE 1
425 MILWAUKEE AVENUE
BURLINGTON WI 53105

GS / GS
414-637-6270
WILLIAM J SMOLLEN MD
913 MAIN STREET
RACINE WI 53403

CLP / P
GHONSHAM SOOKNANDAN MD
1618 CENTER STREET
RACINE WI 53403

GYN / OBG
414-637-8311
E STEFFEN MD
734 LAKE AVENUE
RACINE WI 53403

IM PA / IM
RICHARD D STEWART MD
5337 WIND POINT ROAD
RACINE WI 53402

U / U
414-637-5000
EDWARD A STIKA MD
SUITE 103
3803 SPRING STREET
RACINE WI 53405

ON HEM IM / IM
414-886-5000
WILLIAM H STONE MD
5625 WASHINGTON AVENUE
RACINE WI 53406

R NM / R NM
414-886-9000
ARNOLD M STRIMLING MD
3733 SOUTH LANE
FRANKSVILLE WI 53126

CD IM / CD IM
414-637-7996
JAMES F TIERNEY MD
1333 COLLEGE AVENUE
RACINE WI 53403

GS / GS
414-632-1208
JOSEPH C TIFFANY II MD
SUITE 101
3803 SPRING STREET
RACINE WI 53405

IM
414-632-7521
LAWRENCE S TOLSON MD
2405 NORTHWESTERN AVE
RACINE WI 53404

P N
414-637-7239
RALPH E TOMKIEWICZ MD
ROOM 302
312 SEVENTH STREET
RACINE WI 53403

NS / NS
414-637-7777
GORO TSUCHIYA MD
SUITE 307
3803 SPRING STREET
RACINE WI 53405

DR R / R
RICHARD H UDESKY MD
SUITE 207
3803 SPRING STREET
RACINE WI 53405

IM GE / IM
R VENUGOPALAN MD
1333 COLLEGE AVENUE
RACINE WI 53403

OTO A / OTO
414-886-9411
JEROME J VERANTH MD
5605 WASHINGTON AVENUE
RACINE WI 53406

U / U
414-633-3323
INDUR B WADHWANI MD
SUITE 204
3803 SPRING STREET
RACINE WI 53405

EM IM / IM
RICHARD F WAGNER MD
10614 SEVEN MILE ROAD
FRANKSVILLE WI 53126

FP
414-763-9121
ROBERT C WHEATON MD
190 GARDNER AVENUE
BURLINGTON WI 53105

IM / IM
414-886-8253
CHARLES A WIDEBURG MD
5625 WASHINGTON AVENUE
RACINE WI 53406

OBG
JOSEPH R WILCZYNSKI MD
5625 WASHINGTON AVENUE
RACINE WI 53406

GP
414-633-3070
WARREN H WILLIAMSON MD
500 WALTON AVENUE
RACINE WI 53402

IM NEP / IM NEP
414-886-5000
DONALD R WILZ MD
5625 WASHINGTON AVENUE
RACINE WI 53406

IM GE / IM GE
414-632-4455
LEWIS E WRIGHT MD
2405 NORTHWESTERN AVE
RACINE WI 53404

AN
414-639-8570
NASIP H YASATAN MD
505 MULBERRY LANE
RACINE WI 53402

FP CER PD / FP
414-633-3567
SANTIAGO L YLLAS MD
SUITE 306
3803 SPRING STREET
RACINE WI 53405

ORS
414-632-7521
DAVID R ZEMAN MD
2405 NORTHWESTERN AVE
RACINE WI 53404

RICHLAND

FP / FP
608-647-6161
NEIL N BARD MD
1313 W SEMINARY STREET
RICHLAND CENTER WI 53581

FP / FP
608-647-6161
WILLIAM T COOKE MD
1313 W SEMINARY STREET
RICHLAND CENTER WI 53581

FP / FP
608-647-6161
RICHARD W EDWARDS MD
1313 W SEMINARY STREET
RICHLAND CENTER WI 53581

GP
ROY C GLISE JR MD
1313 W SEMINARY ST
RICHLAND CENTER WI 53581

FP / FP
608-647-6161
JOHN C JORDAN MD
1313 W SEMINARY STREE
RICHLAND CENTER WI 53581

GS
608-647-6161
JULIUS H KELERTAS MD
1313 W SEMINARY STREET
RICHLAND CENTER WI 53581

FP
608-647-3262
KILIAN H MEYER MD
969 N CEDAR STREET
RICHLAND CENTER WI 53581

GP
608-647-4792
L MARAMON PIPPIN MD
1313 W SEMINARY STREET
RICHLAND CENTER WI 53581

FP / FP
608-647-6161
THOMAS L RICHARDSON MD
1313 W SEMINARY STREET
RICHLAND CENTER WI 53581

IM
DALE F SINNETT MD
ROUTE 4
RICHLAND CENTER WI 53581

FP / FP
608-647-6161
ROBERT P SMITH MD
1313 W SEMINARY STREET
RICHLAND CENTER WI 53581

GP
JACK I SPEAR MD
ROUTE 3 BOX 77
RICHLAND CENTER WI 53581

GP
DONALD J TAFT MD
POST OFFICE BOX 649
RICHLAND CENTER WI 53581

FP / FP
608-647-6161
JAMES J TYDRICH MD
1313 W SEMINARY STREET
RICHLAND CENTER WI 53581

DR R / R
JOHN M WENTZ MD
ROUTE 4 BOX 278
RICHLAND CENTER WI 53581

IM / IM
608-647-4422
GERALD R WISNIEWSKI MD
1289 W SEMINARY STREET
RICHLAND CENTER WI 53581

ROCK

PD / PD
608-364-2220
GARY R ADAMSKI MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

U / U
608-756-7100
G LEONARD APFELBACH MD
2020 E MILWAUKEE ST
JANESVILLE WI 53545

IM / IM
608-756-5751
JOHN A AUSTIN MD
1200 HOME PARK AVENUE
JANESVILLE WI 53545

R / R
JOHN L BABB MD
2422 RIVERSIDE DRIVE
BELOIT WI 53511

IM
CHARLES S BAKER MD
202 JEFFERSON AVENUE
JANESVILLE WI 53545

ORS
608-362-2438
RAYMOND M BALDWIN MD
2563 RIVERSIDE DRIVE
BELOIT WI 53511

CRS OS / CRS GS
608-364-2230
SUSAN F BEHRENS MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

U / U
608-364-2230
JUAN C BELTRAN MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

N / PN
608-364-2240
CHARLES P BENEDICT MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

OBG / OBG
608-364-2306
PAUL BENNETT II MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

N / PN
608-755-3500
THOMAS R BERENTSEN MD
580 N WASHINGTON ST
JANESVILLE WI 53545

AN / AN
608-754-3938
DOROTHY W BETLACH MD
2520 LINDEN AVENUE
JANESVILLE WI 53545

R NM / R
608-754-3936
EUGENE H BETLACH MD
2520 LINDEN AVENUE
JANESVILLE WI 53545

CD IM / CD IM
608-831-1721
DONALD T BISHOP MD
5629 HIGHLAND WAY
MIDDLETON WI 53562

OPH
608-757-0251
MICHAEL J BLACK MD
104 GLENVIEW COURT
JANESVILLE WI 53545

D / D
608-364-2200
CHARLES R BOARDMAN MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

PD / PD
608-755-3500
K EUGENE BOSTIAN MD
580 N WASHINGTON ST
JANESVILLE WI 53545

FP / FP
RONALD K BOWERS MD
2020 E MILWAUKEE ST
JANESVILLE WI 53545

IM ON / IM MON
608-755-3500
JAMES F BRANDMAN MD
580 N WASHINGTON ST
JANESVILLE WI 53545

IM GE / IM
608-755-3500
WILLIAM N BRANDT MD
580 N WASHINGTON ST
JANESVILLE WI 53545

GP
LESTER P BRILLMAN MD
ONE ST LAWRENCE AVENUE
BELOIT WI 53511

IM END DIA / IM
608-756-7293
FRANK D BRODKEY MD
2020 E MILWAUKEE ST
JANESVILLE WI 53545

N / PN
608-755-3500
ANDREW M BRUGGER MD
580 N WASHINGTON ST
JANESVILLE WI 53545

PD / PD
608-364-2220
DONALD C BURANDT MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

GP
HARVEY L BURDICK MD
POST OFFICE BOX 66
MILTON WI 53563

FP / FP
608-365-5069
CYRIL M CARNEY MD
2001 EAST RIDGE ROAD
BELOIT WI 53511

GS
KENNETH L CARTER MD
2433 FIELD CREST ROAD
BELOIT WI 53511

IM / IM
608-364-2240
ROBERT L CHANCEY MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

OPH
GEORGE CHARNECKI MD
SUITE 402
101 E MILWAUKEE STREET
JANESVILLE WI 53545

DR R / R
608-364-5266
WOOK-CHIN CHONG MD
1969 WEST HART ROAD
BELOIT WI 53511

AN
STEVEN S CHOUNG MD
2657 AUSTIN PLACE
BELOIT WI 53511

GP
DANIEL M CLARK MD
911 BLACKHAWK BLVD
ROCKTON IL 61072

OBG / OBG
608-364-2200
DAVID K CRISWELL MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

AN
ROBERTO J DANOCUP MD
3203 ROSE COURT
BELOIT WI 53511

FP / FP
608-752-7803
GREGORY L DARROW MD
2000 E RACINE STREET
JANESVILLE WI 53545

EM GS
RAM DAS MD
1748 OAKLEAF DRIVE
SOUTH BELOIT IL 61080

IM / IM
608-755-3500
ERNEST C DEEDS MD
580 N WASHINGTON ST
JANESVILLE WI 53545

EM
KEVIN G DERUS MD
1969 WEST HART ROAD
BELOIT WI 53511

AN / AN
JAY S DE VORE MD
5635 NEWVILLE ROAD
MILTON WI 53563-9441

FP / FP
ROBERT W DIBBLE MD
2001 EAST RACINE
JANESVILLE WI 53545

AN / AN
JOVAN L DJOKOVIC MD
630 WEXFORD DRIVE
JANESVILLE WI 53545

AN / AN
414-752-4380
ROBERT K DODGE MD
526 LOGAN STREET
JANESVILLE WI 53545

OPH
608-755-3500
JOHN J DOWNING MD
580 N WASHINGTON ST
JANESVILLE WI 53545

OPH / OPH
608-364-2204
GERALD R DRUCKREY MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

OM
608-756-7916
PAUL F DURKEE MD
POST OFFICE BOX 629
JANESVILLE WI 53545

PD ID
ANNE E DYSON MD
709 COLLEGE STREET
BELOIT WI 53511

OTO HNS / OTO
608-755-3673
WARREN R ELLISON MD
580 N WASHINGTON ST
JANESVILLE WI 53545

GS TS GE / GS
608-756-7261
STEVEN L FALK MD
2020 E MILWAUKEE ST
JANESVILLE WI 53545

GS
608-884-3371
VICTOR S FALK JR MD
5 WEST ROLLIN STREET
EDGERTON WI 53534

IM GE / IM GE
608-364-2240
STEVEN J FASS MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

IM
608-364-2200
W FITZGERALD MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

PD / PD
608-364-2200
JANE E FOSSUM MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

EM / EM
MARK W FRANCIS MD
1969 WEST HART ROAD
BELOIT WI 53511

PTH CLP / PTH CLP
608-362-5642
JORDAN FRANK MD
1969 WEST HART ROAD
BELOIT WI 53511

IM / IM
SAMUEL L FRAZER MD
580 N WASHINGTON ST
JANESVILLE WI 53545

P
608-754-8191
PAUL F FRECHETTE MD
111 NORTH MAIN STREET
JANESVILLE WI 53545

PD / PD
WILLIAM S FREEMAN MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

IM / IM
608-364-2240
LELAND J FROM MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

R IM / R
DAVID L GIBSON MD
POST OFFICE BOX 468
JANESVILLE WI 53547-0468

AN / AN
612-763-5807
ORVIN G GLESNE MD
605 EDGEWATER DRIVE
ALEXANDRIA MN 56308

PD / PD
608-756-7230
MARK L GOELZER MD
2020 E MILWAUKEE ST
JANESVILLE WI 53545

IM
608-364-2384
KENNETH I GOLD MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

FP / FP
608-882-5170
ROGER S GRAY MD
11 WEST CHURCH STREET
EVANSVILLE WI 53536

ORS / ORS
608-775-3500
GERALD P GREDLER MD
510 NORTH TERRACE
JANESVILLE WI 53545

IM / IM
608-755-3500
STANLEY W GRUHN MD
580 N WASHINGTON ST
JANESVILLE WI 53545

IM
608-755-3500
GEORGE E GUTMANN MD
580 N WASHINGTON ST
JANESVILLE WI 53545

R / R
608-754-2002
THOMAS R HANSEN MD
1000 MINERAL POINT AVE
JANESVILLE WI 53545

FP / FP
608-756-7100
EUGENE S HARTLAUB MD
2020 E MILWAUKEE ST
JANESVILLE WI 53545

DR / DR
608-756-0090
JAMES L HATCH MD
1029 PARKRIDGE ROAD
JANESVILLE WI 53545

ORS / ORS
608-364-2308
WILLIAM M HEBBLE MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

OBG / OBG
ROBERT A HOLLAND MD
2326 TRADITION LANE
JANESVILLE WI 53545

FP OTO / FP
JOHN F HOLMES MD
24 HILLTOP DRIVE
MILTON WI 53563

ORS / ORS
608-756-7100
ROBERT N HORSWILL MD
2020 E MILWAUKEE ST
JANESVILLE WI 53545

ORS IM
ROGER E HUIZENGA MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

IM
ANTONIO L JHOCSON MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

OBG / OBG
608-756-7283
EDWARD J JOB MD
2020 E MILWAUKEE ST
JANESVILLE WI 53545

IM / IM
GEORGE T JONES MD
2670 CHATSWORTH DRIVE
BELOIT WI 53511

GS / GS
608-755-3500
RONALD P KARZEL MD
580 N WASHINGTON ST
JANESVILLE WI 53545

GS CDS / GS GVS
608-364-2230
MAYER KATZ MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

IM GE / IM
FRANCIS L KELLER MD
1026 LARAMIE LANE
JANESVILLE WI 53545

OPH
608-364-2200
JAMES L KELLER MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

GS CDS TS / GS
608-756-7261
TRILOK S KHANNA MD
2020 E MILWAUKEE ST
JANESVILLE WI 53545

EM
DONALD KNEPEL MD
EMERGENCY ROOM
1000 MINERAL POINT AVE
JANESVILLE WI 53545

OBG / OBG
608-756-7286
RICHARD L KOCHELL MD
2020 E MILWAUKEE ST
JANESVILLE WI 53545

PD / PD
GORDON E KRONQUIST MD
POST OFFICE BOX 551
JANESVILLE WI 53547

OPH
LEO W LAKRITZ MD
POST OFFICE BOX 1058
BELOIT WI 53511-1058

IM
THOMAS J LANG MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

OTO
608-364-2200
JONG MAN LEE MD
2211 EAST RIDGE ROAD
BELOIT WI 53511

OTO
PETER U LEE MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

D / D
813-485-4060
HARLAN M LEVIN MD
1119 KETCH LANE
VENICE FL 33595-1839

CD IM
ROGER G LIM MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

IM / IM
GEORGE H LIND MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

FP / FP
JAMES P LONG MD
1904 HUEBBE PARKWAY
BELOIT WI 53511

FP / FP
ERIC R LYERLA MD
508 CAMPUS STREET
MILTON WI 53563

RHU IM / RHU IM
608-755-3500
STEVEN P MACIOLEK MD
580 N WASHINGTON ST
JANESVILLE WI 53545

PD / PD
608-884-3354
NALINI MADAN MD
1011 NORTH MAIN STREET
EDGERTON WI 53534

IM / IM
608-884-3354
SURESH K MADAN MD
1011 NORTH MAIN STREET
EDGERTON WI 53534

EM
JOHN J MAHER MD
1969 WEST HART ROAD
BELOIT WI 53511

GP
608-365-7767
TIMOTHY A MANNING MD
1904 HUEBBE PARKWAY
BELOIT WI 53511

R / R
608-756-6743
ROBERT F MATZKE MD
1000 MINERAL POINT AVE
JANESVILLE WI 53545

ORS
THOMAS G MC CALL MD
510 N TERRACE STREET
JANESVILLE WI 53545

GP
EDWARD R MC NAIR MD
120 S CENTER STREET
ORFORDVILLE WI 53576

P
SHELLY M MENOLASCINO MD
POST OFFICE BOX 476979
CHICAGO IL 60647-6979

IM / IM
608-754-8886
DALE E MILLER MD
1124 BURR OAK COURT
JANESVILLE WI 53545

OBG
608-756-7100
EDWARD C MILLER MD
2020 E MILWAUKEE ST
JANESVILLE WI 53545

IM / IM
JAMES R MILLER MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

OTO HNS GS / OTO
608-755-3500
JOHN C MUNDY MD
580 N WASHINGTON ST
JANESVILLE WI 53545

PD / PD
608-755-3500
BRUCE K NAGLE MD
POST OFFICE BOX 551
580 N WASHINGTON ST
JANESVILLE WI 53547-0551

PD / PD
608-755-3500
KATSUMI NEENO MD
580 N WASHINGTON AVE
JANESVILLE WI 53545

OBG
608-752-0053
HERMAN D NIENHUIS MD
221 WEST COURT STREET
JANESVILLE WI 53545

PD / PD
608-756-7100
BLAINE B NOWAK MD
2020 E MILWAUKEE ST
JANESVILLE WI 53545

OBG / OBG
608-755-3500
JAMES N O'BRIEN MD
580 N WASHINGTON ST
JANESVILLE WI 53545

IM / IM
WILLIAM G ODETTE MD
5 WEST ROLLIN
EDGERTON WI 53534

ORS / ORS
608-755-3500
PAUL K ODLAND MD
510 N TERRACE STREET
JANESVILLE WI 53545

R / R
608-364-5266
EDWARD P ONDERAK MD
1969 WEST HART ROAD
BELOIT WI 53511

OBG / OBG
608-754-9323
ERLAND R OTTERHOLT MD
2428 APACHE COURT
JANESVILLE WI 53545

AN / PTH
YON DOO OUGH MD
1969 WEST HART ROAD
BELOIT WI 53511

D / D
608-755-3500
BRUCE R PEARSON MD
580 N WASHINGTON ST
JANESVILLE WI 53545

OPH / OPH
608-754-7781
JOHN F PEMBER MD
60 WATER STREET
POST OFFICE BOX 429
JANESVILLE WI 53547-0429

ORS / ORS
608-755-3555
MARK S PERPICH MD
510 N TERRACE STREET
JANESVILLE WI 53545

IM CD / IM
DANIEL T PETERSON MD
580 NORTH WASHINGTON
JANESVILLE WI 53545

U / U
608-755-3500
ARTHUR C PLAUTZ JR MD
580 N WASHINGTON ST
JANESVILLE WI 53545

GS / GS
608-362-2545
WILLIAM H POLLARD JR MD
803 LILAC ROAD
BELOIT WI 53511

FP / FP
608-362-4146
WILLIAM A PRUETT MD
2031 RIVERSIDE DRIVE
BELOIT WI 53511

IM
MARSHALL F PURDY MD
2118 CORNELL AVENUE
JANESVILLE WI 53545-2002

AN
608-362-4444
FELIPE L QUI MD
2151 CRITTENDEN DRIVE
BELOIT WI 53511

FP / FP
608-884-3371
PEDRO O RANOLA MD
FIVE W ROLLIN STREET
EDGERTON WI 53534

IM NEP / IM
608-756-7100
RAMACHANDRA RAO MD
2020 E MILWAUKEE ST
JANESVILLE WI 53545

GP AN
608-752-4439
ESTHER L RAU MD
1317 BENNETT STREET
JANESVILLE WI 53545

GP
608-388-2032
ARTHUR L REINARDY MD
705 FIRST STREET
KEWAUNEE WI 54216

GS ARS ND / GS
813-639-6080
EVERETT W REINARDY MD
14-A BANYAN POINT
PUNTA GORDA FL 33950

OTO / OTO
608-756-7100
DAVID S ROWE MD
2020 E MILWAUKEE ST
JANESVILLE WI 53545

GS TS / GS
608-755-3500
FRANCIS R RUSSO MD
580 N WASHINGTON ST
JANESVILLE WI 53545

GP GS
RAEAEL S SALADAR MD
2031 RIVERSIDE DRIVE
BELOIT WI 53511

GP
608-362-9221
FERNANDO E SALVADOR MD
2031 RIVERSIDE DRIVE
BELOIT WI 53511

OBG / OBG
501-525-2337
RICHARD J SANDERSON MD
ROUTE 3 BOX 151
HOT SPRINGS AR 71913

IM
THOMAS S SARGEANT MD
580 N WASHINGTON ST
JANESVILLE WI 53545

OBG / OBG
WALTER A SCHOLTEN JR MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

GP
608-876-6371
JACK D SCHROEDER MD
ROUTE 5
JANESVILLE WI 53545

GP
608-362-4359
ROBERT R SCHWAEGLER MD
704 PARK AVENUE
BELOIT WI 53511

GS GP / GS
CHARLES E SHEARER MD
1011 NORTH MAIN STREET
EDGERTON WI 53534

GS FP / GS
608-884-3354
THOMAS M SHEARER MD
1011 NORTH MAIN STREET
EDGERTON WI 53534

GS / GS
608-755-3626
P RICHARD SHOLL MD
580 NORTH WASHINGTON
POST OFFICE BOX 551
JANESVILLE WI 53545-0551

IM / IM
DAVID A SMITH MD
580 N WASHINGTON ST
JANESVILLE WI 53545

IM / IM
HERBERT M SNODGRASS MD
5031 KNOLLWOOD DRIVE
JANESVILLE WI 53545

OBG / OBG
608-364-2342
MYRON G SPOONER MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

GP PH
JOSEPH C SPRINGBERG MD
APT 210
7400 SUN ISLAND DR S
SOUTH PASADENA FL
33707-4425

CDS GS / GS
WILLIAM H SQUIRES MD
580 N WASHINGTON AVE
JANESVILLE WI 53545

PTH CLP / PTH CLP
608-362-5642
SERAFIN B TERUEL MD
1969 WEST HART ROAD
BELOIT WI 53511

ORS / ORS
608-756-7206
JEEFREY C THOMAS MD
2020 E MILWAUKEE ST
JANESVILLE WI 53545

GP
608-756-7100
PAUL C TREGONING MD
2020 E MILWAUKEE ST
JANESVILLE WI 53545

ORS / ORS
608-364-2230
ALLEN O TUFTEE MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

OTO
ALLEN H TWYMAN MD
1671 INDIAN ROAD
BELOIT WI 53511

OBG / OBG
608-755-3630
JAMES G VOGEL MD
580 N WASHINGTON ST
JANESVILLE WI 53545

PD / PD
608-756-7100
STEPHEN C WERNER MD
2020 E MILWAUKEE ST
JANESVILLE WI 53545

FP / FP
608-756-7100
WILLIAM P WEST MD
2020 E MILWAUKEE ST
JANESVILLE WI 53545

A IM
608-755-3500
TERRANCE L WISEMAN MD
580 N WASHINGTON ST
JANESVILLE WI 53545

IM / IM
PAMELA B WOLFE MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

GS TS / GS
608-364-2230
GEORGE F WOODINGTON MD
1905 HUEBBE PARKWAY
BELOIT WI 53511

IM / IM
608-754-6017
DOROTHY J ZAJAC MD
60 SOUTH RIVER STREET
JANESVILLE WI 53545

RUSK

GS
JOSEPH S BACHIR MD
906 COLLEGE AVENUE W
LADYSMITH WI 54848

GP
715-532-6073
WILLIAM B A J BAUER MD
417 W FOURTH ST NORTH
LADYSMITH WI 54848

FP / FP
RALPH P BENNETT MD
906 W COLLEGE AVENUE
LADYSMITH WI 54848

IM / IM
715-532-6615
RON M CHARIPAR MD
1216 EAST RIVER
LADYSMITH WI 54848

FP / FP
715-532-6651
HOWARD T CHATTERTON MD
906 COLLEGE AVE WEST
LADYSMITH WI 54848

IM / IM
715-532-6651
DOUGLAS M DE LONG MD
906 COLLEGE AVE WEST
LADYSMITH WI 54848

OBG
715-532-6651
ROBERT K DE MOTT MD
906 COLLEGE AVENUE W
LADYSMITH WI 54848

DR / R
715-532-3727
DAVID P ELLIS MD
1011 SHADY LANE
LADYSMITH WI 54848

IM / IM
715-532-6651
RICHARD J ROMEIS MD
906 COLLEGE AVENUE W
LADYSMITH WI 54848

FP / FP
715-532-6651
EMIL B STEINKE MD
906 COLLEGE AVE
LADYSMITH WI 54848

GP GS
715 868 2421
MAURICE L WHALEN MD
POST OFFICE BOX 217
BRUCE WI 54819

FP / FP
715 532 6657
JOHN L ZIEMER MD
906 COLLEGE AVE WEST
LADYSMITH WI 54848

SAUK

FP / FP
608-524-6477
DAVID E BURNETT MD
1900 N DEWEY AVENUE
REEDSBURG WI 53959

FP / FP
608-643-3351
HAAKON P CARLSON MD
55 PRAIRIE AVENUE
PRAIRIE DU SAC WI 53578

GS / GS
608-524-3349
JAMES W CLAY MD
1900 N DEWEY AVENUE
REEDSBURG WI 53959

FP
608-253-1171
HAROLD L CONLEY MD
820 BAUER STREET
WISCONSIN DELLS WI 53965

FP / FP
608-524-6477
JAMES R DAMOS MD
1900 N DEWEY AVENUE
REEDSBURG WI 53959

GS / GS
JOHN A DE GIOVANNI MD
75 PRAIRIE AVENUE
PRAIRIE DU SAC WI 53578

FP
608-592-3296
DALE P FANNEY MD
601 CLARK STREET
LODI WI 53555

GS / GS
RENATO T FAYLONA MD
SOUTH VINE STREET
WISCONSIN DELLS WI 53965

IM / IM
608-356-2145
THOMAS R FLYGT MD
1902 JEFFERSON STREET
BARABOO WI 53913-1548

FP / FP
608-546-4211
IHOR A GALARNYK MD
PLAIN WI 53577

GS
608-356-6656
EDWIN J HAMMER MD
703 14TH STREET
BARABOO WI 53913

GP
ROBERT G HANSEL MD
131 MONROE STREET
BARABOO WI 53913

FP
GERALD J HOLMEN MD
703 14TH STREET
BARABOO WI 53913

GP
608-356-4777
MELVIN F HUTH MD
203 FOURTH STREET
BARABOO WI 53913

FP / FP
608-643-3351
STEVEN J JOHNSON MD
55 PRAIRIE AVENUE
PRAIRIE DU SAC WI 53578

FP / FP
608-588-2502
GERALD C KEMPTHORNE MD
153 E JEFFERSON STREET
SPRING GREEN WI 53588

FP
608-524-6477
ROBERT G KNIGHT MD
1900 N DEWEY AVENUE
REEDSBURG WI 53959

FP / FP
608-643-3351
JOHN J KOCH MD
55 PRAIRIE AVENUE
PRAIRIE DU SAC WI 53578

FP / FP
608-524-6477
ROBERT J KOONTZ MD
1900 N DEWEY AVENUE
REEDSBURG WI 53959

ORS GS / ORS
608-643-2471
DIANA L KRUSE MD
75 PRAIRIE AVENUE
PRAIRIE DU SAC WI 53578

FP / FP
608-356-6656
DAVID P KUTER MD
703 14TH STREET
BARABOO WI 53913

FP / FP
608-356-6656
JAMES M LEWIS MD
703 14TH STREET
BARABOO WI 53913

FP / FP
608-643-3351
JOHN A MC AULIFFE MD
55 PRAIRIE AVENUE
PRAIRIE DU SAC WI 53578

FP / FP
THOMAS T MIDTHUN MD
703 14TH STREET
BARABOO WI 53913

FP / FP
608-253-1171
MAUREEN A MURPHY MD
POST OFFICE BOX 325
WISCONSIN DELLS, WI 53965

GP
OTTO V PAWLISCH MD
531 EAST MAIN STREET
REEDSBURG WI 53959

GP
608-356-3984
CARLYLE R PEARSON MD
POST OFFICE BOX 169
BARABOO WI 53913

ORS / ORS
608-356-3942
MICHAEL D PLOOSTER MD
1070 ROSEMARY CIRCLE
BARABOO WI 53913

GP R / R NM
608-546-5891
ROBERT E POLCYN MD
ROUTE 1 BOX 128
PLAIN WI 53577

ORS / ORS
ARNOLD N ROSENTHAL MD
75 PRAIRIE AVENUE
PRAIRIE DU SAC WI 53578

IM / IM
608-356-2145
DANNY R SESSLER MD
635 15TH STREET
BARABOO WI 53913-0187

FP / FP
608-356-6656
JOHN T SIEBERT MD
703 14TH STREET
BARABOO WI 53913

GP ABS / GP ABS
608-524-6451
RODOLFO G SIMEON MD
118 MAIN STREET
REEDSBURG WI 53959

FP / FP
608-643-3351
THOMAS P SULLIVAN MD
55 PRAIRIE AVENUE
PRAIRIE DU SAC WI 53578

FP / FP
608-356-6656
DONALD W VANGOR MD
703 14TH STREET
BARABOO WI 53913

GS GP
608-524-6441
VICTOR G VERGARA JR MD
1900 N DEWEY STREET
REEDSBURG WI 53959

FP / FP
RICHARD K WESTPHAL MD
POST OFFICE BOX 325
WISCONSIN DELLS WI 53965

FP / FP
608-643-3065
GIBBS W ZAUFT MD
257 WATER STREET
PRAIRIE DU SAC WI 53578

SAWYER

GP
715-634-2681
LLOYD M BAERTSCH MD
ROUTE 3 BOX 3998
HAYWARD WI 54843

GP
715-634-4153
JENNIFER DANIELS MD
ROUTE 2 BOX 2750
HAYWARD WI 54843

FP EM / FP
715-634-8911
DOROTHY A NOVAK MD
ROUTE 3 BOX 3999
HAYWARD WI 54843

N
715-634-2622
MARTIN H SAHS MD
116 WEST SECOND STREET
POST OFFICE BOX 72
HAYWARD WI 54843

GP
GUNNAR A SMARS JR MD
2216 LEXINGTON DRIVE
MANITOWOC WI 54220

GP
715-634-2681
PAUL STRAPON III MD
ROUTE 3 BOX 3998
HAYWARD WI 54843

SHAWANO

GP
715-526-3137
JOHN J ALBRIGHT MD
610 WEST GREEN BAY
SHAWANO WI 54166

GP
715-524-2161
DAVID S ARVOLD MD
117 E GREEN BAY STREET
SHAWANO WI 54166

GP
715-526-3137
FRANKLYN T BERGMANN MD
610 W GREEN BAY STREET
SHAWANO WI 54166

GS / GS
715-524-2161
ARTHUR A CANTWELL JR MD
117 E GREEN BAY STREET
SHAWANO WI 54166

FP
715-535-2115
BETH L GILLIS MD
POST OFFICE BOX 187
TIGERTON WI 54486

FP / FP
715-524-2161
RONALD L HARMS MD
117 E GREEN BAY STREET
SHAWANO WI 54166

FP / FP
715-524-2161
JOHN D HART MD
117 E GREEN BAY STREET
SHAWANO WI 54166

GS GP
715-524-2161
DONALD A JEFFRIES MD
117 E GREEN BAY AVENUE
SHAWANO WI 54166

R / R
715-524-2161
MIGUEL-ANGEL JIMENEZ MD
117 E GREEN BAY STREET
SHAWANO WI 54166

U / U
715-524-2161
JOHN W KOSKO MD
117 E GREEN BAY ST
SHAWANO WI 54166

GP
FLOYD L LITZEN MD
POST OFFICE BOX 106
GRESHAM WI 54128-0106

FP / FP
715-524-2161
RONALD L LOGEMANN MD
117 E GREEN BAY STREET
SHAWANO WI 54166

FP / FP
715-524-2161
RALPH D PETTY MD
117 E GREEN BAY STRET
SHAWANO WI 54166

GP GS
715-526-3137
DONALD W SCHULZ MD
610 W GREEN BAY STRET
SHAWANO WI 54166

GP
715-526-3313
ALOIS J SEBESTA MD
126 1/2 S MAIN STREET
POST OFFICE BOX 360
SHAWANO WI 54166-0360

P N
JOHN C SHIELDS MD
W 3456 RIVER HEIGHTS
SHAWANO WI 54166

FP / FP
715-524-2161
RICHARD R STOUGHTON MD
117 E GREEN BAY STREET
SHAWANO WI 54166

GP
715-758-2167
PATRICIA J STUFF MD
POST OFFICE BOX 366
BONDUEL WI 54107

GP
RALPH E TAUKE MD
TIGERTON WI 54486

FP / FP
715-524-2161
THOMAS J THOMAS MD
117 E GREEN BAY STREET
SHAWANO WI 54166

SHEBOYGAN

FP
414-893-0526
MARY E ARENBERG MD
210 SELMA STREET
PLYMOUTH WI 53073

OBG / OBG
414-457-4461
ARVED O ASHBY MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

OPH / OPH
DAVID KING AYMOND MD
1953 N SIXTH STREET
SHEBOYGAN WI 53081-2958

OBG / OBG
414-458-3713
DAVID J BATZNER MD
POST OFFICE BOX 944
SHEBOYGAN WI 53082-0944

IM ON HEM / IM ON HEM
414-457-4461
PETER A BEATTY MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

FP / FP
414-457-4461
RIECK W BEIERSDORF MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

AI IM / AI IM
414-457-4616
VIJAY K BERI MD
904 NORTH NINTH STREET
SHEBOYGAN WI 53081

FP / FP
WARREN A BRAUER MD
528 EVERGREEN PARKWAY
SHEBOYGAN WI 53081

GP
414-892-7021
ARTHUR J BRICKBAUER MD
315 FORREST AVENUE
PLYMOUTH WI 53073-1221

D A / D
JAMES W BRINGE MD
2708 N SEVENTH STREET
SHEBOYGAN WI 53081

R DR NR / R DR
414-459-4672
RICHARD L CAMPBELL MD
1601 N TAYLOR DRIVE
SHEBOYGAN WI 53081

GP
NOEL T CARLSON DO
POST OFFICE BOX S
ELKHART LAKE WI 53020

DR / DR
414-459-4671
THOMAS R CONNELL MD
RADIOLOGY DEPARTMENT
1601 NORTH TAYLOR DR
SHEBOYGAN WI 53081

FP OBS / FP
414-894-2636
KAREN K COWAN MD
635 PAINE STREET
KIEL WI 53042

IM GP
414-457-4461
WILLIAM C CRAWFORD III MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

IM
MANUEL C DELEON III MD
708 ST CLAIR AVENUE
SHEBOYGAN WI 53081

ORS / ORS
414-457-4461
JAN P DE ROOS MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

IM
BURNELL F ECKARDT MD
2010 N SIXTH STREET
SHEBOYGAN WI 53081

RHU IM / RHU IM
414-457-3581
ROBERT H EHRHART MD
1226 N EIGHTH STREET
SHEBOYGAN WI 53081

IM PUD
414-892-6386
RAYMOND H EVERS MD
913 RIVERVIEW DRIVE
PLYMOUTH WI 53073

OBG / OBG
414-457-4461
PEDRO B FERNANDEZ MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

U / U
414-457-4461
DIRK T FISHER MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

OTO HNS / OTO HNS
414-457-4461
PAUL M FLEMING MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

AN
414-452-0896
CHARLES J GEHRING JR MD
3118 NORTH 25TH STREET
SHEBOYGAN WI 53081

DR / R
JACOB M GEREND MD
705 OAK TREE ROAD
SHEBOYGAN WI 53081

ORS / ORS
DONALD R GORE MD
1226 N EIGHTH STREET
SHEBOYGAN WI 53081

U / U
414-457-4858
CHRISTOPHER A GRAF MD
1720 N EIGHTH STREET
SHEBOYGAN WI 53081

OPH
KATHRYN A GREEN MD
13018 CENTERVILLE ROAD
CLEVELAND WI 53015

IM / IM
414-457-4461
CURTIS W HANCOCK MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

FP
414-467-3477
HORACE J HANSEN MD
ROUTE 2 MILL ROAD
SHEBOYGAN FALLS WI 53085

AN / AN
414-458-1727
DONALD J HARVEY MD
3415 RIVER BLUFF DRIVE
SHEBOYGAN WI 53081

FP / FP
HAROLD N HEINZ MD
1030 LEISURE WORLD
MESA AZ 85206

IM / IM
414-457-4461
ROBERT A HELMINIAK MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

U / U
414-457-4461
JOHN P HERMANN MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

AN / AN
414-459-4728
GEORGE L HESS JR MD
907 ASPEN ROAD
KOHLER WI 53044

GS
414-457-7972
FREDERICK G HIDDE MD
714 NORTH AVENUE
SHEBOYGAN WI 53081

D IM / D
414-457-4461
JAMES F HILDEBRAND MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

P
414-458-4361
JOSEFINA L HIZON MD
1415 NORTH 13TH STREET
SHEBOYGAN WI 53081

P N / PN
EDWARD E HOUFEK MD
237 SW FIFTH AVENUE
BOYNTON BEACH FL 33435

P / P
414-457-4461
EARL H JOCHIMSEN MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

AN
MARVIN G JUMES MD
ROUTE 1
SHEBOYGAN WI 53081

IM
CHANDA KAPUR MD
POST OFFICE BOX 568
PLYMOUTH WI 53073

FP / FP
414-457-4461
ROBERT A KELLER MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

IM / IM
414-452-6000
VYTAS K KERPE MD
1226 N EIGHTH STREET
SHEBOYGAN WI 53081

PTH / PTH
ROGER G KLETTKE MD
PATHOLOGY DEPARTMENT
1601 N TAYLOR DRIVE
SHEBOYGAN WI 53081

D / D
414-457-4461
MARK R KNABEL MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

IM
JAMES B KUPLIC MD
1226 N EIGHTH STREET
SHEBOYGAN WI 53081

U / U
414-457-4858
TIMOTHY A KURTEN MD
1720 N EIGHTH STREET
SHEBOYGAN WI 53081

OPH / OPH
414-452-5400
CHRISTOPHER L LARSON MD
1442 NORTH 31ST STREET
SHEBOYGAN WI 53081

GS / GS
414-452-4911
KENNETH J LISBERG MD
1226 N EIGHTH STREET
SHEBOYGAN WI 53081

OTO PS / OTO
414-457-2100
RICHARD K LOUDEN MD
1720 N EIGHTH STREET
SHEBOYGAN WI 53081

GP
LARRY J MALEWISKI MD
1930 N EIGHTH STREET
SHEBOYGAN WI 53081

FP / FP
414-457-4438
DEAN A MANCHESKI MD
904 NORTH NINTH STREET
SHEBOYGAN WI 53081

FP
414-457-4438
BERNARD S MARSHO MD
904 NORTH NINTH STREET
SHEBOYGAN WI 53081

FP
414-457-4438
PATRICK R MARSHO MD
904 NORTH NINTH STREET
SHEBOYGAN WI 53081

IM / IM
414-457-4461
JAMES D MICHAEL MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

R
ALLEN MISCH MD
3111 N KONING DRIVE
SHEBOYGAN WI 53081

IM
414-458-0044
THOMAS MOCKERT JR MD
1720 N EIGHTH STREET
SHEBOYGAN WI 53081

PD HEM / PD PHO
414-457-4461
GHULAM MOHAMMAD MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

AN
JANE M MOIR MD
ROUTE 1
OOSTBURG WI 53070

AN / AN
414-458-4652
CYNTHIANE J MORGENWECK MD
1953 N SIXTH STREET
SHEBOYGAN WI 53081-2958

IM GE / IM
414-457-4461
JONATHAN V MOULTON MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

D / D
414-457-9100
KEVIN S MYERS MD
904 NORTH NINTH STREET
SHEBOYGAN WI 53081

GS TS / GS
FREDERICK P NAUSE MD
1720 N EIGHTH STREET
SHEBOYGAN WI 53081

ORS / ORS
414-457-4461
COLE S NORTHUP MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

FP / FP
414-457-4461
CYNTHIA P NORTHUP MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

GS / GS
414-457-4461
DONALD D OHME MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

PD PDA / PD PDA
414-457-4461
D DOUGLAS OPEL MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

FP / FP
JAMES R PAWLAK MD
13018 CENTERVILLE ROAD
CLEVELAND WI 53015

GP
414-893-0524
PABLO M PEREZ MD
133 EAST MILL STREET
PLYMOUTH WI 53073

FP
414-893-1411
SCOTT R PESCHKE MD
1000 EASTERN AVENUE
PLYMOUTH WI 53073

OPH / OPH
414-458-3782
ROBERT W POINTER MD
1442 NORTH 31ST STREET
SHEBOYGAN WI 53081

GS / GS GYS
414-457-4461
DEAN B PRATT MD
332 PARK AVENUE
SHEBOYGAN WI 53081

PD / PD
414-457-4461
SARAH J PRATT MD
332 PARK AVENUE
SHEBOYGAN WI 53081

OBG / OBG
414-457-4461
GARRY A QUINN MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

FP GS / FP
414-457-5016
MARTIN A RAMMER JR MD
1930 N EIGHTH STREET
SHEBOYGAN WI 53081

PD
414-457-4461
JOHN M REINEMANN MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

OBG / OBG
414-457-4461
THOMAS RIES MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

OM
813-755-4365
DONALD M ROWE MD
5628 GARDEN LAKES PALM
BRADENTON FL 34203

ORS HS / ORS
414-452-5320
WENDELIN W SCHAEFER MD
904 NORTH NINTH STREET
SHEBOYGAN WI 53081

AN
CHARLES A SCHMITT MD
707 MAYFLOWER STREET
SHEBOYGAN WI 53081

OPH / OPH
414-457-4461
EDWARD G SCHOTT MD
1011 NORTH 8TH STREET
SHEBOYGAN WI 53081

FP / FP
414-893-0526
GEORGE S SCHROEDER MD
210 SELMA
PLYMOUTH WI 53073

GP CRS / GS
414-893-0558
IRVIN L SCHROEDER MD
210 SELMA STREET
PLYMOUTH WI 53073

IM CD / IM
JOHN F SCHWALBACH MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

OTO HNS / OTO
414-457-4461
PASCHAL A SCIARRA MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

DR / DR
414-457-5033
ROBERT J SCOTT MD
2809 N SEVENTH STREET
SHEBOYGAN WI 53081

ORS / ORS
414-458-3791
D SCOTT SELLINGER MD
1226 N EIGHTH STREET
SHEBOYGAN WI 53081

P N / P
414-457-4461
ASGHAR A SHAH MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

FP / FP
414-893-1411
MARK W SHARON MD
1000 EASTERN AVENUE
PLYMOUTH WI 53073

PD / PD
414-457-4461
ROLF L SIMONSON MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

FP
414-893-1411
LLOYD J STEFFAN MD
1000 EASTERN AVENUE
PLYMOUTH WI 53073

ORS HS / ORS
414-458-3791
OTTO K STEWART MD
1226 N EIGHTH STREET
SHEBOYGAN WI 53081

ABS FP
JOSE Q TOLENTINO MD
202 TOWER ROAD
ADELL WI 53001

ORS / ORS
414-458-3820
JOHN J VAN DRIEST MD
408 NORTH AVENUE
SHEBOYGAN WI 53081

FP / FP
TIMOTHY J VAN LIERE MD
712 RANDOM LAKE ROAD
RANDOM LAKE WI 53075

GS CDS / GS
WILLIAM G WAGNER MD
1226 N EIGHTH STREET
SHEBOYGAN WI 53081

IM
414-458-2197
PHILIP H WALKER MD
1226 N EIGHTH STREET
SHEBOYGAN WI 53081

FP OBS / FP OBS
414-457-4461
W GREGORY WEISSHAAR MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

IM / IM
414-457-4461
STEPHEN C WESTCOTT MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

GP OM
414-457-4441
JAMES L WEYGANDT MD
MEDICAL DEPARTMENT
KOHLER COMPANY
KOHLER WI 53044

IM PUD / IM PUD
414-457-4461
ROBERT T WILLIS MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

GS / GS
414-457-4461
RICHARD B WINDSOR MD
1011 N EIGHTH STREET
SHEBOYGAN WI 53081

PTH / PTH
414-457-5033
DENNIS A WOOD MD
233 HURON AVENUE
SHEBOYGAN WI 53081

N / N
414-457-3737
THOMAS J ZWEIFEL DO
1720 N EIGHTH STREET
SHEBOYGAN WI 53081

TREMPEALEAU-JACKSON-BUFFALO

GP
608-685-3534
MAX O BACHHUBER MD
POST OFFICE BOX 365
ALMA WI 54610

GS / GS
715-284-4311
STEPHEN J DELVENTHAL MD
610 WEST ADAMS STREET
BLACK RIVER FALLS WI
54615

FP GER / FP
715-284-4311
JAMES J DICKMAN II MD
610 WEST ADAMS STREET
BLACK RIVER FALLS WI
54615

FP / FP
RICHARD L HOLDER MD
610 WEST ADAMS STREET
BLACK RIVER FALLS WI
54615

GP
715-926-4962
DAVID B JOHNSON MD
158 EAST MAIN STREET
MONDOVI WI 54755

FP / FP
715-284-4311
JEROME C KITOWSKI MD
610 WEST ADAMS
BLACK RIVER FALLS WI
54615

FP / FP
715-284-4311
EUGENE KROHN MD
610 WEST ADAMS STREET
BLACK RIVER FALLS WI
54615

GP GS
ROBERT KROHN MD
POST OFFICE BOX 70
BLACK RIVER FALLS WI
54615-0070

ABS
608-323-3301
FLORENTINO E LLEVA MD
POST OFFICE BOX 106
ARCADIA WI 54612

GS FP
W BRADFORD MARTIN MD
1933 PARK STREET
WHITEHALL WI 54773

GP
608-582-4200
CLARENCE B MOEN MD
133 WEST GALE AVENUE
GALESVILLE WI 54630

FP / FP
715-284-4311
JOHN H NOBLE MD
1105 HARRISON STREET
BLACK RIVER FALLS WI
54615

FP / FP
715-284-4311
JEFFREY K POLZIN MD
610 WEST ADAMS STREET
BLACK RIVER FALLS WI
54615

FP
608-582-2422
ELMER P ROHDE MD
POST OFFICE BOX 369
GALESVILLE WI 54630-0369

PD / PD
JOANNE A SELKURT MD
1933 PARK STREET
WHITEHALL WI 54773

GP
608-323-3354
RIZALINO N YRAY MD
POST OFFICE BOX 146
ARCADIA WI 54612

VERNON

FP / FP
608-637-3175
THOMAS M AMBELANG MD
POST OFFICE BOX 467
VIROQUA WI 54665

GS / GS
608-637-3195
MARK H ANDREW MD
125 WEST JEFFERSON
VIROQUA WI 54665

GP
608-634-3126
PHILLIPS T BLAND MD
100 MELBY STREET
WESTBY WI 54667

GS FP
901-286-2929
THOMAS E BOSTON MD
FORCUM OAKS BLDG
2455 NICHOLS AVE
DYERSBURG TN 38024

FP / FP
608-625-2494
JAMES M DE LINE MD
POST OFFICE BOX 35
LA FARGE WI 54639

FP / FP
TIMOTHY J DEVITT MD
RFD 1
SOLDIERS GROVE WI 54655

FP
608-648-2066
CARL A ENDER MD
POST OFFICE BOX 65
DE SOTO WI 54624

GS TS
ROLANDO A MACASAET MD
318 WEST DECKER STREET
VIROQUA WI 54665

PD / PD
JEFFREY F MENN MD
318 WEST DECKER STREET
VIROQUA WI 54665

GP
608-637-3175
HAROLD E OPPERT MD
318 W DECKER STREET
VIROQUA WI 54665

FP / FP
608-637-3174
ROBERT A STARR MD
318 W DECKER STREET
VIROQUA WI 54665

GP
608-637-3195
DAVID E VIG MD
POST OFFICE BOX 72
VIROQUA WI 54665

GP
608-637-3195
DE VERNE W VIG MD
POST OFFICE BOX 72
VIROQUA WI 54665-0072

GS / GS
EDWARD N VIG MD
521 EAST TERHUNE
VIROQUA WI 54665

WALWORTH

IM PUD / IM
414-248-8527
NESTOR C ALABARCA MD
255 HAVENWOOD DRIVE
LAKE GENEVA WI 53147

GP
HENRY F BISCHOF MD
1024 S LAKE SHORE DR
LAKE GENEVA WI 53147

EM / EM
JOHN L BOWMAN MD
719 PADDOCK LANE
LIVERTYVILLE IL 60048

FP
414-275-2101
IRWIN J BRUHN MD
ROUTE 1 BOX 64-A
LAKEVILLE ROAD
WALWORTH WI 53184

R IM / R
414-275-6624
ERNEST L BURNELL MD
ROUTE 3 BOX 85-C
FONTANA WI 53125

FP / FP
414-723-3100
EDWARD E CARLSON MD
100 SOUTH WASHINGTON
POST OFFICE BOX 547
ELKHORN WI 53121-0547

OPH / OPH
414-248-2278
THOMAS H F CHALKLEY MD
GENEVA OFFICE MALL
HIGHWAY H AT NN
LAKE GENEVA WI 53147

IM NEP / IM
414-248-8527
EDSEL G DOREZA MD
255 HAVENWOOD STREET
LAKE GENEVA WI 53147

FP / FP
ROCCO S GALGANO MD
130 BROOK LANE
DELAVAN WI 53115

FP OBG PD / FP
414-248-2211
GREGORY J GERBER MD
1119 MADISON STREET
LAKE GENEVA WI 53147

OBS
414-728-4252
ELENA NGO GRACIOSA MD
124 SOUTH THIRD STREET
DELAVAN WI 53115

PD
414-728-4252
JOSEPH D GRACIOSA MD
124 COMMERCE ROAD
BURLINGTON WI 53105

FP IM
414-275-2101
DANIEL R HANSEN MD
POST OFFICE BOX G
WALWORTH WI 53184

ORS / ORS
414-248-4467
CLARENCE R HART MD
TEN PELLER ROAD
POST OFFICE BOX B
LAKE GENEVA WI 53147

FP / FP
414-275-2101
DALE G JACOBSON MD
POST OFFICE BOX G
WALWORTH WI 53184

ORS / ORS
414-248-4467
JAMES L KNAVEL MD
TEN PELLER ROAD
POST OFFICE BOX B
LAKE GENEVA WI 53147

FP / FP
414-248-2211
BRITTON W KOLAR MD
717 GENEVA STREET
LAKE GENEVA WI 53147

FP / FP
414-723-3100
JANET C LINDEMANN MD
100 SOUTH WASHINGTON
POST OFFICE BOX 547
ELKHORN WI 53121

FP / FP
414-728-3443
JOHN E MARTIN JR MD
517 WALWORTH AVENUE
DELAVAN WI 53115

FP / FP
414-723-3100
HENRY R MOL MD
100 S WASHINGTON ST
POST OFFICE BOX 547
ELKHORN WI 53121

PTH CLP / PTH
MARK D MOLOT MD
2038 LAWLER ROAD
EAST TROY WI 53120

GP
414-723-3100
RICHARD J ROGERS MD
100 S WASHINGTON ST
ELKHORN WI 53121

GS CDS / GS
414-728-8205
ARTURO C SAPIDA MD
1232 PHOENIX STREET
DELAVAN WI 53115

FP IM / FP IM
414-248-2211
GARTH R SCHNEIDER MD
717 GENEVA STREET
LAKE GENEVA WI 53147

FP / FP
414-723-3100
JOSEPH B SCHROCK JR MD
100 S WASHINGTON ST
POST OFFICE BOX 577
ELKHORN WI 53121

GS / GS
414-723-6666
JAMES V SEEGERS MD
104 S WISCONSIN STREET
ELKHORN WI 53121

GS ON / GS
414-248-8527
JUANILITO N SELDERA MD
ROUTE 1 BOX 396-F
FONTANA WI 53125

AN FM
MYINT T SINGH MD
POST OFFICE BOX 1002
ELKHORN WI 53121

GP
414-728-3441
GLENN A SMILEY MD
107 NORTH THIRD STREET
DELAVAN WI 53115

AN
MENANDRO V TAVERA JR MD
ROUTE 4 BOX 246
LAKE GENEVA WI 53147

FP / FP
DAVID C THIES MD
100 SOUTH WASHINGTON
POST OFFICE BOX 547
ELKHORN WI 53121-0547

OPH / OPH
414-248-8577
NICHOLAS W VEITH MD
ROUTE 3 HIGHWAY 50E
LAKE GENEVA WI 53147

IM / IM
HAROLD J WERBEL MD
1839 CHAISE DRIVE
CARSON CITY NV 89701

OTO HNS
414-723-6811
ROBERT K WOLTER MD
SEVEN RIDGEWAY COURT
ELKHORN WI 53121

FP / FP
414-728-2651
WILLIAM C WOODS MD
915 GENEVA STREET
DELAVAN WI 53115

OBG / OBG
414-248-8527
GEORGE L YAO MD
255 HAVENWOOD DRIVE
LAKE GENEVA WI 53147

OBG
414-248-8527
JOY ZERRUDO-SELDERA MD
ROUTE 1 BOX 396-F
FONTANA WI 53125

WASHINGTON

GP AN
JAMES E ALBRECHT MD
2487 PLEASANT VALLEY
JACKSON WI 53037

IM / IM
414-673-5745
JAMES L ALGIERS MD
1004 E SUMNER STREET
HARTFORD WI 53027

GS / GS
414-673-5050
SALEEM BAKHTIAR MD
1113 E SUMNER STREET
HARTFORD WI 53027

PTH NM / PTH
GEORGE C BARES MD
515 SILVERBROOK DRIVE
WEST BEND WI 53095

IM / IM
JAMES R BARGENQUAST MD
1004 E SUMNER STREET
HARTFORD WI 53027

GS OM / GS
CARROLL A BAUER MD
HCR4 BOX 117
PHILLIPS WI 54555

FP
414-338-1123
JAMES F BAUMGARTNER MD
APT 101 N
151 UNIVERSITY DRIVE
WEST BEND WI 53095

PD / PD
414-338-1123
JEROLD J BEERENDS MD
279 SOUTH 17TH AVENUE
WEST BEND WI 53095

FP / FP
414-338-1123
ROBERT T BODENSTEINER MD
279 SOUTH 17TH AVENUE
WEST BEND WI 53095

PTH NM / PTH NM
414-334-8285
ROLAND C BROWN MD
551 SILVERBROOK DRIVE
WEST BEND WI 53095

FP / FP
SANDRA K BYERLY MD
1262 LIZBETH LANE
CEDARBURG WI 53012

GP
FLORIZEL F CASTRO MD
1040 FOND DU LAC AVE
POST OFFICE BOX 428
KEWASKUM WI 53040-0428

OTO HNS MFS / OTO
JAMES A CHERMAK MD
623 ELM STREET
WEST BEND WI 53095

PD
414-334-1265
TIMOTHY J CHYBOWSKI MD
643 S EIGHTH AVENUE
WEST BEND WI 53095

R DR / R
WILLIAM M CLAYBAUGH MD
SUITE 201
2500 N MAYFAIR ROAD
MILWAUKEE WI 53226

FP / FP
PETER L CORNELIUS MD
N168 W20060 E MAIN ST
JACKSON WI 53037

GP
414-626-2666
RICHARD G EDWARDS MD
1121 S FOND DU LAC AVE
POST OFFICE BOX 7
KEWASKUM WI 53040-0007

FP / FP
AURORA M ESTRELLA MD
1713 NORTH MAIN STREET
WEST BEND WI 53095

OBG / OBG
RENATO S ESTRELLA MD
7465 CHADWOOD COURT
KEWAUSKUM WI 53040

FP
414-334-5263
RAYMOND O FRANKOW MD
606 HIGHLAND VIEW DR
WEST BEND WI 53095

N P / PN
ROBERT H FRIEDMAN MD
N89 W16840 APPLETON AV
MENOMONEE FALLS WI 53051

FP / FP
JAMES D FROEHLICH MD
7066 N TRENTON ROAD
WEST BEND WI 53095

GS TS / GS TS
414-334-2622
ROBERT J GARDNER MD
844 WEST BADGER LANE
WEST BEND WI 53095

IM / IM
414-338-1123
CHARLES S GEIGER JR MD
279 SOUTH 17TH AVENUE
WEST BEND WI 53095

GP GS
414-334-4076
RICHARD D GIBSON MD
321 HAWTHORNE DRIVE
WEST BEND WI 53095

FP
LAWRENCE A GILL MD
1201 OAK STREET
WEST BEND WI 53095

FP
BRUCE G GRISWOLD MD
1201 OAK STREET
WEST BEND WI 53095

PD / PD
RONALD G GRITT MD
1004 E SUMNER STREET
HARTFORD WI 53027

FP / FP
414-334-3481
ALVIN T GRUNDAHL MD
1201 OAK STREET
WEST BEND WI 53095

IM GE / IM GE
414-673-5050
UDAY V GUPTE MD
1113 E SUMNER STREET
HARTFORD WI 53027

U / U
414-962-3822
DANIEL B GUTE MD
551 SILVERBROOK
WEST BEND WI 53095

FP / FP
414-334-3451
TODD J HAMMER MD
1201 OAK STREET
WEST BEND WI 53095

FP / FP
GARY M HERDRICH MD
5484 ROAD FOUR
WEST BEND WI 53095

FP
WILLIAM C HOFFMANN MD
7180 MAPLE LANE
HARTFORD WI 53027

P / P
PETER C JOOSSE MD
120 SIXTH AVENUE
WEST BEND WI 53095

GP
414-673-9373
THEODORE J KERN MD
617 SOUTH MAIN STREET
HARTFORD WI 53027

PD PDC / PD
CHUNGKI LEE MD
1113 E SUMNER STREET
HARTFORD WI 53027

GS / GS
414-338-1123
J DAVID LEWIS MD
279 SOUTH 17TH AVENUE
WEST BEND WI 53095

IM / IM
414-338-1123
WILLIAM J LISTWAN MD
279 SOUTH 17TH AVENUE
WEST BEND WI 53095

R / R
WILLIAM J MALLORY MD
2500 N MAYFAIR ROAD
MILWAUKEE WI 53226

IM / IM
414-673-5745
MICHAEL J MALLY MD
1004 E SUMNER STREET
HARTFORD WI 53027

OBG / OBG
ANTONIO Z MARASIGAN MD
1004 E SUMNER STREET
HARTFORD WI 53027

DR R / DR R
414-352-0530
ABRAHAM MELAMED MD
1107 EAST LILAC LANE
MILWAUKEE WI 53217

DR R / DR R
414-476-4242
ROBERT W MOTHS MD
2500 N MAYFAIR ROAD
MILWAUKEE WI 53226

IM
414-338-1123
DONALD M MUTH MD
279 SOUTH 17TH AVENUE
WEST BEND WI 53095

OPH / OPH
EARL W NEPPLE MD
614 WESTRIDGE DRIVE
WEST BEND WI 53095

GS / GS
414-673-5745
ROBERT J NICKELS MD
1004 SUMNER STREET
HARTFORD WI 53027

FP
414-338-1123
WILLIAM A NIELSEN MD
279 SOUTH 17TH AVENUE
WEST BEND WI 53095

IM / IM
414-338-1123
ROBERT W NINNEMAN MD
279 S 17TH AVENUE
WEST BEND WI 53095

ORS / ORS
414-338-6641
MARK T O'MEARA JR MD
1201 OAK STREET
WEST BEND WI 53095

GP
414-673-5050
VALERIUS V QUANDT MD
431 SUMMIT AVENUE
HARTFORD WI 53027

IM FP / FP
414-673-8248
EMILIO B REGALA JR MD
1004 E SUMNAR STREET
HARTFORD WI 53027

ORS / ORS
414-338-6641
MICHAEL C REINECK MD
1201 OAK STREET
WEST BEND WI 53095

OPH
PAUL R RICE MD
742 SUMMIT COURT
WEST BEND WI 53095

OPH
WALLACE E SCHEUNEMANN MD
824 WEST BADGER LANE
WEST BEND WI 53095

ORS / ORS
414-338-6641
PAUL R SCHNEIDER MD
1201 OAK STREET
WEST BEND WI 53095

DR NM / DR
414-476-4242
LARRY H SHERKOW MD
5644 COLLEEN LANE
WEST BEND WI 53095

AN
AURORA A SISON MD
1040 FOND DU LAC AVE
POST OFFICE BOX 428
KEWASKUM WI 53040-0428

GS
CESAR V SISON MD
1040 FOND DU LAC AVE
POST OFFICE BOX 428
KEWASKUM WI 53040-0428

U / U
ARTHUR M SONNELAND III MD
271 GREEN BAY ROAD
CEDARBURG WI 53012

FP
414-338-1123
RICHARD F SORENSEN MD
279 SOUTH 17TH AVENUE
WEST BEND WI 53095

OBG / OBG
414-673-5050
TETSUO TAGAWA MD
1113 E SUMNER STREET
HARTFORD WI 53027

PD / PD
414-338-1123
SIMON T TAN MD
279 SOUTH 17TH AVENUE
WEST BEND WI 53095

AN
JESSE O VEGAFRIA MD
768 EASTERN AVENUE
WEST BEND WI 53095

IM
414-673-5745
ERIC F WEBER MD
1004 E SUMNER STREET
HARTFORD WI 53027

FP / FP
715-387-0044
THOMAS E WEX MD
1509 NORTH WOOD AVENUE
MARSHFIELD WI 54449

R / R
414-476-4242
RICHARD E ZELLMER MD
2500 N 108TH STREET
MILWAUKEE WI 53226

OS / GPM
ARTHUR R ZINTEK MD
2372 HILLSIDE ROAD
RICHFIELD WI 53076

WAUKESHA

IM
JOSE S AGPOON MD
S5 W22449 E MORELAND
WAUKESHA WI 53186

PD
PERLA P AGPOON MD
S5 W22449 E MOORLAND
WAUKESHA WI 53186

R / R
JOHN R ALBERTI MD
15250 WOODBRIDGE ROAD
BROOKFIELD WI 53005

P / P
414-547-9384
JAMES A ALSTON MD
210 MC CALL STREET
WAUKESHA WI 53186

GS
414-782-1727
ARTHUR E ANGOVE DO
SUITE 126
13700 W NATIONAL AVE
NEW BERLIN WI 53151

FP / FP
414-367-2128
KEVIN J ARNOLD DO
123 LAWN STREET
HARTLAND WI 53029

PUD IM / IM
STEPHEN R BALDWIN MD
W180 N7950 TOWN HALL
MENOMONEE FALLS WI 53051

IM EM
ROBERT J BALLMAN MD
1717 PARAMOUNT DRIVE
WAUKESHA WI 53186

FP PTH
PARAMJIT K BAMRAH MD
915 E SUMMIT AVENUE
OCONOMOWOC WI 53066

IM END / IM END
414-782-4270
MICHAEL F BANASIAK MD
POST OFFICE BOX 544
BROOKFIELD WI 53005

DR NM / NM
VINCENT P BANKER MD
7310 WELLAUER DRIVE
WAUWATOSA WI 53213

AN / AN
JERGEN L BARBER MD
POST OFFICE BOX 953
WAUKESHA WI 53187-0953

FP
414-797-8808
SHARYN LEE BARNEY MD
17260 W BLUEMOUND ROAD
BROOKFIELD WI 53005

NS / NS
GEORGE R BARTL MD
1111 DELAFIELD STREET
WAUKESHA WI 53188-3498

N / PN
JAMES C BARTON MD
888 THACKERAY TRAIL
OCONOMOWOC WI 53066

IM
414-547-1811
JOSEPH A BARTOS MD
403 NORTH GRAND AVENUE
WAUKESHA WI 53186

GS / GS
414-542-3312
ROBERT E BARTOS MD
210 EAST WABASH AVENUE
WAUKESHA WI 53186

PD
414-449-3631
M ANNE BAUMGARDT MD
2830 NORTH 56TH STREET
MILWAUKEE WI 53210

FP / FP
414-542-5557
ROBERT J BEAUMONT DO
237 WISCONSIN AVENUE
WAUKESHA WI 53186

AN
GERALD C BELLEHUMEUR MD
8185 N GREEN BAY AVE
MILWAUKEE WI 53209

OTO / OTO
414-547-1614
THOMAS P BELSON MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

P OS / P
414-542-0123
KATHRYN M C BEMMANN MD
412 NORTH WEST AVENUE
WAUKESHA WI 53186

IM
GERALD N BERMAN MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

FP
NANCY L BETZOLD MD
434 MADISON STREET
WAUKESHA WI 53188

OBG
DHUN N BHATHENA MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

PD
414-786-7720
JUAN T BIAGTAN MD
17000 WEST NORTH AVE
BROOKFIELD WI 53005

PD / PD
414-255-2500
RICHARD H BIBLER MD
W180 N7850 TOWN HALL
POST OFFICE BOX 427
MENOMONEE FALLS WI 53051

P / PN
MARK D BIEHL MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

IM / IM
414-782-4270
STEPHEN R BIELKE MD
POST OFFICE BOX 544
BROOKFIELD WI 53005-0544

PD
JEROME R BISCHEL MD
1535 E RACINE AVENUE
WAUKESHA WI 53186

GS CDS / GS
414-786-3722
JOHN S BLACKWOOD MD
17050 W NORTH AVENUE
BROOKFIELD WI 53005

IM HEM / IM
DAVID G BLAKE MD
W180 N7950 TOWN HALL
MENOMONEE FALLS WI 53051

ORS
414-255-7030
STEVEN BLATNIK MD
W180 N7950 TOWN HALL
POST OFFICE BOX 427
MENOMONEE FALLS WI 53051

IM / IM
414-782-4270
MICHAEL J BLICK MD
17050 W NORTH AVENUE
POST OFFICE BOX 544
BROOKFIELD WI 53005

DR / DR
ROBERT A BOEDECKER MD
2760 CLEARWATER DRIVE
BROOKFIELD WI 53005

DR / DR
ROBERT M BOEX MD
2820 CAMBRIDGE CIRCLE
BROOKFIELD WI 53005

HS ORS / ORS
414-544-5311
JOHN T BOLGER MD
223 WISCONSIN AVENUE
WAUKESHA WI 53186

ORS / ORS
414-544-5311
RICHARD H BOLT MD
223 WISCONSIN AVENUE
WAUKESHA WI 53186

PD / PD
414-255-7080
CHARLES H BRANNEN MD
W180 N7950 TOWN HALL
POST OFFICE BOX 427
MENOMONEE FALLS WI 53051

IM
414-255-2500
WILLIAM M BRENNAN MD
W180 N7950 TOWN HALL
POST OFFICE BOX 427
MENOMONEE FALLS WI 53051

IM
414-646-3999
J THOMAS BREYER MD
34304 SUNSET DRIVE
OCONOMOWOC WI 53066

PS / PS
414-646-2221
LILLA A BREYER MD
1053 LAKE WATERVILLE
OCONOMOWOC WI 53066

IM / IM
414-251-7500
PATRICK J BRODY MD
N84 W16889 MENOMONEE
MENOMONEE FALLS WI 53051

OPH / OPH
DWIGHT H BROWN MD
626 CEDAR STREET
WEST BEND WI 53095

FP FM
MARK D BRUCE DO
15300 WATERTOWN PLK PD
ELM GROVE WI 53122

FP / FP
414-569-2300
CHARLES D BRUMMITT MD
915 EAST SUMMIT AVENUE
OCONOMOWOC WI 53066

OM GPM / GP
CHARLES R BUCK MD
W228 N683 WESTMOUND
WAUKESHA WI 53186

OBG / OBG
414-544-4411
EDWARD J BUERGER MD
1111 DELAFIELD STREET
WAUKESHA WI 53186

FP
414-549-0787
JOHN L BUHL MD
235 HARRISON AVENUE
WAUKESHA WI 53186-6199

OBG / OBG
414-255-7090
KIM R BURCH MD
W180 N7950 TOWN HALL
POST OFFICE BOX 427
MENOMONEE FALLS WI 53051

DR / R
414-647-5132
RODOLFO G BURGOS MD
N9 W29304 THAMES ROAD
WAUKESHA WI 53186

IM HEM / IM
LAWRENCE B BURKERT MD
POST OFFICE BOX 544
BROOKFIELD WI 53005

P / P
414-425-7598
C BUSCAGLIA MD
5310 S MAGELLAN DRIVE
NEW BERLIN WI 53151-8147

ORS / ORS
ROBERT O BUSS MD
13255 W BLUEMOUND ROAD
BROOKFIELD WI 53005

IM / IM
414-422-0720
JAMES J BUTH MD
S69 W15636 JANESVILLE
MUSKEGO WI 53150

AN
PAUL E CAMPBELL MD
1307 EAST BROADWAY
WAUKESHA WI 53186

D / D
414-784-7820
JOHN S CANTIERI MD
17030 W NORTH AVENUE
BROOKFIELD WI 53005

FP
MARC A CARLEY OLSEN MD
N84 W16889 MENOMONEE
MENOMONEE FALLS WI 53051

FP
PAUL R CHAMBERS MD
123 LAWN STREET
HARTLAND WI 53029

FP OBG / FP
414-367-2128
RICHARD K CHAMBERS MD
123 LAWN STREET
HARTLAND WI 53029

N
414-542-9503
BRIAN A CHAPMAN MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

AN / AN
414-782-5905
RICHARD W CHERWENKA MD
1100 WESTBROOKE PKWY
WAUKESHA WI 53186

OBG / OBG
414-255-7090
CLYDE M CHUMBLEY II MD
POST OFFICE BOX 427
MENOMONEE FALLS WI 53051

OBG / OBG
414-255-2500
DOUGLAS O CLARK MD
W180 N7950 TOWN HALL
POST OFFICE BOX 427
MENOMONEE FALLS WI 53051

OBG / OBG
414-569-2300
JOHN L CLAUDE MD
915 EAST SUMMIT AVENUE
OCONOMOWOC WI 53066

IM / IM
414-567-0227
DAN T CLEARY MD
1030 KEATS CIRCLE
OCONOMOWOC WI 53066

FP / FP
414-544-6388
W CLOTHIER JR MD
413 NORTH EAST AVENUE
WAUKESHA WI 53186

OPH / OPH
414-257-3070
JANE M COLLIS-GEERS MD
SUITE 630
2300 N MAYFAIR ROAD
WAUWATOSA WI 53226

FP / FP
414-968-2560
MICHAEL L CUMMENS MD
S47 W30757 HWY 83
POST OFFICE BOX 35
GENESEE DEPOT WI 53127

ORS / ORS
414-786-3090
PATRICK W CUMMINGS JR MD
17050 W NORTH AVENUE
BROOKFIELD WI 53005

IM ID / IM ID
414-255-7020
MICHAEL P DAILEY MD
W180 N7950 TOWN HALL
MENOMONEE FALLS WI 53051

OBG / OBG
414-544-4411
JAMES P DALEIDEN MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

FP / FP
JAMES E DALL MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

OPH
LEE L DANNENBERG MD
N88 W16624 APPLETON AV
MENOMONEE FALLS WI 53051

OTO / OTO
414-547-1614
RONALD J DARLING MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

OTO HNS / OTO
414-547-1614
WILLIAM A DARLING MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

OPH
MICHAEL V DARNIEDER MD
N84 W16889 MENOMONEE
MENOMONEE FALLS WI 53051

IM
414-251-9260
HALIL DAVASLIGIL MD
W178 N9736 RIVERSBEND
CIRCLE WEST
GERMANTOWN WI 53022

CDS GS / GS
414-542-0444
WILLIAM B DAVIES MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

AN
ELEUTERIO A DE GUZMAN MD
W180 N8170 DESTINY DR
MENOMONEE FALLS WI 53051

ORS / ORS
414-569-2276
STEPHEN P DELAHUNT MD
915 EAST SUMMIT AVENUE
OCONOMOWOC WI 53066

FP
ARLEN R DELP DO
W186 S8055 RACINE AVE
MUSKEGO WI 53150

D
414-334-0826
KENNETH J DEMPSEY MD
2419 W WASHINGTON ST
WEST BEND WI 53095

ORS / ORS
414-544-5311
CHARLES A DESCH MD
223 WISCONSIN AVENUE
WAUKESHA WI 53186

IM / IM
414-255-2500
PHILIP J DOUGHERTY MD
W180 N7950 TOWNHALL RD
MENOMONEE FALLS WI 53051

IM / IM
414-542-9531
THOMAS J DOUGHERTY MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

IM
TERESA A DOWDY MD
1717 PARAMOUNT DRIVE
WAUKESHA WI 53186

PD
HENRY D DRAYER MD
W180 N7950 TOWN HALL
POST OFFICE BOX 427
MENOMONEE FALLS WI 53051

GE JM / IM
MARK W DREYER MD
W180 N7950 TOWN HALL
MENOMONEE FALLS WI 53051

FP / FP
THOMAS E DUGAN MD
APT 307
315 NORTH WEST AVENUE
WAUKESHA WI 53186-4546

PTH / PTH
ARNOLD A EFFRON MD
791 EAST SUMMIT AVENUE
OCONOMOWOC WI 53066

IM CD / IM CD
414-255-2500
DAVID E FNGLE MD
W180 N7950 TOWN HALL
MENOMONEE FALLS WI 53051

AN / AN
STANLEY A ENGLUND MD
725 AMERICAN AVENUE
WAUKESHA WI 53186

IM / IM
414-255-7030
HOWARD A EVERT MD
W180 N7950 TOWN HALL
MENOMONEE FALLS WI 53051

U / U
414-547-3600
THOMAS A FERBER MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

R NM / R NM
414-544-2431
ROBERT C FEULNER MD
611 WESTMINSTER DRIVE
WAUKESHA WI 53186

IM
JOHN T FISH MD
N9 W29326 THAMES ROAD
DEALFIELD WI 53018

OM / OM
414-782-1465
CHARLES W FISHBURN MD
17125 W CLEVELAND AVE
NEW BERLIN WI 53151

OBG / OBG
JOHN R FLANARY MD
10125 W NORTH AVENUE
WAUWATOSA WI 53226

OPH / OPH
414-547-3352
R FLICKINGER JR MD
102 EAST MAIN STREET
WAUKESHA WI 53186

GS / GS
414-255-2500
JOHN J FOLEY MD
W180 N7950 TOWN HALL
POST OFFICE BOX 427
MENOMONEE FALLS WI
53051-0427

GS / GS
414-542-0444
PAUL S FOX MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

P
414-367-5237
ROBERT J FRANCIS MD
W307 N6992 CLUB CIR E
HARTLAND WI 53029

P
EUGENE B P FRANK MD
114 EIGHTH ST SOUTH
BRADENTON BEACH FL 33510

GS / GS
414-542-9466
RICHARD G FRANTZ MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

FP
ROY E FREDRICKS DO
15300 WATERTOWN PLK RD
ELM GROVE WI 53122

P N / P N
414-255-2500
MARK L FREEMAN MD
W180 N7950 TOWN HALL
MENOMONEE FALLS WI 53051

FP EM
414-679-3123
JAMES M FRISVOLD DO
W186 S8055 RACINE AVE
MUSKEGO WI 53150

AN
414-786-2828
RUDY P FROESCHLE MD
830 BRIAR RIDGE DRIVE
WAUKESHA WI 53186

A IM / IM AI
414-547-3444
MARTIN Z FRUCHTMAN MD
217 WISCONSIN AVENUE
WAUKESHA WI 53186

OPH OS / OPH
414-547-3352
WALTER E GAGER MD
102 EAST MAIN STREET
WAUKESHA WI 53186

IM / IM
THOMAS J GALLAGHER MD
20155 INDEPENDENCE RD
BROOKFIELD WI 53005

AN / AN
414-547-9043
GREGORY L GALLO MD
S33 W26856 HAWTHORNE
HOLLOW DRIVE
WAUKESHA WI 53188

GP HYP
HYMAN A GANTZ MD
W223 S3885 GUTHRIE RD
WAUKESHA WI 53186

FP / FP
JAMES D GARDNER MD
1111 DELAFIELD STREET
WAUKESHA WI 53186

IM / IM
414-422-0720
PETER T GEISS MD
S69 W15636 JANESVILLE
MUSKEGO WI 53150

IM / IM
414-255-7030
ROBERT N GERSHAN MD
W180 N7950 TOWN HALL
MENOMONEE FALLS WI 53051

IM GE / IM GE
414-255-7020
GARY L GERSTNER MD
W180 N7950 TOWN HALL
MENOMONEE FALLS WI 53051

FP
414-544-0281
SARAH L GOOGE MD
338 LEMIRA AVENUE
WAUKESHA WI 53186

P IM
THOMAS J GORAL MD
34810 PABST ROAD
OCONOMOWOC WI 53066

FP / FP
414-782-8272
JOHN O GRADE MD
1050 LEGION DRIVE
ELM GROVE WI 53122

OTO / OTO
414-251-7500
RICHARD J GRUNKE MD
N84 W16889 MENOMONEE
MENOMONEE FALLS WI 53051

OBG / OBG
MICHAEL GRYNIEWICZ MD
3275 APPLEGATE LANE
BROOKFIELD WI 53005

IM
GUNNAR GUNDERSEN II MD
1717 PARAMOUNT DRIVE
WAUKESHA WI 53186

OBG / OBG
414-567-9465
ALAN E GUSTIN MD
SEVEN ERLING COURT
OCONOMOWOC WI 53066

GS / GS
414-784-1778
PHILIP C GUZZETTA JR MD
19015 TANALA DRIVE
BROOKFIELD WI 53005-4841

ORS / ORS
414-251-7500
JAMES G HACKETT MD
N84 W16889 MENOMONEE
MENOMONEE FALLS WI 53051

OBG / OBG
GLORIA M HALVERSON MD
210 REGENCY COURT
WAUKESHA WI 53186

FP
414-544-5959
STEVEN G HAMMER MD
434 MADISON STREET
WAUKESHA WI 53188

AN / AN
414-786-8205
PETER T HANSEN MD
18625 LE CHATEAU DRIVE
BROOKFIELD WI 53005

N / N
414-542-9503
JAMES C HANSON MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

ORS / ORS
414-544-5311
GERALD L HARNED MD
223 WISCONSIN AVENUE
WAUKESHA WI 53186

FP / FP
414-251-7500
KENNETH J HARRINGTON MD
W154 N8083 ELM LANE
MENOMONEE FALLS WI 53051

IM GE / IM
JOHN A HARRIS MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

OBG
TIMOTHY W HARSTAD MD
N84 W16889 MENOMONEE A
MENOMONEE FALLS WI 53051

IM
TERRENCE N HART MD
POST OFFICE BOX 544
BROOKFIELD WI 53005

FP EM
414-782-5662
NEZIH Z HASANOGLU DO
13700 W NATIONAL AVE
NEW BERLIN WI 53151

EM GS / GS
414-542-5698
A PETER HAUPERT MD
615 E NEWHALL AVENUE
WAUKESHA WI 53186

P / P
414-544-2396
GARY C HAUSER MD
725 AMERICAN AVENUE
WAUKESHA WI 53188

TS GS / TS GS
414-342-2003
PAUL F HAUSMANN MD
BOX 36
DELAFIELD WI 53018-0036

PD
414-786-8199
NANCY R HAWORTH MD
3075 SAUK TRAIL
BROOKFIELD WI 53005

GS / GS
414-569-2275
RICHARD F HEARN MD
915 EAST SUMMIT AVENUE
OCONOMOWOC WI 53066

U / U
414-547-3600
RICHARD C HEIN MD
124 OXFORD ROAD
WAUKESHA WI 53186

DR / DR
414-542-9844
R DAVID HELLING MD
S23 W26149 CANTERBURY
WAUKESHA WI 53186

IM / IM
414-251-5945
DONALD J HENNESSY JR MD
W180 N7950 TOWN HALL
MENOMONEE FALLS WI 53051

NS
414-542-7767
LA VERN H HERMAN MD
1143 DOWNING DRIVE
WAUKESHA WI 53186

IM PUD / IM PUD
414-255-7020
DANIEL W HERRELL MD
W180 N7950 TOWN HALL
POST OFFICE BOX 427
MENOMONEE FALLS WI 53051

U / U
414-782-5012
RICHARD A HERRMANN MD
17030 W NORTH AVENUE
BROOKFIELD WI 53005

FP / FP
414-251-7500
DONALD J HEYRMAN MD
W137 N7657 NORTH HILLS
MENOMONEE FALLS WI 53051

RHU IM OM / RHU IM
414-255-2500
ALAN C HILGEMAN MD
W180 N7950 TOWN HALL
MENOMONEE FALLS WI 53051

GP
IRWIN F HOEFT DO
888 THACKERAY TRAIL
OCONOMOWOC WI 53066

OBG / OBG
414-255-2500
THOMAS A HOFBAUER MD
POST OFFICE BOX 427
MENOMONEE FALLS WI 53051

P
THOMAS L HOLBROOK MD
POST OFFICE BOX 7
DELAFIELD WI 53018

GP IM / IM
414-255-2500
CHARLES E HOLMBURG MD
W180 N7950 TOWN HALL
MENOMONEE FALLS WI 53051

AN / AN
ROBERT E HOLZGRAFE MD
W226 N1509 NORTH AVE
WAUKESHA WI 53186

EM GP / EM
RONALD W HORKHEIMER MD
18980 GLEN KERRY DRIVE
BROOKFIELD WI 53005

FP / FP
414-367-2128
DAVID P IMSE MD
123 LAWN STREET
HARTLAND WI 53029

OTO MFS A / OTO
414-567-0505
MICHAEL C JANOWAK MD
888 THACKERAY TRAIL
OCONOMOWOC WI 53066

A
WILLIAM C JANSSEN MD
11541 N SHORECLIFF LN
MEQUON WI 53092

AN
PALMIRA A JANUSONIS MD
W347 S4948 HIGHWAY G
DOUSMAN WI 53118

FP / FP
414-363-7142
DOROTHY J JAYNE MD
225 EAGLE LAKE AVENUE
MUKWONAGO WI 53149

FP / FP
414-786-4080
THOMAS R JENSEN MD
485 CLAREMONT COURT
WAUKESHA WI 53186

GP EM
414-549-1905
PAUL S JERRY MD
APT 101
2825 N UNIVERSITY DR
WAUKESHA WI 53188

PTH / PTH
414-544-2134
COLLIN B JOHNSON MD
725 AMERICAN AVENUE
WAUKESHA WI 53186

FP / FP
DALE A JOHNSON MD
819 EAST SUMMIT AVENUE
OCONOMOWOC WI 53066

GS ABS TRS / GS
414-542-3117
JAMES L JOLIN MD
POST OFFICE BOX 1538
WAUKESHA WI 53187

IM PUD / IM PUD
414-344-5450
CLARENCE W JORDAHL JR MD
POST OFFICE BOX 11-0
MILWAUKEE WI 53201

AN
414-785-1025
DANIEL G JUDGE MD
1245 INDIANWOOD DRIVE
BROOKFIELD WI 53005

PTH CLP / PTH CLP
414-544-2284
ROBERT L KASCHT MD
W288 S5161 ROCKWOOD TR
WAUKESHA WI 53186

OBG END / OBG END
414-544-2801
K PAUL KATAYAMA MD
725 AMERICAN AVENUE
WAUKESHA WI 53186

GS / GS
414-251-7500
PATRICK K KEANE MD
N84 W16889 MENOMONEE
MENOMONEE FALLS WI 53051

R NM / R
414-255-2500
THEODORE A KELLER MD
W180 N7950 TOWN HALL
POST OFFICE BOX 427
MENOMONEE FALLS WI 53051

FP / FP
414-646-8269
JOHN E KELLY MD
1029 SHAKERVILLE ROAD
OCONOMOWOC WI 53066

HNS OTO / OTO
414-475-9300
JOHN J KELLY MD
SUITE 505
2500 N MAYFAIR ROAD
MILWAUKEE WI 53226

GE
414-225-8812
JANIS J KENGIS MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

GP
ELMER E KERN MD
314 MAIN STREET
MUKWONAGO WI 53149

IM / IM
MARTIN W KERN MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

GP
ROBERT A KESSLER DO
1283 HWY 175
HUBERTUS WI 53033

TR / TR
414-447-2221
DOUGLAS KING MD
5000 W CHAMBERS STREET
MILWAUKEE WI 53210

FP
HOWARD M KLOPF MD
569 W VISTA HERMOSA DR
GREEN VALLEY AZ 85614

FP / FP
MARGARET M KNIGHT MD
7434 W GARFIELD AVENUE
WAUWATOSA WI 53213

FP / FP
414-363-7142
THOMAS J KOEWLER MD
225 EAGLE LAKE AVENUE
MUKWONAGO WI 53149

A IM
414-547-3055
WAYNE H KONETZKI MD
403 NORTH GRAND AVENUE
WAUKESHA WI 53186

ORS / ORS
414-255-5559
JOHN K KONKEL MD
N84 W16889 MENOMONEE
MENOMONEE FALLS WI 53051

ORS / ORS
414-251-7500
KURT F KONKEL MD
N84 W16889 MENOMONEE
MENOMONEE FALLS WI 53051

PD / PD
414-569-2300
ROBERT W KRIEGER MD
915 E SUMMIT AVENUE
OCONOMOWOC WI 53066

ORS / ORS
414-544-5311
ALFRED E KRITTER MD
223 WISCONSIN AVENUE
WAUKESHA WI 53186

FP
KENNETH J KURT DO
15300 WATERTOWN PLK RD
ELM GROVE WI 53122

AI PDA / AI PD
414-255-7060
S PAUL KUWAYAMA MD
W180 N7950 TOWN HALL
POST OFFICE BOX 427
MENOMONEE FALLS WI 53051

PM / PM
414-548-1932
WILLIAM J LA JOIE MD
S32 W27641 DALEVIEW DR
WAUKESHA WI 53188

R DR NM / DR NM
414-785-2161
JOHN P LAMMERS MD
19333 W NORTH AVENUE
BROOKFIELD WI 53005

EM / EM
414-782-1548
MARK G LANGENFELD MD
1645 LEGION DRIVE
ELM GROVE WI 53122

FP
JULIE N LARSEN MD
400 FAIRVIEW AVENUE
WAUKESHA WI 53186

AN / AN
414-251-1000
RUDOLFO S LASTRILLA MD
W180 N8085 TOWN HALL
MENOMONEE FALLS WI 53051

AN
KENNETH C LEENHOUTS MD
W250 S6475 CENTER ROAD
WAUKESHA WI 53186

FP EM / FP
414-784-1249
BETH ANNE LEPLEY MD
2815 WOODBRIDGE COURT
BROOKFIELD WI 53005-3922

FP / FP
414-548-6903
RICHARD B LEWAN JR MD
434 MADISON STREET
WAUKESHA WI 53188

GS / GS
URIEL R LIMJOCO MD
W213 N5349 ADAMDALE DR
MENOMONEE FALLS WI 53051

OPH / OPH
414-547-3352
GREGORY R LOCHEN MD
102 EAST MAIN STREET
WAUKESHA WI 53186

P / PN
414-542-7404
MICHAEL J LOGAN MD
3610 HICKORY LANE
OCONOMOWOC WI 53066

CD IM
KRAIG E LORENZEN MD
1717 PARAMOUNT DRIVE
WAUKESHA WI 53186

DR P / R PN
WILLIAM T LUCKEY MD
1545 WEST SPRUCE COURT
RIVER HILLS WI 53217

IM
DONALD M LUEDKE MD
POST OFFICE BOX 544
BROOKFIELD WI 53005

PTH CLP / PTH CLP
414-785-2001
GARY J MADAY MD
19333 W NORTH AVENUE
BROOKFIELD WI 53005

DR / DR
414-785-2161
PETER N MADDEN MD
19333 W NORTH AVENUE
BROOKFIELD WI 53005

IM
SARITA MAKHIJA MD
W180 N7950 TOWN HALL
MENOMONEE WI 53051

PD
DALE H MANN MD
16040 SIESTA LANE
BROOKFIELD WI 53005

FP NM / NM
414-453-6565
RAJASHRI S MANOLI MD
10425 W NORTH AVENUE
MILWAUKEE WI 53226

D / D
414-255-7040
ROBERT W MAREK MD
W180 N7950 TOWN HALL
POST OFFICE BOX 427
MENOMONEE FALLS WI 53051

OTO / OTO
DEAN L MARTINELLI MD
888 THACKERAY TRAIL
OCONOMOWOC WI 53066

IM EM / IM
414-547-0000
TIMOTHY G MC AVOY MD
S9 W25225 MAIN STREET
WAUKESHA WI 53186

OPH
GLEN E MC CORMICK MD
APT 467
2580 N 124TH STREET
WAUWATOSA WI 53226

OPH / OPH
414-547-3352
MICHAEL R MC CORMICK MD
102 EAST MAIN STREET
WAUKESHA WI 53186

U / U
TIMOTHY H MC DONELL MD
3141 MADISON STREET
WAUKESHA WI 53188

IM / IM
ANN BARTOS MERKOW MD
403 NORTH GRAND AVENUE
WAUKESHA WI 53186

ORS OS
STEVEN J MERKOW MD
223 WISCONSIN AVENUE
WAUKESHA WI 53186

GS / GS
414-542-2581
WILLIAM MERKOW MD
324 WEST MAIN STREET
WAUKESHA WI 53186

IM CD / IM
414-251-7500
STEVEN L MERRY MD
N84 W16889 MENOMONEE
MENOMONEE FALLS WI 53051

OBG END / OBG
414-549-1333
MATTHEW A MEYER MD
426 WEST MAIN STREET
WAUKESHA WI 53186

AN / AN
414-567-7151
G DANIEL MILLER MD
37880 FOREST DRIVE
OCONOMOWOC WI 53066

PTH / AP CLP
414-546-6350
MARVIN D MILLER MD
8901 W LINCOLN AVENUE
WEST ALLIS WI 53227

ORS / ORS
OWEN E MILLER MD
1405 LOOKOUT DRIVE
WAUKESHA WI 53186

FP / FP
414-786-5534
JOHN P MODRZYNSKI MD
17400 WEST NORTH AVE
BROOKFIELD WI 53005

GS
414-542-8023
ROBERT S MONK MD
217 WISCONSIN AVENUE
WAUKESHA WI 53186

EM / EM
414-544-2267
CLAUD E MORGAN MD
6245 N WOODSIDE ROAD
NASHOTAH WI 53058

PD
SHERYL L MOSS MD
S69 W15636 JANESVILLE
MUSKEGO WI 53150

GS / GS
ALBERT J MOTZEL JR MD
725 AMERICAN AVENUE
WAUKESHA WI 53188

ORS / ORS
KARL H MUELLER MD
2015 HOLLYHOCK LANE
ELM GROVE WI 53122

OPH
JAMES H NAGEL MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

D IM / D IM
414-567-0247
RICHARD E NEILS MD
888 THACKERAY TRAIL
OCONOMOWOC WI 53066

R / R
414-782-2488
ALBERT A NEMCEK MD
2970 SANTA MARIA DRIVE
BROOKFIELD WI 53005

FP OM
414-547-6699
JAMES L NOLAN JR MD
235 HARRISON AVENUE
WAUKESHA WI 53186

CLP
THOMAS C NOLASCO JR MD
19333 W NORTH AVENUE
BROOKFIELD WI 53005

AN / AN
PAUL J NOVACEK MD
16730 RIDGEVIEW DRIVE
BROOKFIELD WI 53005

OM / GS
414-544-1300
STANLEY J NULAND MD
W228 N683 WESTMOUND DR
WAUKESHA WI 53186

GP
MOIRA E O'BRIEN-BRUCE DO
15300 WATERTOWN PLK RD
ELM GROVE WI 53122

IM / IM
MICHAEL G O'MARA MD
888 THACKERAY TRAIL
OCONOMOWOC WI 53066

N / PN
OWEN OTTO MD
34810 PABST ROAD
OCONOMOWOC WI 53066

OTO HNS A / OTO
414-784-7150
JOHN R PARK MD
17050 W NORTH AVENUE
BROOKFIELD WI 53005

OBG / OBG
414-786-6420
ROBERT S PAVLIC MD
17000 W NORTH AVENUE
BROOKFIELD WI 53005

DR / R
JAN D PEARCE MD
12778 W NORTH AVENUE
BROOKFIELD WI 53005

GP
MIODRAG B PECARSKI MD
171 WOLF DRIVE
DOUSMAN WI 53118

GS VS
ARCHEBALD J PEQUET MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

OTO / OTO
414-255-7045
KENNETH R PETERS MD
W180 N7950 TOWN HALL
POST OFFICE BOX 427
MENOMONEE FALLS WI 53051

GYN / GYN
414-547-3434
JACK A PETERSON MD
SUITE 434
217 WISCONSIN AVENUE
WAUKESHA WI 53186

ORS / ORS
JOHN R PHILLIPS MD
13255 W BLUEMOUND ROAD
BROOKFIELD WI 53005

PD
DAVID J PIKNA MD
1535 E RACINE AVENUE
WAUKESHA WI 53186

N / PN
JOHN A H PORTER MD
888 THACKERAY TRAIL
OCONOMOWOC WI 53066

ORS / ORS
CALMAN S PRUSCHA II MD
888 THACKERAY TRAIL
OCONOMOWOC WI 53066

AN
414-547-8410
ROBERT V PURTOCK MD
2907 FARMVIEW COURT
WAUKESHA WI 53186

CD IM
414-251-7500
ALBERTO S QUERIMIT MD
N84 W16889 MENOMONEE
MENOMONEE FALLS WI 53051

FP / FP
JOHN L RASCHBACHER MD
RT 2
PENTWATER MI 49449

DR / DR
414-569-9363
KAREN RASMUSSEN MD
2924 N INTERLAKEN
OCONOMOWOC WI 53066

ORS
414-569-2300
PAUL D RASMUSSEN MD
915 EAST SUMMIT AVENUE
OCONOMOWOC WI 53066

U / U
414-542-1001
R JAMES RASMUSSEN MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

FP / FP
414-549-9100
ROBERT I REICHLE MD
W228 N683 WESTMOUND DR
WAUKESHA WI 53186

FP
414-548-6903
HOPE M RICE MD
434 MADISON STREET
WAUKESHA WI 53188

R / R
ALPHONSE M RICHTER MD
725 AMERICAN AVENUE
WAUKESHA WI 53186

OBG / OBG
414-544-2801
ANNE M RIENDL MD
POST OFFICE BOX 1907
WAUKESHA WI 53187-1907

GS CDS / GS
414-255-2500
JOHN D RIESCH MD
POST OFFICE BOX 427
MENOMONEE FALLS WI
53051-0427

IM CD
414-569-2300
MICHAEL J RIETBROCK MD
915 EAST SUMMIT AVENUE
OCONOMOWOC WI 53066

GS / GS
414-255-2500
THOMAS H ROBERTS MD
W180 N7950 TOWN HALL
POST OFFICE BOX 427
MENOMONEE FALLS WI 53051

GP
414-567-3232
ALBERT F ROGERS MD
POST OFFICE BOX 26
OCONOMOWOC WI 53066

FP / FP
414-363-7142
WILBUR E ROSENKRANZ MD
225 EAGLE LAKE AVENUE
MUKWONAGO WI 53149

EM / EM
608-255-5043
JOHN W ROWE MD
201 BRAM STREET
MADISON WI 53713

PTH
PAUL J RYKWALDER MD
885 TANGLEWOOD DRIVE
BROOKFIELD WI 53005

EM / IM
414-351-3122
HENRY I SAPERSTEIN MD
7370 NORTH SENECA ROAD
FOX POINT WI 53217

PD / PD
414-542-6970
DENNIS J SARAN MD
1535 RACINE AVENUE
WAUKESHA WI 53186

AN
414-781-3467
KENT C SCHAEFER MD
4720 LINCREST DRIVE
BROOKFIELD WI 53005

OPH / OPH
EDWIN H SCHALMO JR MD
POST OFFICE BOX 208
MUKWONAGO WI 53149

PTH CLP / PTH
414-546-6350
JAY F SCHAMBERG MD
S47 W22060 LAWNSDALE
WAUKESHA WI 53186

D
414-251-7500
BETH A SCHENCK MD
N84 W16889 MENOMONEE
MENOMONEE FALLS WI 53051

IM / IM
JEFFREY W SCHENCK MD
W145 N7495 NORTHWOOD
MENOMONEE FALLS WI 53051

R ON TR
414-781-5057
KEVIN L SCHEWE MD
16430 TIA COURT
BROOKFIELD WI 53005

OBG / OBG
414-542-2531
CLAUDE W SCHMIDT MD
217 WISCONSIN AVENUE
WAUKESHA WI 53186

AN
414-782-7278
KATHLEEN A SCHMIDT MD
20140 INDEPENDENCE DR
BROOKFIELD WI 53005

OBG / OBG
414-255-2500
ROBERT D SCHMIDT MD
W180 N7950 TOWN HALL
POST OFFICE BOX 427
MENOMONEE FALLS WI 53051

AN / AN
ROBERT H SCHOENEMAN MD
8165 BODILAC ROAD
MINOCQUA WI 54548

OBG / OBG
THOMAS A SCHROEDER MD
915 EAST SUMMIT AVENUE
OCONOMOWOC WI 53066

IM / IM
414-569-2300
BERNHARD J SCHUMACHER MD
915 SUMMIT AVENUE
OCONOMOWOC WI 53066

FP / FP
414-251-7500
ROBERT L SCHWARZ MD
N84 W16889 MENOMONEE
MENOMONEE FALLS WI 53051

GS
LINDA L SELL MD
21301 SHERMAN
SOUTHFIELD MI 48034

GS / GS
414-786-3722
ROBERT H SEWELL MD
17050 W NORTH AVENUE
BROOKFIELD WI 53005

PD / PD
LAWRENCE K SIEGEL MD
2815 LINCOLNSHIRE CT
WAUKESHA WI 53188

CHP
414-542-1347
MARK SIEGEL MD
2704 WOODRIDGE LANE
WAUKESHA WI 53186

FP EM
ROBERT P SIEVERT DO
13750 W NATIONAL AVE
NEW BERLIN WI 53151

AN / AN
414-542-0028
JAMES T SMALL JR MD
904 TENNY AVENUE
WAUKESHA WI 53186

GP GS
WARREN G SMIRL MD
723 CLINTON STREET
WAUKESHA WI 53186

D / D
414-542-9241
WILLIAM D SMITH MD
217 WISCONSIN AVENUE
WAUKESHA WI 53186

FP / FP
414-797-8808
JOHN A SMOLIK MD
17260 W BLUEMOUND ROAD
BROOKFIELD WI 53005

OBG / OBG
414-786-6420
JAMES A STADLER II MD
17000 W NORTH AVENUE
BROOKFIELD WI 53005

FP / FP
414-251-7500
JERREL L STANLEY MD
N84 W16889 MENOMONEE
MENOMONEE FALLS WI 53051

AN / AN
414-691-3962
RONALD W STEIN MD
W272 N2141 FIELDHACK
PEWAUKEE WI 53072

FP / FP
414-628-3859
THOMAS E STEINMETZ MD
W202 N11851 MERKEL DR
GERMANTOWN WI 53022

AN
414-782-5602
THOMAS A STEKIEL MD
2495 WHIPPLE TREE LANE
BROOKFIELD WI 53005

FP / FP
414-782-3080
GEORGE S STENGER DO
15710 W GREENFIELD AVE
BROOKFIELD WI 53005

IM
414-542-2581
AARON SWEED MD
324 WEST MAIN STREET
WAUKESHA WI 53186

FP
414-544-5791
GWENDOLYN TANEL MD
482 ORCHARD AVENUE
WAUKESHA WI 53186

OPH / OPH
THOMAS F TAYLOR MD
888 THACKERY TRAIL
OCONOMOWOC WI 53066

AN
414-255-1393
ROBERT L TEMPLE MD
N85 W15702 MENOMONEE
RIVER PARKWAY
MENOMONEE FALLS WI 53051

PTH / PTH
THOR M THORGERSEN MD
20840 BROOK PARK DRIVE
WAUKESHA WI 53186

P / P
414-255-7020
PAUL C TODD MD
W180 N7950 TOWN HALL
MENOMONEE FALLS WI 53051

ORS HS / ORS
414-786-3090
LEE M TYNE MD
17050 W NORTH AVENUE
BROOKFIELD WI 53005

PD / PD
DAVID O ULERY MD
915 EAST SUMMIT AVENUE
OCONOMOWOC WI 53066

R NM / R NM
414-544-2431
JOHN T UNDERBERG MD
725 AMERICAN AVENUE
WAUKESHA WI 53186

IM
MICHAEL J UNGER MD
W180 N7950 TOWN HALL
MENOMONEE FALLS WI 53051

N / N
SCOTT D VAN STEEN MD
W180 N7950 TOWN HALL
MENOMONEE FALLS WI 53051

ORS
GREGORY N VAN WINKLE MD
W180 N7950 TOWN HALL
MENOMONEE FALLS WI 53051

PTH CLP / PTH CLP
414-544-2286
SOM D VARMA MD
34711 FAIRVIEW ROAD
OCONOMOWOC WI 53066

FP
414-547-4490
NED F VASQUEZ MD
1133 SUMMIT AVENUE
WAUKESHA WI 53186

PM / PM
414-785-2000
SRIDHAR V VASUDEVAN MD
19333 W NORTH AVENUE
BROOKFIELD WI 53005

OPH
WILLIAM P VERRE MD
W180 N7950 TOWN HALL
MENOMONEE FALLS WI 53051

FP / FP
414-786-6520
ROBERT S VIEL MD
18735 PLEASANT STREET
BROOKFIELD WI 53005

GP / FP
MARCIANO C VISAYA MD
146 PARK AVENUE
PEWAUKEE WI 53072

AN / AN
JOHN J VONDRELL MD
2025 BURNWOOD COURT
BROOKFIELD WI 53005

IM GE / IM
ROBERT S WAGNER MD
915 EAST SUMMIT AVENUE
OCONOMOWOC WI 53066

CDS IM / IM
RICHARD J WAKEFIELD MD
W156 N9999 PILGRIM RD
GERMANTOWN WI 53022-5107

IM / IM
414-547-6240
JOHN W WAKELY MD
403 NORTH GRAND AVENUE
WAUKESHA WI 53186

PD / PD
414-784-1597
FRANK A WALKER MD
HAMAD GENERAL HOSPITAL
P O BOX 3050 DOHA
QATAR, ARABIAN GULF

OBG
414-544-4411
ROBERT L WARTH MD
1111 DELAFIELD STREET
WAUKESHA WI 53188

P CHP / P
WILLIAM N WATSON MD
888 THACKERAY TRAIL
OCONOMOWOC WI 53066

FP / FP
MARVIN WIENER MD
12500 W BLUEMOUND RD
ELM GROVE WI 53122

PD / PD
414-569-2231
MARK R WESSLING MD
915 EAST SUMMIT AVENUE
OCONOMOWOC WI 53066

FP / FP
HERBERT C WHITE DO
W312 S4272 HIGHWAY 83
POST OFFICE BOX 188
GENESEE DEPOT WI 53127

OPH / OPH
OTTO A WIEGMANN MD
17050 W NORTH AVENUE
BROOKFIELD WI 53005

OPH OTO
PHILIP M WILKINSON MD
915 SUMMIT AVENUE
OCONOMOWOC WI 53066

FP
414-363-7142
THOMAS H WILLIAMS MD
225 EAGLE LAKE AVENUE
MUKWONAGO WI 53149

AN
414-352-6275
SUNG-KYUN WOO MD
1840 W WOODBURY LANE
GLENDALE WI 53209

FP / FP
DONALD L WOOD MD
17400 W NORTH AVENUE
BROOKFIELD WI 53005

ORS / ORS
414-786-3090
JAMES P WOOD MD
17050 W NORTH AVENUE
BROOKFIELD WI 53005

GP
414-549-9100
JAMES A YENGER DO
W228 N683 WESTMOUND DR
WAUKESHA WI 53186

PTH FOP / PTH FOP
414-548-7575
HELEN M COOPER-YOUNG MD
OFC OF THE MED EXAM'R
515 W MORELAND BLVD
WAUKESHA WI 53186

FP / FP
414-662-3331
FLOYD M ZARBOCK MD
S89 W22915 MAPLE ST
BIG BEND WI 53103

OBG
TIMOTHY J ZELKO DO
N84 W16889 MENOMONEE
MENOMONEE FALLS WI 53051

CHP P / CHP P
414-964-4830
RICHARD C ZIMMERMAN MD
N89 W16785 APPLETON AV
MENOMONEE FALLS WI 53051

WAUPACA

GS / GS
715-823-6251
PAULINO G BELGADO MD
61 ANNE STREET
CLINTONVILLE WI 54929

GS / GS
BARTON J BLUM MD
710 RIVERSIDE DRIVE
POST OFFICE BOX 387
WAUPACA WI 54981

FP / FP
715-258-2909
MARSHALL O BOUDRY MD
122 WEST UNION STREET
WAUPACA WI 54981

FP / FP
ROY R BUCHHOLZ MD
POST OFFICE BOX 26
WEYAUWEGA WI 54983

FP / FP
715-258-1160
GILBERT C BURGSTEDE MD
710 RIVERSIDE DRIVE
POST OFFICE BOX 387
WAUPACA WI 54981

GP OBG
715-823-6511
HARRY S CASKEY MD
61 ANNE STREET
CLINTONVILLE WI 54929

FP / FP
715-258-1160
ROBERT A DENT MD
POST OFFICE BOX 387
WAUPACA WI 54981-0387

FP / FP
715-823-5161
CYNTHIA A EGAN MD
32 HUGHES STREEET
CLINTONVILLE WI 54929

FP / FP
414-982-3606
DONN D FUHRMANN MD
1420 ALGOMA STREET
NEW LONDON WI 54961

GS GP
414-982-3600
LUIS L GALANG MD
105 E WAUPACA STREET
NEW LONDON WI 54961

FP / FP
414-596-3435
CESAR A GARVIDA MD
425 SECOND STREET
MANAWA WI 54949

PTH CLP / PTH CLP
715-258-9001
PETER C HAMEL MD
ROUTE 4 BOX 191
WAUPACA WI 54981

R
414-982-3769
DAVID A HAMMES MD
1405 MILL STREET
NEW LONDON WI 54961

FP / FP
715-754-5267
ROBERT D HEINEN MD
725 WEST RAMSDELL
POST OFFICE BOX 236
MARION WI 54950-0236

GP
LAWRENCE F HEISE MD
61 ANNE STREET
CLINTONVILLE WI 54929

GP
NUMERIANO J HOLLERO MD
160 SOUTH WASHINGTON
IOLA WI 54945

FP / FP
715-258-1193
D MARK LOCHNER MD
710 RIVERSIDE DRIVE
POST OFFICE BOX 387
WAUPACA WI 54981

FP / FP
414-867-3141
LLOYD P MAASCH MD
206 SOUTH MILL STREET
POST OFFICE BOX 250
WEYAUWEGA WI 54983

GP
715-258-8667
HOWARD J MC GINNIS MD
323 S WASHINGTON ST
WAUPACA WI 54981

FP / FP
715-258-1187
ROBERT L PETERSON MD
710 RIVERSIDE DRIVE
POST OFFICE BOX 387
WAUPACA WI 54981

FP GER / FP
715-258-4240
PAUL A PFARR MD
POST OFFICE BOX 146
KING WI 54946-0146

PTH FP / FP
GENEROSO N RODRIGUEZ MD
FAIRVIEW DRIVE
NEW LONDON WI 54961

FP / FP
715-258-1173
JERRY R SALAN MD
710 RIVERSIDE DRIVE
POST OFFICE BOX 387
WAUPACA WI 54981

GP
HERMAN C SCHMALLENBERG MD
502 WEST BEACON AVENUE
NEW LONDON WI 54961

FP
JOHN J SEIDL MD
32 HUGHES STREET
CLINTONVILLE WI 54929

GP
715-258-3434
JOHN H STEINER MD
208 EAST UNION STREET
POST OFFICE BOX 369
WAUPACA WI 54981

FP / FP
414-982-3606
ALAN D STROBUSCH MD
1420 ALGOMA STREET
NEW LONDON WI 54961

GP
CLARENCE A TOPP MD
95 NORTH MAIN STREET
CLINTONVILLE WI 54929

FP / FP
414-982-3421
JOSEPH W WEBER MD
525 HIGH STREET
NEW LONDON WI 54961

GS / GS
414-982-3606
CARLOS C YU MD
1420 ALGOMA STREET
NEW LONDON WI 54961

WINNEBAGO

P
HERBERT M ALLEN MD
111 E WISCONSIN AVENUE
NEENAH WI 54956

CD IM / IM
MAMOUN B AL-NOURI MD
515 DOCTORS COURT
OSHKOSH WI 54901

ORS PYM P / ORS
GAY R ANDERSON MD
111 E NORTH WATER ST
NEENAH WI 54956

GP
GERHARD R C ANDERSON MD
APT 702
1101 CRYSTAL LAKE DR
POMPANO BEACH FL 33064

IM / IM
414-231-2322
KEVIN P ANDRASKO MD
400 CEAPE STREET
OSHKOSH WI 54901

P / P
414-725-1810
GEORGE W ARNDT MD
706 EAST FOREST AVENUE
NEENAH WI 54956

U / U
414-722-7747
SAFOUH A ATASSI MD
169 E NORTH WATER ST
NEENAH WI 54956

DR NM / DR NM
414-233-8060
JOHN F AUFDERHEIDE MD
2616A FOND DU LAC ROAD
OSHKOSH WI 54901

IM GE / IM
414-727-4200
JOSEPH F BACHMAN MD
411 LINCOLN STREET
NEENAH WI 54956

P / P
414-233-4557
RALPH K BAKER MD
418 JEFFERSON STREET
OSHKOSH WI 54901

IM / IM
CURTIS C BALTZ MD
POST OFFICE BOX 1009
NEENAH WI 54956

AN / AN
414-233-7455
JAMES H BARBOUR MD
1322 MENOMINEE DRIVE
OSHKOSH WI 54901

OBG / OBG
F BARTIZAL JR MD
1370 S COMMERCIAL ST
NEENAH WI 54956

IM
414-233-4270
JAMES L BASILIERE MD
414 DOCTORS COURT
OSHKOSH WI 54901

AN / AN
DEEDRIC W BAUER MD
POST OFFICE BOX 504
NEENAH WI 54956

DR / DR
414-725-1141
LAWRENCE L BAUER MD
2437 FOREST MANOR CT
NEENAH WI 54956

IM / IM
414-231-5855
DEAN B BECKER JR MD
ROOM 407
404 NORTH MAIN STREET
OSHKOSH WI 54901

AN
414-727 9239
SCOTT A BEHRENS MD
2420 WOODLAND TERRACE
NEENAH WI 54956

FP / FP
414-727 6088
DAVID E BELTZ MD
1215 DOCTOR'S DRIVE
NEENAH WI 54956

GP
414 622-3950
REUBEN H BITTER MD
ROUTE 2 BOX 947
WILD ROSE WI 54984

PTH CLP / PTH CLP
CHARLES I BOWERMAN MD
631 HAZEL STREET
OSHKOSH WI 54901

EM FP / FP
TIMOTHY L BOWERS MD
1375 LAKE BREEZE ROAD
OSHKOSH WI 54901

ORS / ORS
JOHN S BOYLE MD
510 DOCTORS COURT
OSHKOSH WI 54901

ORS / ORS
414-236-3257
DAVID G BRYANT MD
400 CEAPE AVENUE
OSHKOSH WI 54901

ORS / ORS
414-233-6000
ROY E BUCK MD
POST OFFICE BOX 165
OSHKOSH WI 54902-0165

IM / IM
JAMES R BURNS MD
508 QUARRY LANE
NEENAH WI 54956

U / U
414-727-4200
JOHN T CAMPBELL MD
411 LINCOLN STREET
NEENAH WI 54956

OM / OM
414-727-4200
CHARLES A CAPASSO MD
411 LINCOLN STREET
NEENAH WI 54956

A PD / AI PD
414-727-4200
CHIAW C CHARAVEJASARN MD
411 LINCOLN STREET
NEENAH WI 54956

AN
MAN Y CHOI MD
612 CHATHAM COURT
NEENAH WI 54956

FP / FP
414-727-4218
DAVID L CHRISTOPHERSON MD
411 LINCOLN STREET
NEENAH WI 54956

GS HS / GS
414-236-3240
DAVID D CLARK MD
400 CEAPE AVENUE
OSHKOSH WI 54901

GS
414-231-1767
WILLIAM E CLARK MD
4060 WINDERMERE LANE
OSHKOSH WI 54901

OPH / OPH
414-235-3303
GERALD P CLARKE MD
509 S WASHBURN AVENUE
POST OFFICE BOX 2623
OSHKOSH WI 54903-2623

P / P
414-722-1033
HARRY J COLGAN MD
1215 DOCTORS DRIVE
NEENAH WI 54956

OPH OTO / OPH
JOHN E CONWAY MD
1203 NICOLET CIRCLE
APPLETON WI 54915

OTO / OTO
414-236-3280
WILLIAM A CRAWFORD MD
400 CEAPE AVENUE
OSHKOSH WI 54901

GS
414-727-4200
JOHN M CROWE MD
411 LINCOLN STREET
NEENAH WI 54956

U / U
EARL F CUMMINGS MD
1111 EVANS ST
OSHKOSH WI 54901

EM FP / FP
414-233-1610
MARY S CUMMINS MD
4750 ISLAND VIEW DRIVE
OSHKOSH WI 54901

PTH / PTH
VINCENT H DAHL MD
631 HAZEL STREET
OSHKOSH WI 54901

EM GP
414-235-4607
HAROLD J DANFORTH MD
1424 CONRAD STREET
OSHKOSH WI 54904

IM OM / IM
414-721-5881
ROBERT E DEDMON MD
2100 WINCHESTER ROAD
NEENAH WI 54956

FP FM
414-725-1269
HUGH F DE MOREST JR MD
502 SURREY LANE
NEENAH WI 54956

R / R
414-727-4200
CHARLES P DILIBERTI MD
W4878 ESCARPMENT TERR
MENASHA WI 54952

DR / DR
414-725-0235
JERRY C DOSS MD
724 YORKSHIRE ROAD
NEENAH WI 54956

R NR / R
414-722-1582
ROBERT F DOUGLAS MD
155 POPLAR COURT
NEENAH WI 54956

OPH / OPH
414-233-4466
EDWIN L DOWNING MD
719 DOCTORS COURT
OSHKOSH WI 54901

GP
414-582-7887
LOREN J DRISCOLL MD
226 NORTH NINTH AVENUE
WINNECONNE WI 54986

OPH / OPH
414-235-5151
STEPHEN S DUDLEY MD
503 DOCTORS COURT
OSHKOSH WI 54901

IM / IM
MICHAEL A DUFFY MD
650 DOCTORS COURT
OSHKOSH WI 54901

OPH OTO / OPH OTO
PAUL S EMRICH MD
APT 308E
3880 IRONWOOD LANE
BRADENTON FL 33529-6831

D / D
414-725-5659
JOHN W FABER MD
1424 S COMMERCIAL ST
NEENAH WI 54956

PTH CLP / PTH CLP
414-729-3001
OWEN L FELTON MD
130 SECOND STREET
NEENAH WI 54956

FP / FP
414-233-2774
MICHAEL C FINGER MD
2048 SWALLOW BANKS RD
OSHKOSH WI 54901

FP / FP
ALBERT L FISHER JR MD
555 SOUTH WASHBURN
OSHKOSH WI 54901

R NM / R NM
414-722-1582
TIMOTHY T FLAHERTY MD
547 E WISCONSIN AVENUE
NEENAH WI 54956

IM END / IM END
414-727-4352
THOMAS P FOX MD
411 LINCOLN STREET
NEENAH WI 54956

FP / FP
414-275-5167
WOJCIECH A GADOWSKI MD
402 EDGEWOOD DRIVE
NEENAH WI 54956

P
414-725-8285
GERALD A GEHL MD
1215 DOCTORS DRIVE
NEENAH WI 54956

PD / PD
414-727-4430
NATALIE L GEHRINGER MD
878 AIRPORT ROAD
MENASHA WI 54952

PD / PD
414-727-4201
ROBERT E GEHRINGER JR MD
411 LINCOLN STREET
NEENAH WI 54956

OPH
414-725-3204
BARBARA GELDNER MD
240 FIRST STREET
NEENAH WI 54956

NS / NS
MICHAEL M GELDNER MD
1310 E FOREST AVENUE
NEENAH WI 54956

CD IM / IM CD
KENNETH A GELLER MD
POST OFFICE BOX 1009
NEENAH WI 54956

CLP / PTH
PAUL N GOHDES MD
130 SECOND STREET
NEENAH WI 54956

GS
LOUIS D GRABER MD
1400 BROOKS LANE
OSHKOSH WI 54901

U / U
813-799-6457
ALBERT P GRAHAM MD
APT 54
2072 AUSTRALIA WAY W
CLEARWATER FL 33575-3699

RHU IM / RHU IM
414-727-4200
JOHN T GRANDONE MD
411 LINCOLN STREET
NEENAH WI 54956

GS / GS
414-727-4232
JOHN H GRAY MD
411 LINCOLN STREET
NEENAH WI 54956

GP IM
414-235-1383
BENJAMIN S GREENWOOD MD
400 CEAPE AVENUE
OSHKOSH WI 54901

OTO / OTO
414-727-4200
REX C GROMER MD
411 LINCOLN STREET
NEENAH WI 54956

IM / IM
414-231-0703
VERNON G GUENTHER MD
1003 EVANS STREET
OSHKOSH WI 54901

IM
414-725-8228
ERDAL Y GURSOY MD
1416 S COMMERCIAL ST
NEENAH WI 54956

GP
414-725-3191
GLENN E GUSTAFSON JR MD
POST OFFICE BOX 420
MENASHA WI 54952

N / N
414-233-5580
AHMAD Y HAFFAR MD
2023 N POINT STREET
OSHKOSH WI 54901

GP
414-231-6838
WARREN V HAHN MD
1220 WEST NEW YORK
OSHKOSH WI 54901

OBG / OBG
414-727-4304
CHARLES HAMMOND MD
411 LINCOLN STREET
NEENAH WI 54956

IM / IM
414-231-3737
JAMES J HANUSA MD
650 DOCTORS COURT
OSHKOSH WI 54901

CDS IS
414-725-7060
HAROLD W HARDING MD
240 FIRST STREET
NEENAH WI 54956

GPM
414-722-2801
JOHN R HASELOW MD
110 W NORTH WATER ST
NEENAH WI 54956

IM NEP
414-727-4200
DAVID S HATHAWAY MD
411 LINCOLN STREET
NEENAH WI 54956

R / R
414-727-4200
SUE A HAUSSERMAN DUGAN MD
411 LINCOLN STREET
NEENAH WI 54956

GP FP
414-685-6403
DARRELL E M HAY MD
323 JEFFERSON AVENUE
OMRO WI 54963

PTH CLP / PTH CLP
414-729-3009
H CULLEN HENSHAW MD
130 SECOND STREET
NEENAH WI 54956

IM PUD / IM
414-727-4250
FREDRIC L HILDEBRAND MD
411 LINCOLN STREET
NEENAH WI 54956

AN
SCOTT M HODGDON MD
2844 SHOREWOOD DRIVE
OSHKOSH WI 54901

P
414-231-1869
KURT A HOEHNE MD
1841 NORTHPOINT STREET
OSHKOSH WI 54901

PD / PD
JOHN E HOGGATT MD
111 E NORTH WATER ST
NEENAH WI 54956

OBG / OBG
414-231-0710
ROBERT J HOLLY MD
712 DOCTORS COURT
OSHKOSH WI 54901

CDS TS GS / GS
414-725-7060
JOHN P HUBERT JR MD
995 BRIGHTON DRIVE
MENASHA WI 54952

PD / PD
414-231-1680
JOHN R HUGHES MD
645 DOCTORS COURT
OSHKOSH WI 54901

IM / IM
414-231-3737
RICHARD C HUGHES MD
650 DOCTORS COURT
OSHKOSH WI 54901

GS / GS
414-236-3240
ROBERT G ISOM MD
400 CEAPE AVENUE
OSHKOSH WI 54901

GP
RICHARD A JENSEN MD
POST OFFICE BOX 656
MENASHA WI 54952

NEP IM / NEP IM
414-727-4262
RICHARD H KAMMENZIND MD
411 LINCOLN STREET
NEENAH WI 54956

PD / PD
LARRY P KAMMHOLZ MD
645 DOCTORS COURT
OSHKOSH WI 54901

IM / IM
414-725-2070
JOHN R KEEGAN MD
222 S WASHINGTON ST
POST OFFICE BOX 657
MENASHA WI 54952-0657

P / P
414-235-5100
THOMAS J KELLEY MD
POST OFFICE BOX 266
BUTTE DES MORTS WI 54927

ORS / ORS
414-727-4283
WILLIAM F KENNEDY MD
POST OFFICE BOX 339
NEENAH WI 54956-0339

PD NPM / PD
414-727-4276
HOWARD L KIDD MD
411 LINCOLN STREET
NEENAH WI 54956

OPH / OPH
CLEMENS G KIRCHGEORG MD
148 PALO VERDE DRIVE
LEESBURG FL 32748

GP
414-236-3221
THOMAS M KIVLIN MD
400 CEAPE AVENUE
OSHKOSH WI 54901

FP / FP
414-727-4410
RICHARD D KLAMM MD
411 LINCOLN STREET
NEENAH WI 54956

R NM NR / R
414-722-1582
FRED E KLEIN MD
1209 S COMMERCIAL ST
NEENAH WI 54956

FP / FP
MICHAEL S KNIER MD
1194 SAWTELL COURT
OSHKOSH WI 54901

IM ON / IM
414-727-4239
JOHN P KONSEK MD
411 LINCOLN STREET
NEENAH WI 54956

GP OM
414-721-5901
MARY K KING-KUBIAK MD
2100 WINCHESTER ROAD
NEENAH WI 54956

GP CS
414-231-5014
RAYMOND V KUHN MD
1830 LAKE BREEZE ROAD
OSHKOSH WI 54901

D IM / D IM
414-727-4200
GARY M LAMPS MD
411 LINCOLN STREET
NEENAH WI 54956

AN
414-725-9121
OWEN E LARSON MD
POST OFFICE BOX 1027
NEENAH WI 54956

AN / AN
414-231-4337
JOHN A LESCHKE MD
1536 WHITE SWAN DRIVE
OSHKOSH WI 54901

NS / NS
414-231-9052
MARC A LETELLIER MD
4085 WINNEGAMMIE ROAD
NEENAH WI 54956

IM
414-231-7877
EDWARD R LOFTUS MD
5160 BITTERSWEET LANE
OSHKOSH WI 54901

EM FP / FP
THOMAS J LUETZOW MD
5157 NORTH LOOP ROAD
LARSEN WI 54947

ORS / ORS
414-725-5611
KIM H LULLOFF MD
111 E NORTH WATER ST
NEENAH WI 54956

PD NPM / PD
414-727-4200
C MAC DONALD II MD
411 LINCOLN STREET
NEENAH WI 54956

N / N
414-725-7093
H A ABDUL MAJID MD
240 FIRST STREET
NEENAH WI 54956

GS / GS
414-235-6960
JOHAN A MATHISON MD
712 DOCTORS COURT
OSHKOSH WI 54901

P / P
414-233-1773
JOHN B MC ANDREW MD
2136 WHITE SWAN DRIVE
OSHKOSH WI 54901

IM / IM
414-727-4296
PAUL B MC AVOY MD
411 LINCOLN STREET
NEENAH WI 54956

FP / FP
THOMAS J MC COOL MD
400 CEAPE AVENUE
OSHKOSH WI 54901

FP
DONALD H MC DONALD MD
19 SOUTH THIRD AVENUE
WINNECONNE WI 54986

GS TS / GS TS
813-367-4925
JOHN J MC GLOIN MD
735 126TH AVENUE
TREASURE ISLAND FL 33706

AN / AN
813-367-4925
MARY T MC GLOIN MD
735 126TH AVENUE
TREASURE ISLAND FL 33706

R NM / R
414-235-1954
JOHN R MC KENZIE MD
415 S MEADOW STREET
OSHKOSH WI 54901

GP
813-263-2983
JAMES V MELI MD
4741 WEST BOULEVARD
NAPLES FL 33940

P IM / P IM
414-233-3915
EDWARD D MEYER MD
2107 DOTY STREET
OSHKOSH WI 54901

FP / FP
HARVEY MONDAY MD
5354 RIMWOOD LANE
OSHKOSH WI 54901

IM / IM
HAROLD C MORK MD
2034 N POINT STREET
OSHKOSH WI 54901

P
BARBARA M MOUNTS MD
505 E WISCONSIN AVENUE
NEENAH WI 54956

OBG / OBG
414-231-0710
RICHARD C MURRAY MD
712 DOCTORS COURT
OSHKOSH WI 54901

PTH / PTH
ROBERT D NEUBECKER MD
2346 HICKORY LANE
OSHKOSH WI 54901

OPH / OPH
414-727-4286
KENNETH G NEWBY MD
411 LINCOLN STREET
NEENAH WI 54956

ORS HS / ORS
414-233-8550
PAUL C O'CONNOR MD
510 DOCTORS COURT
OSHKOSH WI 54901

AN / AN
THOMAS J O'REGAN MD
256 NORTH PARK STREET
NEENAH WI 54956

OTO / OTO
414-727-4285
DAVID M OSTROWSKI MD
411 LINCOLN STREET
NEENAH WI 54956

OBG / OBG
414-727-4200
DONALD J PANSCH MD
411 LINCOLN STREET
NEENAH WI 54956

OBG / OBG
FRANK N PANSCH MD
APT 1002
4575 COVE CIRCLE
MADEIRA BEACH FL 33708

PM / PM
TAI J PARK MD
130 SECOND STREET
NEENAH WI 54956

P
LEO B PERSSION MD
APT G
2771 DUDLEY DRIVE EAST
WEST PALM BEACH FL 33415

OM
GORDON W PETERSEN MD
APT 294
7300 WEST DEAN ROAD
MILWAUKEE WI 53223

P
414-236-3223
JOHN T PETERSIK MD
1319 LAWNDALE STREET
OSHKOSH WI 54901

ORS
414-729-9300
JOSEPH E PILON MD
POST OFFICE BOX 466
MENASHA WI 54952

P / P
414-233-1773
ER CHANG PING JR MD
2525 SHOREWOOD DRIVE
OSHKOSH WI 54901-1622

OBG / OBG
414-231-0710
JAMES R PLOS MD
712 DOCTORS COURT
OSHKOSH WI 54901

EM FP / EM FP
PAUL M PLUEDDEMAN MD
ROUTE 2 BOX 729
WAUTOMA WI 54982

FP
414-730-0021
GEORGE N PRATT JR MD
150 RIVERVIEW COURT
APPLETON WI 54915-1009

GS / GS
414-727-4200
KEVIN F QUINN MD
411 LINCOLN STREET
NEENAH WI 54956

IM
CURTIS D RADFORD MD
400 CEAPE AVENUE
OSHKOSH WI 54901

PD / PD
414-727-4200
ROGER A RATHERT MD
411 LINCOLN STREET
NEENAH WI 54956

PD / PD
414-727-4200
G DOUGLAS REILLY MD
411 LINCOLN STREET
NEENAH WI 54956

IM PD / IM
KIRTIDA N RINGWALA MD
1650 CLIFFVIEW COURT
OSHKOSH WI 54901

U / U
414-236-3238
RICHARD W ROBERTS MD
400 CEAPE AVENUE
OSHKOSH WI 54901

ORS / ORS
414-233-8550
DAVID H ROMOND MD
510 DOCTORS COURT
OSHKOSH WI 54901

N / N
414-727-4311
GIZELL M ROSETTI MD
411 LINCOLN STREET
NEENAH WI 54956

D / D
L THOMAS ROZUM MD
84 COUNTRY CLUB LANE
OSHKOSH WI 54901

R / R
DONALD J RYAN MD
1209 S COMMERCIAL ST
NEENAH WI 54956

DR / DR
414-722-1582
MICHAEL A SAN DRETTO MD
1209 S COMMERCIAL ST
NEENAH WI 54956

ORS / ORS
414-722-9900
JAN C SARNECKI MD
1416 S COMMERCIAL ST
NEENAH WI 54956

IM CD / IM CD
414-727-4355
EDWARD S SCANLAN MD
411 LINCOLN STREET
NEENAH WI 54956

OBG / OBG
FREDERICK L SCHAEFER MD
1416 COMMERCIAL STREET
NEENAH WI 54956

GP
414-236-3270
NYAL M SCHEUERMANN MD
400 CEAPE AVENUE
OSHKOSH WI 54901

ORS / ORS
PETER W SCHMITZ MD
2441 FORESTMANOR COURT
NEENAH WI 54956

GP PTH
316-663-8004
ROBERT L SCHWAB MD
807 LOCK LOMMOND
HUTCHINSON KS 67502

P
MARGARET J SEAY MD
1135 ELMWOOD AVENUE
OSHKOSH WI 54901

IM / IM
414-727-4200
WILLIAM F SICKELS MD
411 LINCOLN STREET
NEENAH WI 54956

GS
FREDERICK H SMITH MD
235 GRANT STREET
NEENAH WI 54956

P / PN
RICHARD B STAFFORD MD
102 SALLY LANE
NEENAH WI 54956

GS
MARVIN H STEEN MD
POST OFFICE BOX 1171
CAREFREE AZ 85331

ORS GS / ORS
414-727-4200
LYALL C STILP II MD
411 LINCOLN STREET
NEENAH WI 54956

GS / GS
414-235-6360
LESLIE H STONE MD
1835 LAKE BREEZE ROAD
ROUTE 4
OSHKOSH WI 54904

ORS / ORS
414-727-4200
LUTHER M STRAYER III MD
411 LINCOLN STREET
NEENAH WI 54956

OBG / OBG
RONALD L STREBEL MD
1370 S COMMERCIAL ST
NEENAH WI 54956

NS / NS
414-725-7091
RALPH L SUECHTING MD
240 FIRST STREET
NEENAH WI 54956

PD / PD
414-727-4200
JOHN D SWANSON MD
411 LINCOLN STREET
NEENAH WI 54956

EM FP
414-729-2060
E ROBERT TAAKE MD
POST OFFICE BOX 444
NEENAH WI 54956

AN
414-725-0114
ANTONIO C TALENS MD
106 WOODSIDE COURT
NEENAH WI 54956

R / R
GRACE L TARRANT MD
W4878 ESCARPMENT TERR
MENASHA WI 54952

GS TS CDS / GS TS
414-725-4527
DANIEL S THEARLE MD
169 E NORTH WATER ST
NEENAH WI 54956

R NM / R
DONALD C TURNER MD
569 E WISCONSIN AVENUE
NEENAH WI 54956-2966

P
414-235-4910
ALEX USPENSKY MD
POST OFFICE BOX 9
WINNEBAGO WI 54985

ORS / ORS
WALDO R VARBERG MD
1416 S COMMERCIAL ST
NEENAH WI 54956

DR NM / R
414-722-1582
ROBERT A VINCENT MD
1209 S COMMERCIAL ST
NEENAH WI 54956

N / N
414-233-5580
KENNETH M VISTE JR MD
POST OFFICE BOX 1100
OSHKOSH WI 54902

IM / IM
414-233-4270
WILLIAM G WEBER MD
414 DOCTORS COURT
OSHKOSH WI 54901

PD / PD
414-231-1680
CHARLES E WERNBERG MD
645 DOCTORS COURT
OSHKOSH WI 54901

IM / IM
414-233-4270
ROBERT L WESTON MD
414 DOCTORS COURT
OSHKOSH WI 54901

AN / AN
TIMOTHY G WEX MD
4404 SUNFLOWER DRIVE
ROCKVILLE MD 20853

GP
EARL B WILLIAMS MD
POST OFFICE BOX 740
OSHKOSH WI 54902

IM / IM
414-727-4200
EDWIN E WILSON MD
411 LINCOLN STREET
NEENAH WI 54956

R NM / R
414-233-6241
ERIC B WILSON MD
4397 COUNTRY CLUB ROAD
OSHKOSH WI 54901

OBG / OBG
414-231-0710
RICHARD C WOLFGRAM MD
4596 BELL HAVEN LANE
OSHKOSH WI 54904

AN
THOMAS S WOOD DO
2855 WYLDEWOOD ROAD
OSHKOSH WI 54901

IM / IM
414-231-3737
ROLAND N WOODRUFF MD
650 DOCTORS PARK
OSHKOSH WI 54901

OBG
EUGENE N WRIGHT MD
12 ANCHORAGE
ROUTE 2
SALEM SC 29676

ORS
ROBERT C WUBBEN MD
111 E NORTH WATER ST
NEENAH WI 54956

FP / FP
414-231-4164
LANCE E ZERNZACH MD
4466 FOND DU LAC ROAD
OSHKOSH WI 54901

GS / GS
414-235-6960
ERNEST J ZMOLEK MD
712 DOCTORS COURT
OSHKOSH WI 54901

WOOD

OTO / OTO
715-387-5245
RUBEN T AGUAS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM
MICHAEL G ALDRICH MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM
715-387-0376
JON W ALLEN MD
CLINIC 3F
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM
715-423-1300
WILLIAM ALLEN MD
400 DEWEY STREET
WISCONSIN RAPIDS WI 54494

IM
715-421-0890
RICARDO A ALMONTE MD
THIRD FLOOR
400 DEWEY STREET
WISCONSIN RAPIDS WI 54494

GP IM
715-423-0122
NORBERT W ARENDT MD
1041 HILL STREET
WISCONSIN RAPIDS WI 54494

CRS GS / CRS GS
715-387-5321
CONSTANTE S AVECILLA MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

OPH / OPH
715-387-5504
GRAHAM AVERY MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PTH IP BLB / PTH IP
MARY C BALDAUF MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

GS
715-387-6596
R LARRY BALDWIN MD
422 BLUEBIRD LANE
MARSHFIELD WI 54449

IM ON / IM MON
715-387-5134
TARIT K BANERJEE MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM EM
715-384-9638
CRAIG D BARR MD
APT 103
1703 N CHESTNUT AVE
MARSHFIELD WI 54449

PD PDC
HARRY BAYRON MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PTH / PTH
EFSTATHIOS BELTAOS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

OTO HNS / OTO
715-387-5245
FERNANDO B BERSALONA MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

R DR / R
715-387-5261
KENNETH J BILLINGS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449-5777

RHU IM / RHU IM
715-387-5190
DAVID F BJARNASON MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PD PNP / PD PNP
715-387-5154
EDWARD B BLAU MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

AN
FREDERIC W BOLLOW MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

FP
WILBUR J BOULET MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

AN
715-387-7179
PHILIP F BOYLE MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

OPH
715-387-5326
JOHN W BOYS-SMITH MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

GS / GS
715-387-5384
BRUCE E BRINK MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM CD
JOHN N BROWELL JR MD
700 SOUTH DRAKE AVENUE
MARSHFIELD WI 54449

AN
JOHN L BURNS JR MD
600 MARYKNOLL AVENUE
MARSHFIELD WI 54449

OBG / OBG
715-387-5161
RAYMOND E BURRILL MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

GS
JOSEFINO B CABALTICA MD
315 FIRST STREET
NEKOOSA WI 54457

EM FP / FP
715-421-2290
DANIEL B CAMPBELL MD
2142 16TH STREET SOUTH
WISCONSIN RAPIDS WI 54494

IM PUD / IM PUD
715-387-5319
JOHN A CAMPBELL MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

FP / FP
715-387-5168
PHILLIP R CANFIELD MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

R / R
715-387-5261
ROBERT D CARLSON MD
1000 NORTH OAK AVENUE
MARSHFIELD WI
54449-5777

PTH HEM / PTH HEM
715-387-7654
SHENG-HSIUNG CHANG MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PD
715-387-2939
DOOLEY YAT-SEN CHEN MD
1416 NORTH WOOD STREET
MARSHFIELD WI 54449

ORS
HONG MO CHEN MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PM / PM
DOMINIC S CHU MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM / IM
RICHARD W CLASEN MD
315 FIRST STREET
NEKOOSA WI 54457

FP / FP
715-423-1300
CHARLES CONGER MD
400 DEWEY STREET
WISCONSIN RAPIDS WI 54494

END IM / IM END
GUERDON J COOMBS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM GE
GLENN S CUSTER JR MD
1908 S PALMETTO AVENUE
MARSHFIELD WI 54449

IM NEP / IM NEP
715-387-5345
RICHARD A DART MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

OBG
FLOYD L DAUENHAUER JR MD
400 DEWEY STREET
WISCONSIN RAPIDS WI 54494

IM
MICHAEL J DAWSON MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

P
WARWICK R DEAN MD
1403 N BROADWAY AVENUE
MARSHFIELD WI 54449

IM FP / IM FP
715-387-5471
NORMAN A DESBIENS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

ORS / ORS
WOLFGANG O DIETSCHE MD
POST OFFICE BOX 1265
WISCONSIN RAPIDS WI 54494

IM RHU / IM RHU
715-387-5190
ANDREA DLESK MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

END IM / END IM
715-387-5481
GREGORY C DOELLE MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM PUD / IM PUD
715-387-5319
WILLIAM V DOVENBARGER MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

NEP / NEP IM
715-387-5292
DOUGLAS P DUFFY MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM
715-423-0122
PAUL R EGGE MD
1041 HILL STREET
WISCONSIN RAPIDS WI 54494

OTO / OTO
715-387-5245
VICTOR S EJERCITO MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM CD / IM
DEAN A EMANUEL MD
10081 HIGHWAY CC
PITTSVILLE WI 54466

IM / IM
715-387-5434
SCOTT S ERICKSON MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

OPH / OPH
715-387-5236
CHARLES A ERRICO MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

CD IM / CD IM
715-387-5301
JOSEPH J EVANS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PM / PMR
HERBERT K FISCHER MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

FP / FP
715-387-5168
STEVEN M FONTANNINI DO
510 MARATHON
MARSHFIELD WI 54449

PD N / PD
DAVID B FRENS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM HEM / IM
WILLIAM R FRIEDENBERG MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

CD IM / IM
W BRUCE FYE MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PTH / PTH
KOSASIH S GANI MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

P CHP / P CHP
715-387-5424
W WARREN GARITANO MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM RHU / IM RHU
JERRY W GOLDBERG MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

N / N
715-387-5352
PAUL G GOTTSCHALK MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM CD / IM CD
FRANK J GOUZE MD
RR1 BOX 44
CRANDON WI 54520

TR / TR R
715-387-7637
ROBERT H GREENLAW MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449-5777

OBG
ROBERT K GRIBBLE MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM CD / IM
DAVID S GRIERSON MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PD CD / PD
715-387-5251
GEORGE G GRIESE JR MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

AN
715-387-2238
ROBERT C GRIESSER MD
2513 S WASHINGTON AVE
MARSHFIELD WI 54449

PD NPM / PD NPM
715-387-5251
JODY R GROSS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

GS
ROBERT A GRUESEN JR MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM / IM
FRANK S GUZOWSKI MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PS HS / PS
715-387-5457
LOUIS C HACKER MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449-5777

U
715-387-5234
ROBERT P HAIGHT JR MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM GER PYM
715-387-5437
GURDON H HAMILTON MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PDA PD IG / PD AI
715-387-5186
RAYMOND L HANSEN MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

N OS / PN
715-387-5351
PHIROZE L HANSOTIA MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

GS / GS
715-387-5419
JERRY M HARDACRE MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

OBG
715-387-5206
PAUL G HARKINS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM ID / IM
715-387-5193
BRUCE N HATHAWAY MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

GS / GS
715-423-1300
WILLIAM J HENRY MD
400 DEWEY STREET
WISCONSIN RAPIDS WI 54494

AN / AN
715-423-9487
DENNIS A HENZIG MD
4458 BURR OAKS TRAIL
WISCONSIN RAPIDS WI 54494

DR R / R
715-387-8830
TIMOTHY G HERBERT MD
#203
1701 NORTH CHESTNUT
MARSHFIELD WI 54449

AI IM / AI
715-387-5186
ROBERT M HEYWOOD MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

P / PN
715-387-5587
WILLIAM H HEYWOOD MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

OBG / OBG
715-387-5161
GEORGE I HILL MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

R OS / R
715-384-5618
DAYTON H HINKE MD
W221 TURTLE RIDGE ROAD
MARSHFIELD WI 54449

R / R
715-387-5262
MARVIN L HINKE MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449-5777

R
715-387-5261
THOMAS D HINKE MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449-5777

IM HEM ON / IM HEM MON
715-387-5426
WILLIAM G HOCKING MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PD NPM / PD
GEORGE J HOEHN III MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

GS / GS
715-387-5507
JAMES L HOEHN MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

OTO / OTO
715-387-5245
JAMES J HOLT MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

AN / AN
WARREN J HOLTEY MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM CD NM / IM CD NM
715-387-5301
P DANIEL HORTON MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

GS
715-387-0117
BRUCE C HUBERT MD
2804 S FELKER AVENUE
MARSHFIELD WI 54449

FP / FP
715-423-0122
TIMOTHY K HUEBNER MD
1041 HILL STREET
WISCONSIN RAPIDS WI 54494

PD
715-423-1300
ANDREW W HULME MD
400 DEWEY STREET
WISCONSIN RAPIDS WI 54494

PM / PM
715-387-5328
SAMUEL IDARRAGA MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

ORS / ORS
715-424-1881
JAMES A JOHNSON MD
420 DEWEY STREET
POST OFFICE BOX 1265
WISCONSIN RAPIDS WI 54494

FP / FP
715-423-0122
ROBERT L JOHNSON MD
1041 HILL STREET
WISCONSIN RAPIDS WI 54494

IM GE / IM GE
715-387-5253
SIDNEY E JOHNSON MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

N / N
PERCY N KARANJIA MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

NS / NS
715-387-5297
DONALD B KELMAN MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

OTO HNS / OTO
ALBERT M KINKELLA MD
APT 106
1609 SAWYER DRIVE
MARSHFIELD WI 54449

GE IM / IM
JOHN P KIRCHNER MD
402 PARK STREET
MARSHFIELD WI 54449

AN
RONALD C KNUTH MD
DEPT ANESTHESIOLOGY
ST JOSEPH'S HOSPITAL
MARSHFIELD WI 54449

GS
715-387-5221
ROBERT L KOLTS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

ROBERT A KRUGER MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

N / N
715-387-1086
FRANCIS KRUSE JR MD
1005 WEST FIFTH STREET
MARSHFIELD WI 54449

IM PUD / IM PUD
715-387-5319
MICHAEL J KRYDA MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

GS CDS / GS GVS
715-387-5610
MARVIN E KUEHNER MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

P CHP
715-384-3942
INDRANI L KUMARAPERU MD
APT 106
1626 NORTH FIG AVENUE
MARSHFIELD WI 54449-1468

OPH / OPH
715-387-5236
JAMES A KUNKEL MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM / IM
715-387-4069
HOWARD A KURSHENBAUM MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

FP / FP
RICHARD D LARSON MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

GS TS / GS TS
715-387-5275
BEN R LAWTON MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM ID / IM
J DOUGLAS LEE MD
1000 N OAK AVENUE
MARSHFIELD WI 54449

IM RHU / IM
MARTHA L LEE MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

FP / FP
RICHARD A LEER MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

OBG / OBG
715-387-5161
RUSSELL F LEWIS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM / IM
715-387-5435
PAUL L LISS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PD PDE / PD PDE
715-387-5185
SHARON L MABY MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM / IM
715-387-5434
SANFORD D MAC DONALD MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM / IM
715-384-5513
GEORGE E MAGNIN MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

DR / DR IM
715-387-5261
WILLIAM F MANOR DO
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449-5777

IM / IM
715-387-5349
WILLIAM J MAURER MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

ORS / ORS
715-387-5202
PHILIP J MAYER MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM HEM
JOSEPH J MAZZA MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

ORS / ORS
715-421-5257
JOHN W MC DONOUGH DO
4540 CHURCH AVENUE
WISCONSIN RAPIDS WI 54494

IM END / IM END
715-387-5481
ALAN K MC KENZIE MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM / IM
715-387-5853
MICHAEL P MEHR MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

OBG / OBG
PAUL R MEIER MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

D / D IM
715-387-5311
JOHN W MELSKI MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PD ADL
JAMES A MEYER MD
11191 MILLING LANE
MARSHFIELD WI 54449

GS
BRYAN D MEYERS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

D DMP / D DMP
715-387-5311
DONALD J MIECH MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

ORS / ORS
JOHN P MILBAUER MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

OPH / OPH
715-424-4141
KEVIN B MILLER MD
400 DEWEY STREET
POST OFFICE BOX 309
WISCONSIN RAPIDS WI 54494

IM NM / NM
RICHARD W MILLER MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

FP / FP
715-387-5168
E GRADY MILLS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

AN / AN
WARREN L MIRANDA MD
1024 W BLODGETT STREET
MARSHFIELD WI 54449

U / U
715-387-5233
NELSON A MOFFAT MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PS HS MFS / PS
715-387-5457
RAMA D MUKHERJEE MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

DR / DR
715-387-5261
GERALD M MULLIGAN MD
904 STATE STREET
MARSHFIELD WI 54449

P
JOHN J MULVANEY MD
34514 CEDARFIELD DRIVE
RIDGE MANOR FL 33525

GS TS CDS / GS TS
715-387-5275
WILLIAM O MYERS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PD PHO / PD PHO
715-387-5251
H JAMES NICKERSON MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM END / IM END
715-387-5481
THOMAS F NIKOLAI MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM GE / IM GE
715-387-5471
ROBERT G NORFLEET MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM GE
715-387-5471
JESUS F NUNEZ-GORNES MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

R / R
THOMAS G OLSEN MD
305 DRAKE COURT
MARSHFIELD WI 54449

PD NPM / PD NPM
715-387-5016
JAMES C OPITZ MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM ON / IM MON
715-387-5134
JOSEPH L OUSLEY MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

N / PN
ROBERT W PAGE MD
1610 FELKER AVENUE
MARSHFIELD WI 54449

IM / IM
GEORGE A PAGELS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM GE / IM GE
715-387-5471
KEVIN PARENT MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PTH / PTH
715-423-6060
JUNG KYUN PARK MD
DEPT OF PATHOLOGY
410 DEWEY STREET
WISCONSIN RAPIDS WI 54494

IM NEP / IM NEP
715-387-5292
JOHN P PARKER MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

AN / AN
715-387-7179
FREDERIC L PAULSEN MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

AN / AN
715-387-7179
DONALD P PEDERSON MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

FP / FP
FREDRICK A PERRYMAN MD
1041 HILL STREET
WISCONSIN RAPIDS WI 54494

IM
DOUGLAS B PETERSON MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

GP
715-886-3175
LOUIS R PFEIFFER MD
315 FIRST STREET
NEKOOSA WI 54457

IM GER / IM
715-387-5852
ROBERT E PHILLIPS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

GS / GS
MARIO V PONCE MD
1041 HILL STREET
WISCONSIN RAPIDS WI 54494

IM / IM
715-423-0122
MINERVA N PONCE MD
1041 HILL STREET
WISCONSIN RAPIDS WI 54494

PD / PD
715-387-5251
GERALD E PORTER MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM / IM
715-423-0122
THEODORE A PRAXEL MD
1041 HILL STREET
WISCONSIN RAPIDS WI 54494

IM
JOHN PRZYBYLINSKI MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PD N / PD
715-387-5868
LOUIS J PTACEK MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PUD IM / PUD IM
715-387-5319
DANIEL L QUINN MD
PULMONARY MED SECTION
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

CDS TS / TS
715-387-5275
JEFFERSON F RAY III MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM CD / IM CD
715-387-5301
RICHARD A REINHART MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PTH / PTH
715-387-7654
CESAR N REYES JR MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

OBG / OBG
715-384-5702
THOMAS J RICE MD
1408 WEST 8TH STREET
MARSHFIELD WI 54449

IM NTR / IM
715-387-5435
PETER M RIES MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

R
715-387-5261
JUSTO RODRIGUEZ MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449-5777

D / D
RICHARD J ROWE MD
806 SOUTH OAK AVENUE
MARSHFIELD WI 54449

U / U
715-387-5232
MICHEL Y ROY MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

N / PN
KEVIN H RUGGLES MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

OBG / OBG
715-387-5161
JOHN W RUPEL MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM ON / IM MON
715-387-5416
DANIEL A RUSHING MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

TR R / TR
715-387-7637
HOMER H RUSS MD
611 ST JOSEPH AVENUE
MARSHFIELD WI 54449

GE IM / GE IM
715-387-5471
MICHAEL E RYAN MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PTH / AP CLP
SYED MIR SAJJAD MD
1601 NORTH WOOD AVENUE
MARSHFIELD WI 54449

NS / NS
BAHIJ S SALIBI MD
1020 MOUNTAIN HIGHWAY
NORTH VANCOUVER BC
CANADA V7J-2L9

GS CDS TS / GS TS
715-387-5107
RICHARD D SAUTTER MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

FP / FP
715-423-0122
JOHN W SCHALLER MD
1041 HILL STREET
WISCONSIN RAPIDS WI 54494

IM HEM / IM HEM
715-387-5426
LEE L SCHLOESSER MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

D / D DI
715-387-5312
WILLIAM F SCHORR MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM
715-384-2505
NEAL J SCHROETER MD
801 WEST FOURTH STREET
MARSHFIELD WI 54449

U
MICHAEL C SEELEN MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

AN
MATTHEW R SEIFERT MD
251 SHORE ACRE DRIVE
WISCONSIN RAPIDS WI 54494

RICHARD W SHALLMAN MD
1703B E FILLMORE ST
MARSHFIELD WI 54449

R / R
715-387-5261
JOHN R SHEFLIN MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449-5777

OBG
NAGLAA M SHEHAB MD
5-E NOBHILL
ROSELAND NJ 07068

PTH
RICHARD M SHUFFSTALL MD
410 DEWEY STREET
WISCONSIN RAPIDS WI 54494

AN
715-387-7179
SENEN V SIASOCO MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PD PHO / PD
TERESA SILBERMAN MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

N / PN
ELSON L SO MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

U / U
715-421-1151
CHARLES C SORENSEN MD
400 DEWEY STREET
WISCONSIN RAPIDS WI 54494

N
RODNEY SORENSEN DO
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

OPH / OPH
715-387-5236
GEORGE M SPARKS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

GS OM / GS
715-421-3977
CLIFFORD H STARR MD
231 FIRST AVENUE NORTH
WISCONSIN RAPIDS WI 54494

OBG / OBG
715-387-5161
MICHAEL L STEVENS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

OPH / OPH
715-387-5236
THOMAS W STRAM MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM / IM
JAMES L STRUTHERS MD
8349 F SQUAW LAKE ROAD
LAC DU FLAMBEAU WI 54538

IM EM / IM
715-387-5497
DEAN T STUELAND MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

ADL PD / PD
JOHN J SUITS MD
1110 W FOURTH STREET
MARSHFIELD WI 54449

PD / PD
715-387-5251
BRADLEY J SULLIVAN MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PD PDC / PD PDC
715-387-5570
THOMAS M SUTTON MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

AN
715-387-7179
PANDY G SWAMY MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

GS / GS
MARK K SWANSON MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

FP / FP
715-886-3175
JOHN E THOMPSON MD
315 FIRST STREET
NEKOOSA WI 54457

IM ON / IM MON
715-387-5134
STUART J TIPPING MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

ORS HS
ERIK O TORKELSON MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

GS PDS / GS PDS
715-387-5469
WILLIAM M TOYAMA MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

ORS RHU / ORS
715-387-5202
PAUL S TREUHAFT MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM / IM
715-387-5435
SUSAN L TURNEY MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

AN PD
SHARON L TUROVAARA MD
APT 133
311 WEST KALSCHED
MARSHFIELD WI 54449

PD AI / PD AI
715-387-5186
JOHN T TWIGGS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM CD / IM
715-387-5301
RICHARD H ULMER MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

OBG
715-387-5161
JAMES B UNGER MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

NS / NS
715-387-5297
HANS G VANDERSPEK MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PD / PD
715-387-5251
ALAYNE J VAN EREM MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PM / PM
PANNA V VARIA MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

P
VIRENDRA J VARIA MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

GS
CHARLES A VEDDER MD
900 SAWYER DRIVE
MARSHFIELD WI 54449

PD / PD
715-384-5883
JAMES S VEDDER MD
1000 WEST FIFTH STREET
MARSHFIELD WI 54449

GS / GS
715-423-0122
RENE S VICENTE MD
1041 HILL STREET
WISCONSIN RAPIDS WI 54494

FP / FP
715-423-1300
MARVIN A VOS MD
400 DEWEY STREET
WISCONSIN RAPIDS WI 54494

CD IM
715-387-5301
DIETER M VOSS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

PD OS / PD
715-387-5251
STEPHEN F WAGNER MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM RHU / IM RHU
715-387-5190
WILLIAM L WASHINGTON MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

NM IM / NM IM
715-387-7787
G JOHN WEIR JR MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM / IM
FREDERIC P WESBROOK MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

GS / GS
715-387-5609
GAIL H WILLIAMS MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM / IM
715-423-1300
JANET A WILSON MD
400 DEWEY STREET
WISCONSIN RAPIDS WI 54494

DR NR / DR
715-421-7430
THOMAS R WINCH MD
410 DEWEY STREET
WISCONSIN RAPIDS WI 54494

OS / OBG
715-387-5046
BRUCE A WINEMAN DO
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM NEP
715-387-5292
ROBERT H WINEMILLER MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

ORS
MARK D WISNEFSKE MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

GP OBG
CHARLES F WOOD MD
1041 HILL STREET
WISCONSIN RAPIDS WI 54494

P / P
715-387-5441
MICHAEL T WOOD MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM GE / IM GE
715-387-5471
JOHN B WYMAN MD
1000 NORTH OAK AVENUE
MARSHFIELD WI 54449

IM
THOMAS W ZOCH MD
1306-B WALNUT STREET
MARSHFIELD WI 54449 ■

Membership facts

Whether you're just starting medical school, maintaining a full-time practice, or retiring, SMS has a membership classification to fit your individual needs. Election to membership by the County Medical Society in which your principal place of practice is located carries with it membership in the State Medical Society of Wisconsin and, if you wish, the American Medical Association. If you qualify for resident membership at the time of your election, your membership dues are greatly reduced. This may also qualify you for reduced dues the first two years of your practice. In addition, two-physician families may be eligible for a $50 discount on total SMS membership dues. Dues for regular membership in 1986 are $455 for SMS, $375 for AMA, and county society dues vary. A more detailed listing of SMS membership classifications and their corresponding dues follows:

State Medical Society of Wisconsin

DESCRIPTION OF MEMBERSHIP CLASSIFICATIONS

Regular: Member in active practice. • ***First year in practice***—physicians elected to SMS membership within six months of completing residency, fellowship, or fulfillment of government obligation enjoy a dues reduction of 50 percent for the first year. • ***Second year in practice***—physicians who quality by meeting the above criteria enjoy a 25 percent dues reduction during their second year of practice. • ***Two-physician family***—one member (spouse) of a two-physician family is entitled to a dues reduction of $50 or the amount of their State Society dues whichever is less.

Resident: Physician who at January 1 of dues year is in an approved training program as a hospital resident or research fellow who is licensed to practice medicine and surgery in Wisconsin.

Military Service: Members who are serving in the U.S. armed forces (generally not to exceed five years).

Associate: Member whose dues are waived because of financial hardship due to illness or disability. This classification is temporary and is reviewed on an annual basis.

Life: Member who has held membership in a state medical society for 50 years or is a Past President of the State Medical Society of Wisconsin.

Honorary: Member who was named by the Board of Directors in recognition of long and distinguished service to the cause of medicine.

Retired: Member who has completely retired from practice (works less than 240 hours per year). All dues are waived unless county society indicates they wish to charge county dues.

Part-time Practice: Physician, regardless of age, who practices 1,000 hours or less during the calendar year but does not qualify for retired membership.

Over Age 70: Member in active practice who is over 70 years of age as of January 1.

Candidate: Member attending a medical school in Wisconsin or fulfilling a postgraduate obligation prior to eligibility for licensure.

Scientific Fellow: The Board of Directors may by invitation and unanimous consent confer upon any person engaged in teaching of or research in one or more of the basic sciences at an accredited college or university, and not holding the degree of Doctor of Medicine or Osteopathy, the status of Scientific Fellow.

Emeritus: Retired members who have chosen not to renew their license.

1986 DUES AMOUNTS FOR THESE CLASSIFICATIONS

	SMS	AMA	COUNTY
Regular	$455.00	$375.00	Normal County Dues
1st Year in Practice	$227.50	$187.00	Normal County Dues
2nd Year in Practice	$341.25	$281.00	Normal County Dues
Two Physician Family	$405.00	$375.00	Normal County Dues
Part-Time Practice	$227.50	$375.00/-0-*	Normal County Dues
Part-Time—Over Age 70	$227.50	$187.00*	Normal County Dues
Resident	$ 45.50	$ 45.00	Varies
Military Service	-0-	$250.00/$ 45.00	-0-
Associate	-0-	-0-	-0-
Retired	-0-	$375.00/-0-*	-0-
Retired—Over Age 70	-0-	-0-	-0-
Life	-0-	$375.00/-0-*	-0-
Honorary	-0-	$375.00/-0-*	-0-
Over Age 70	$227.50	$375.00/-0-*	Normal County Dues
Candidate—			
Freshman Year Medical Student	-0-	$ 20.00	Varies
Sophomore and Succeeding Medical Student Years	$ 10.00	$ 20.00	Varies
Postgraduate—One	$ 10.00	$ 45.00	Varies
Scientific Fellow	-0-	-0-	-0-
Emeritus	-0-	-0-	-0-

*Physicians in these categories may be eligible for exemption from paying AMA dues under the grandfather clause

AMA dues-exempt members who were granted exemption before 1986 based on previously established criteria with the exception of financial hardship or disability will automatically be dues-exempt in 1986 and beyond under the grandfather clause

Under new AMA policy only the following two categories of physicians will qualify for new dues exemption

(1) Financial hardship and/or disability

(2) 70 years of age or older *and* fully retired

State Society dues are prorated on a monthly basis for those elected to membership July 1 through September 30. Those elected after September 30 have no dues payable for the balance of the year in which they are elected. AMA dues follow the same pattern except prorating is on a semiannual basis rather than monthly basis.

To begin the membership process, if your practice is or will be located in Wisconsin, or you have any questions, you may contact your local county society or call the Membership and Communications Division of the State Medical Society, if in Wisconsin: 1-800-362-9080 (Madison area number: 257-6781).■

Your membership in organized medicine will help insure the continued "safety" of your practice and quality care for all patients. Your voice *will* be heard through participation. Membership in the State Medical Society of Wisconsin also requires membership in the county medical society (AMA membership is optional but encouraged). For Regular, Part-time Practice, or Over Age 70 membership classifications, dues may be paid in one lump sum or in two equal installments: one-half of the total payable by January 1, the other half not later than May 15, 1986 which is the removal date for those members who have not completed payment. You are urged to renew your membership.

IT PAYS TO BE A MEMBER

SMS Services, Inc.

SMS SERVICES . . . A wholly-owned subsidiary of the State Medical Society of Wisconsin has as its primary function the development and offering to SMS members of tangible benefits and services which are of professional, business, and personal advantage.

Insurance Programs

Professional Liability
Group and Individual Health
Disability Income
Auto, Homeowners, Personal Umbrella
Life, A D & D

*Worker's Compensation
Insured Medical Reimbursement
Business Overhead
General Business Liability
Universal Life
Other Life Lines

More on the way!

SMS Services is the Agent of Record for SMS and its endorsed programs.

Other Endorsed Programs

Uniform Claim Forms
Seminars
Printing Services
*Medical Equipment Leasing
*Auto Rental/Leasing

*Computers—Software and Hardware
*Home/Office Security Systems
*Debt Collection Services
*Credit Cards
Computer Supplies and Furniture

And more of these on the way too!

*Programs not administered by SMS Services

We are here to serve you in any way we can

P.O. BOX 1109, MADISON, WI 53701 • PHONE 608/257-6781 OR TOLL-FREE 1-800-362-9080

FAMILY PHYSICIANS

The Duluth Clinic, Ltd., a 125 physician multispecialty comprehensive regional medical center, is actively seeking two or three family physicians for one of its metropolitan satellite facilities. State of the art diagnostic equipment, surgical and hospital facilities are available.

Qualifications required include board certification or eligibility in family practice.

Metropolitan area includes 125,000 people. Ample outdoor recreational and cultural opportunities readily available. Please respond with complete curriculum vitae to:

Stan E. Salzman
Executive Director
The Duluth Clinic, Ltd.
400 East Third Street
Duluth, Minnesota 55805

The Duluth Clinic, Ltd.

An equal opportunity employer.

YOU CAN HELP STOP BEDWETTING

For a large majority of your Enuretic patients

- Ethical — prescription only
- Professional — you supervise treatment
- Approximately 90 percent effective
- Proven reliable and dependable bell, pad, and light system
- Low cost rental service — $14.00 per week (avg. 6-week treatment)
- Convenient mail order service to the 48 states

For more information, call or write:

S. & L. SIGNAL COMPANY

Helping Enuretic Clients
Since 1950
1142 Fleetwood Ave. Madison, WI 53716
Phone: 608-222-7939

Accepted for advertising in the AMA Journal

Are you ready for your future?

At Gaarder Miller we are experts at managing the business aspect of medical practices. Our professional consultants will tailor solutions to your special needs . . . solutions that result in increased productivity, optimal patient services and maximized income for today — and tomorrow.

WE OFFER: • Financial projections • Office management • Organizational planning • Facilities planning • Tax preparation • Personal financial planning • Billing service • Computer billing . . .

All the value of a full-time business manager at a part-time cost.

GM

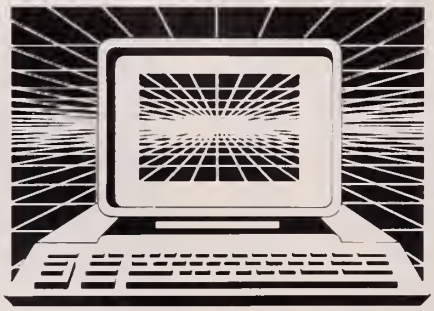
Gaarder Miller Milwaukee Ltd.
12778 W. North Ave.
Brookfield, WI 53005
(414) 784-9559

Planning today . . . for a secure tomorrow.

MDX APPOINTMENT SCHEDULING IS AN OPEN BOOK

Today, accurate and efficient patient appointment scheduling is one key to the success of any medical organization, from a single practitioner to a multi-facility clinic. Which is precisely why Advanced Technology Associates suggests that you investigate MDX, the clinical management tool that makes efficient appointment scheduling a matter of routine.

This open book scheduling package combines the flexibility of a manual book with all the speed, accuracy and security of computerization. MDX maintains an appointment calendar containing instantly accessible information on the availability of all providers involved in patient management, and prints out route slips, day sheets and appointment calendars for them all.



When you consider that MDX also lets you automate everything from patient records to accounting to correspondence, and has the unique distinction of being endorsed by SMS Services Inc. for members of the State Medical Society of Wisconsin, you'll see why it's clearly the system of choice for you.

For a *free videotape on MDX, please call us.

*Qualified callers only.

ATA
ADVANCED TECHNOLOGY ASSOCIATES

4710 WEST NORTH AVENUE MILWAUKEE, WI 53208 414/445-4280

Motrin® 800 mg TABLETS

ibuprofen

Extra strength
Convenience
Economy

Upjohn 100 A Century of Caring 1886·1986

©1986 The Upjohn Company

J-6138 January 1986

AMERICAN MEDICAL INTERNATIONAL'S PHYSICIAN PLACEMENT SERVICE

American Medical International has instituted a corporate service to assist Physicians interested in servicing AMI hospitals in fee-for-service private, solo, group, or other multi-specialty practices. Current opportunities are available for physicians who are Board Certified or Eligible. There is no charge to physicians for this service.
Specific areas of interest are:

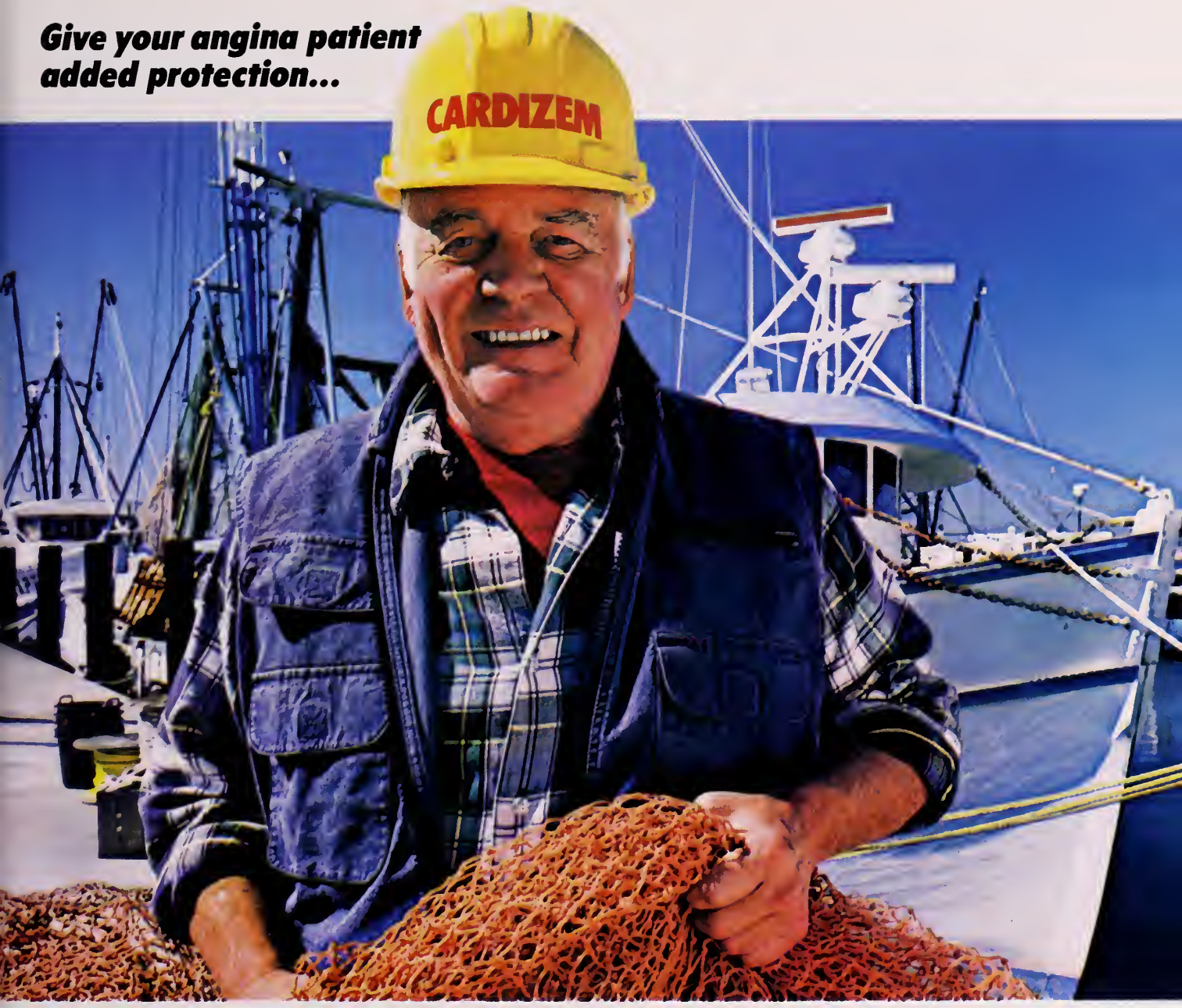
- **Family Practice**
- **Neurology**
- **Ophthalmology**
- **Orthopedics**
- **Gastroenterology**
- **ENT**
- **Oncology**
- **General Surgery**
- **VAS Surgery**
- **Neurosurgery**
- **Orthopedic Surgery**
- **Occupational Medicine**
- **Cardiology**
- **Rheumatology**
- **OB/GYN**
- **Internal Medicine**

Physicians interested in pursuing these opportunities should contact this service by calling or submitting a curriculum vitae to:

Norman Penick
Vice President
Human Resources
AMI
9465 Wilshire Blvd., Ste. 915
Beverly Hills, CA 90212
Call Collect: (213) 858-6927
Call Toll Free: (800) 533-7013
(800) 325-4881

AMI

Give your angina patient added protection...



CARDIZEM®: FEWER SIDE EFFECTS

diltiazem HCl/Marion

- ***The lowest incidence of side effects among the calcium channel blockers[1]***
- ***An exceptionally safe choice for angina patients with coexisting hypertension, diabetes, asthma, or COPD[1-3]***
- ***Proven efficacy when used alone in angina[1,4-6]***
- ***Compatible with both beta-blockers and nitrates[7]***

Please see brief summary of prescribing information on the next page.

CARDIZEM® 60 mg tid or qid

diltiazem HCl/Marion

FEWER SIDE EFFECTS IN ANTIANGINAL THERAPY

BRIEF SUMMARY

CARDIZEM® (diltiazem hydrochloride) is a calcium ion influx inhibitor (slow channel blocker or calcium antagonist).

INDICATIONS AND USAGE

1. **Angina Pectoris Due to Coronary Artery Spasm**. CARDIZEM is indicated in the treatment of angina pectoris due to coronary artery spasm. CARDIZEM has been shown effective in the treatment of spontaneous coronary artery spasm presenting as Prinzmetal's variant angina (resting angina with ST-segment elevation occurring during attacks).
2. **Chronic Stable Angina (Classic Effort-Associated Angina)**. CARDIZEM is indicated in the management of chronic stable angina. CARDIZEM has been effective in controlled trials in reducing angina frequency and increasing exercise tolerance.

There are no controlled studies of the effectiveness of the concomitant use of diltiazem and beta-blockers or of the safety of this combination in patients with impaired ventricular function or conduction abnormalities.

CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic).

WARNINGS

1. **Cardiac Conduction**. CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure**. Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt). Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients.
3. **Hypotension**. Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury**. In rare instances, patients receiving CARDIZEM have exhibited reversible acute hepatic injury as evidenced by moderate to extreme elevations of liver enzymes. (See PRECAUTIONS and ADVERSE REACTIONS.)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.

Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)

Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%.

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats.

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women; therefore, use CARDIZEM (diltiazem hydrochloride) in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers. It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, exercise caution when CARDIZEM is administered to a nursing woman if the drug's benefits are thought to outweigh its potential risks in this situation.

Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded.

In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy.

The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences, as well as their frequency of presentation, are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%), AV block (1.1%). In addition, the following events were reported infrequently (less than 1%) with the order of presentation corresponding to the relative frequency of occurrence.

Cardiovascular	Flushing, arrhythmia, hypotension, bradycardia, palpitations, congestive heart failure, syncope
Nervous System	Paresthesia, nervousness, somnolence, tremor, insomnia, hallucinations, and amnesia
Gastrointestinal:	Constipation, dyspepsia, diarrhea, vomiting, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH
Dermatologic	Pruritus, petechiae, urticaria, photosensitivity
Other	Polyuria, nocturia

The following additional experiences have been noted:

A patient with Prinzmetal's angina experiencing episodes of vasospastic angina developed periods of transient asymptomatic asystole approximately five hours after receiving a single 60-mg dose of CARDIZEM.

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: erythema multiforme, leukopenia, and extreme elevations of alkaline phosphatase, SGOT, SGPT, LDH, and CPK. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established.

OVERDOSAGE OR EXAGGERATED RESPONSE

Overdosage experience with oral diltiazem has been limited. Single oral doses of 300 mg of CARDIZEM have been well tolerated by healthy volunteers. In the event of overdosage or exaggerated response, appropriate supportive measures should be employed in addition to gastric lavage. The following measures may be considered:

Bradycardia	Administer atropine (0.60 to 1.0 mg). If there is no response to vagal blockade, administer isoproterenol cautiously.
High-Degree AV Block	Treat as for bradycardia above. Fixed high-degree AV block should be treated with cardiac pacing.
Cardiac Failure	Administer inotropic agents (isoproterenol, dopamine, or dobutamine) and diuretics.
Hypotension	Vasopressors (eg, dopamine or levarterenol bitartrate).

Actual treatment and dosage should depend on the severity of the clinical situation and the judgment and experience of the treating physician.

The oral LD_{50}'s in mice and rats range from 415 to 740 mg/kg and from 560 to 810 mg/kg, respectively. The intravenous LD_{50}'s in these species were 60 and 38 mg/kg, respectively. The oral LD_{50} in dogs is considered to be in excess of 50 mg/kg, while lethality was seen in monkeys at 360 mg/kg. The toxic dose in man is not known, but blood levels in excess of 800 ng/ml have not been associated with toxicity.

DOSAGE AND ADMINISTRATION

Exertional Angina Pectoris Due to Atherosclerotic Coronary Artery Disease or Angina Pectoris at Rest Due to Coronary Artery Spasm. Dosage must be adjusted to each patient's needs. Starting with 30 mg four times daily, before meals and at bedtime, dosage should be increased gradually (given in divided doses three or four times daily) at one- to two-day intervals until optimum response is obtained. Although individual patients may respond to any dosage level, the average optimum dosage range appears to be 180 to 240 mg/day. There are no available data concerning dosage requirements in patients with impaired renal or hepatic function. If the drug must be used in such patients, titration should be carried out with particular caution.

Concomitant Use With Other Antianginal Agents:

1. **Sublingual NTG** may be taken as required to abort acute anginal attacks during CARDIZEM therapy.
2. **Prophylactic Nitrate Therapy** — CARDIZEM may be safely coadministered with short- and long-acting nitrates, but there have been no controlled studies to evaluate the antianginal effectiveness of this combination.
3. **Beta-blockers**. (See WARNINGS and PRECAUTIONS.)

HOW SUPPLIED

CARDIZEM 30-mg tablets are supplied in bottles of 100 (NDC 00088-1771-47) and in Unit Dose Identification Paks of 100 (NDC 00088-1771-49). Each green tablet is engraved with MARION on one side and 1771 engraved on the other. CARDIZEM 60-mg scored tablets are supplied in bottles of 100 (NDC 0088-1772-47) and in Unit Dose Identification Paks of 100 (NDC 00088-1772-49). Each yellow tablet is engraved with MARION on one side and 1772 on the other. Issued 4/1/84

See complete Professional Use Information before prescribing.

0642T5

References: **1**. *Physicians' Desk Reference®*, ed 39. Oradell, NJ, Medical Economics Company Inc, 1985. **2**. Cohn PF, Braunwald E. Chronic ischemic heart disease, in Braunwald E (ed): *Heart Disease: A Textbook of Cardiovascular Medicine*, ed 2. Philadelphia, WB Saunders Co, 1984, chap 39. **3**. Schroeder JS. Calcium and beta blockers in ischemic heart disease: When to use which. *Mod Med* 1982; 50(Sept):94-116. **4**. Subramanian VB. Comparative evaluation of four calcium antagonists and propranolol with placebo in patients with chronic stable angina. *Cardiovasc Rev Rep* 1984; 5:91-104. **5**. Schroeder JS, Feldman RL, Giles TD, et al. Multiclinic controlled trial of diltiazem for Prinzmetal's angina. *Am J Med* 1982; 72:227-231. **6**. Weiner DA, McCabe CH, Cutler SS, et al. The efficacy and safety of high-dose verapamil and diltiazem in the long-term treatment of stable exertional angina. *Clin Cardiol* 1985; 7:648-653. **7**. Shapiro W. Calcium channel blockers: Actions on the heart and uses in ischemic heart disease. *Consultant* 1984; 24(Dec):150-159.

Another patient benefit product from

PHARMACEUTICAL DIVISION
MARION LABORATORIES, INC.
KANSAS CITY, MO 64137

Referral care doesn't have to be inconvenient.

Referring a patient can be a hassle when you don't know the right person or phone number to call. Now there's one phone number which will do all the work for you.

You can call PRN, Physician Resource Network.

PRN gives you one-phone-call access, toll-free, to Medical College of Wisconsin (MCW) specialists and services, 24 hours a day. We have more than 300 full-time faculty providing care in more than 40 specialties and subspecialties.

It only takes one phone call to PRN to get what you need. PRN can:

- Identify a specialist for your patient's needs.
- Connect you by phone with an MCW faculty specialist.
- Arrange for inpatient or outpatient services from MCW faculty specialists.
- Obtain patient or medical information from MCW faculty.

Our physicians and services are conveniently located just off I-94 in suburban Milwaukee. We're on the campus of the Milwaukee Regional Medical Center, a comprehensive academic medical center encompassing three tertiary care hospitals and three specialty institutions.

Now you can call PRN.

One-phone-call access to
Medical College of Wisconsin faculty specialists.

Toll-Free: 1-800-472-3660
From Milwaukee: 259-3660

PRN
PHYSICIAN RESOURCE NETWORK™

SMS staff reorganization underway

SMS Secretary-General Manager Designate Thomas L Adams has announced formation of two new divisions to replace the Physicians Alliance Division (the Physicians Alliance Commission continues at this time).

The two new divisions—Division of Public Affairs and Division of Medical Policy and Practice—have each been assigned a director who will report to the Secretary-General Manager. The position of Physicians Alliance Division director has been eliminated.

"Organized medicine is increasingly being called upon to be more responsive to healthcare consumers and to be more aware of the economic and social concerns with which they are faced," Mr Adams stated. "The State Medical Society of Wisconsin, anticipating this need, has reorganized to help physicians deal more efficiently with these important issues. The two new divisions will uniquely qualify us to offer our members the most comprehensive services for the practice of medicine."

Heading the Division of Public Affairs is Ms Terry Hottenroth, former Governmental Affairs Coordinator for SMS the past two years. She will serve as chief lobbyist for the Society and be responsible for federal and state lobbying, regulatory affairs, and county medical society support.

In the reorganizational process the Public Affairs Division will be setting up two departments, each with a manager: Governmental Relations and Medical Society Relations. Current staff members assigned to this division are: Donald Lord, Lanny Hardy, Lois Riley, and Lisa Hilbert.

Directing the Division of Medical Policy and Practice will be Rick Reas, former Health Policy Coordinator for SMS for the past eight years. This division, to be comprised of members of the SMS's Health Policy Unit, was created to facilitate greater research capabilities for the Society. Currently there are two policy analysts, Deborah Powers and Tracy Ellingson. A third policy analyst, Michelle Scoville, resigned her position in June to move out of state with her physician husband who just completed his pediatric residency at the University of Wisconsin Medical School.

"The Division of Medical Policy and Practice was formed to expand our policy development and policy-related services," Mr Adams said. "We expect that providing these services to physicians, along with viable management options and voluntary leadership opportunities, will be the most rapidly-emerging areas of focus for the Society."

"Healthcare consumers, legislators, and other members of the public are demanding a new response today from organized medicine. With this reorganization, the Society is prepared to deliver a prompt response," Mr Adams said.■

Membership Award

John K Scott, MD, Madison (right), president of the State Medical Society of Wisconsin, 1985–86, accepting the 1985 Membership Award from Harrison L Rogers, Jr, MD, president of the American Medical Association, at the National Leadership Conference held in February. The award is granted to those states which exceed their prior year's membership in the AMA.

SMS joins coalition for tort reform

The State Medical Society is one of nearly 70 state business-professional groups and nonprofit associations which have formed a coalition to promote reform of Wisconsin's tort system creating the current liability insurance crisis.

The Wisconsin Coalition for Civil Justice, whose membership includes groups as diverse as architects, school board members, the experimental aircraft association, and the state utilities association, is developing a statewide education program to urge legislators and the general public to make civil justice reform a top priority in 1987. Specifically the coalition will work to address passage of legislation concerning these eight issues:

1—Elimination of ***joint and several liability*** under which a defendant judged to be only 1% negligent could end up paying 100% of a judgment.

2—Elimination of ***punitive damages*** (except in intentional torts), usually inflicted as a deterrent and to make the victim "whole."

3—Modification of the ***collateral*** source rule which prevents disclosure of compensation which reduces loss to plaintiffs and, consequently, prevents the reduction of awards.

4—Capping awards for ***noneconomic damages***, including pain and suffering, at $250,000.

5—Modifying Wisconsin's statutes for ***frivolous suits*** to make more enforceable rarely-invoked laws allowing the court to award the successful

continued next page

continued from preceding page

party costs and reasonable attorney fees for suits found to be frivolous.

6—Requiring juries to provide ***itemized awards*** listing all of the elements of an award.

7—Lowering attorney ***contingency fees.*** A specific proposal is being developed.

8—Allowing ***periodic or structured payments*** of awards. Instead of requiring one lump-sum payment to a plaintiff's future economic needs and require the defendant to purchase an annuity policy with dividends to cover those needs.

SMS Policy Analyst Deborah J Powers is the Society's representative to this coalition.■

SMS Board makes new appointments

The SMS Board of Directors at its meeting June 28 selected SMS Secretary-General Manager Earl R Thayer for appointment to the Board of Governors for the Wisconsin Health Care Liability Insurance Program (WHCLIP) and the Patients Compensation Fund.

Under the terms of the recently-passed medical liability legislation, SMS is allowed a second representative on the Fund Board of Governors. Frederick C Kriss, MD, Madison, has served as the sole SMS representative.

The new liability legislation, now 1985 Wisconsin Act 340, changes the composition of the Fund Board by deleting two of the five insurance industry representatives, and adding two more public members appointed by the Governor, an additional SMS appointee, and an appointee of the Wisconsin Academy of Trial Lawyers. Any or all of these appointees could be from the insurance industry. The Fund Board is charged with contracting for actual claims management services and with overseeing the daily operations of WHCLIP and the Fund.

In other action taken by the Board June 28, three members of the SMS Services, Inc Board of Directors were reappointed to another three-year term. They are William P Crowley Jr, MD, Madison; Jerome W Fons, MD, Cudahy; and Allen O Tuftee, MD, Beloit. SMS Services, Inc Executive Vice President LeRoy A Johnson, Madison, also was appointed to fill the remaining term of Richard W Edwards, MD, Richland Center, who vacated his seat to assume duties as chairman of the board of the new Physicians Insurance Company of Wisconsin (PIC-Wisconsin).■

SMS to consider new section for young physicians

The SMS Board of Directors at its meeting June 28 approved formation of an ad hoc committee to study establishment of a new Section for Young Physicians in the SMS House of Delegates. The AMA, which recently endorsed formation of Young Physicians Section in its House, is urging each state in the Federation to organize a similar section, complete with voting privileges.

Final approval of an SMS Section for Young Physicians must come from the 1987 SMS House of Delegates, the Board said, responding to a report from SMS President John P Mullooly, MD, Milwaukee. The Board acknowledged, however, that data collection and recommendations concerning the issue would help delegates decide before next April when the SMS House of Delegates meets again.

Doctor Mullooly said the AMA is urging each state in the Federation to form a young physicians section in order to serve as a membership incentive and to offer those physicians a more active role in organized medicine. Although 40% of practicing physicians today are under age 40, only 29% of them are AMA members. Studies indicate that nearly half are employed full-time by healthcare organizations and most are more interested in quality of life than in financial independence, Doctor Mullooly said.

The AMA Young Physicians Section will be comprised of one delegate and one alternate delegate from each state. The new section will complement AMA activities offered in the group's sections for medical students and resident physicians.■

SMS Toll-free
number in Wisconsin
1-800-362-9080

24 HOUR Radio dispatched truck fleet for

INDUSTRY, INSTITUTIONS, SCHOOLS, ETC.

AUTHORIZED PARTS AND SERVICE FOR CLEAVER—BROOKS
Throughout Wisconsin and Upper Michigan

SALES
Boiler room accessories
O_2 trims
Cleveland controls
and Car automatic bottom blowdown systems

SERVICE—CLEANING ON ALL MAKES
Complete Mobile Boiler Room Rentals

Stevens Point—715/344-7310
Green Bay—414/494-3675
Madison—608/249-6604

PBBS EQUIPMENT CORP.
5401 N Park Dr
PO Box 365
Butler, WI 53007
Phone: 414/781-9620

SMS Board of Directors votes against expanding scoliosis screening

No new school screening programs for scoliosis should be started in Wisconsin at this time, the SMS Board of Directors concluded at its June 28 meeting. The new policy was adopted at the recommendation of the SMS School Health Committee and after comment from representatives of the Wisconsin Orthopaedic Society.

Currently 2% of Wisconsin children participating in the voluntary school screening programs are referred to physicians and 0.5% of those screened actually need treatment.

Members of the Wisconsin Orthopaedic Society urged continuation of the screening programs not only because of scoliosis detection but also because of the communication the programs establish between school children, their families, the local physician, and the orthopaedic specialist. Children, especially in rural areas, need the evaluation and prompt referral which may be indicated by the screening, Orthopaedic Society President James M Huffer, MD, Madison, said.

While not going on record to dismantle the State's screening program, the SMS Board said that the small number of referrals from the school screenings could not presently justify the start of any new programs in the state.■

CES FOUNDATION AND DANE COUNTY MEDICAL SOCIETY

Donate to infant car seat program

Wisconsin physicians may be saving the lives of infants they have never even seen. Contributions from the Charitable, Educational, and Scientific Foundation of SMS and from the Dane County Medical Society will enable the American Red Cross, Dane County Chapter, to loan thousands of car seats to parents of newborn infants.

In July, the CES Foundation and the Dane County Medical Society each donated $5,000 to the American Red Cross' Dane County Chapter for its "Keep Infants Seated Safely" (KISS) program. DCMS also contributed $7,000 to the KISS program earlier, when it began in 1980.

The Dane County program—the first in the nation to be sponsored by a Red Cross Chapter—has loaned more than 11,500 car seats to parents of newborns during the past six years. The American Red Cross has adopted the Dane County Chapter's program nationwide and many similar programs are now in operation throughout the country.

"This is prevention at its very best," KISS program founder Kathryn P Nichol, MD, Madison, said. "It not only has saved lives, but it also gives us the potential of raising a whole new generation of youngsters who have never known anything but the correct use of car restraints."

Doctor Nichol, a member of DCMS, said newborns using the car seats may grow up to become the first generation of American adults who will regard car safety belts as a necessity instead of a nuisance.

Doctor Nichol solicited funds for the program after hearing the statistics on automobile deaths. Car accidents are the biggest killer of people aged one through 44. The highest fatality rates occur among children less than six months old.

Statistics also show that 90% of deaths and 80% of injuries for children riding in motor vehicles could be prevented with proper use of car seat restraints. The Red Cross estimated that only 20% of Dane County children rode in car seats correctly, compared to 10% nationally, before the start of the program.

Youngsters who ride properly in car seats as infants and toddlers will be much more likely to use seat belts

Physicians support KISS

The Charitable, Educational and Scientific Foundation of the State Medical Society and the Dane County Medical Society recently presented the American Red Cross-Dane County Chapter with $10,000 ($5,000 from each organization) to fund its Keep Infants Seated Safely (KISS) program. Presenting the checks to David Sugar, chairman of the American Red Cross-Dane County Chapter's Financial Development Committee, and KISS program founder Kathryn P Nichol, MD, Madison, are DCMS President John D Wegenke, MD, Madison (left), and CES Foundation Treasurer Richard W Edwards, MD, Richland Center (right). (Staff photo by Ruth Anne Riese)■

throughout their lives, Doctor Nichol believes. "The most exciting aspect of the KISS program is the chance to develop new behaviors and attitudes which help people live longer, more productive lives," she said.

The KISS program loans parents of infants born in Dane County safety-tested and approved infant car seats for six months at a nominal cost. The car seat prevents injuries by arresting the forward motion of the child's body upon impact and protecting the most vulnerable parts of the infant's body—head and back. ■

CES Foundation
of the State Medical Society of Wisconsin

The Charitable, Educational and Scientific Foundation of the State Medical Society of Wisconsin recognizes the generosity of the following individuals and organizations who have made contributions during the month of February 1986.

Museum Endowment Fund

Kristin L Bjurstrom

Harrington-Wright Scholarship Fund

Dodge County Medical Auxiliary

Charles Landis Memorial Fund

Milwaukee County Medical Society Auxiliary

Barbara Scott Maroney Fund for Research on Diabetes

Mary Angell
Richard and Marcella Herfel
Mr and Mrs H B Maroney
Dee Miller
Reese and Mavis Minor
Kathy Mohelnitzky
Earl and Alice Thayer

Brown County Loan Fund

Dr and Mrs Loren Hart
Dr and Mrs Robert Schmidt

Work Week on Health

Christine Fernak
Janet Hammond
Kristin L Hancock

Memorials

Mary Angell
Kristin L Bjurstrom
Dr and Mrs Richard Edwards
Fond du Lac County Medical Society Auxiliary
Dr and Mrs Loren Hart
Richard and Marcella Herfel
Dr and Mrs Gerald Kempthorne
Mr and Mrs H B Maroney
Dee Miller
Milwaukee County Medical Auxiliary
Reese and Mavis Minor
Kathy Mohelnitzky
Dr and Mrs E J Nordby
Richland County Medical Society
Dr and Mrs Herbert Sandmire
Dr and Mrs Robert Schmidt
State Medical Society of Wisconsin
Earl and Alice Thayer

Memorialized

Norbert Bauch, MD
Royden F Collins, MD
Nellie Gilbert
Dorothy Goodrich
LaVerne Hardy
Michael J Kuhn Sr, MD
Charles Landis, MD
Frederick Mansell, MD
Harry B Maroney
Raymond McCarthy
Mrs Elsie McDaniels
Mr and Mrs Herman Priebe
Elaine Tydrick

Voluntary Contributions

Edwin C Albright, MD
James A Alston, MD
Dennis Anderson, MD
Robert G Anderson, MD
Senekerim Armagan, MD
James J Barrock, MD
Norbert G Bauch, MD
George A Behnke, MD
Vernard A Benn, MD
Barry Blackwell, MD
Henry W Bockelman, MD
Robert T Brazy, MD
Bruce J Brewer, MD
John R Brown, MD
Richard H Christenson, MD
Norman M Clausen, MD
Frederick D Cook, MD
Kenneth B Cummings, MD
Mary S Cummins, MD
James R Dyreby, MD
Peter S Foote, MD
Robert A Frisch, MD
Rocco S Galgano, MD
Frank Gallin, MD
Hyman A Gantz, MD
Fema So Garay, MD
Arthur F Garcia Jr, MD
Joseph E Geenen, MD
Richard D Gibson, MD
James E Glasser, MD
Karl P Grill, MD
Heidi J Harkins, MD
Donald J Harvey, MD
John C Heffelfinger, MD
Harold J Hoops, MD
Kenneth R Jumke, MD
Erwin S Huston, MD
Clare F Hutson, MD
Charles J Jannings III, MD
Palmira A Janusonis, MD
G Kenneth Johnson, MD
Samuel B Johnson, MD
Marvin G Jumes, MD
J D Kabler, MD
Nevenka T Kevich, MD
Harold J Kief, MD
Robert R Kinde, MD
Martin J Klein, MD
Francis Kruse, Jr, MD
Gregory J Kuhr, MD
Francis P Larme, MD
Larry A Lindesmith, MD
Emilio M Lontok, MD
Erwin P Ludwig, MD
Robert Lund, MD
Johan A Mathison, MD
John B McAndrew, MD
Urquhart L Meeter, MD
Paul L Miller, MD
Stanley R Miller, MD
Jane M Moir, MD
Louis G Networski, MD
Earl J Netzow, MD
Frank E Nichols, MD
William Nielsen, MD
John E Nilles, MD
Vincent W Nordholm, MD
Robert G Pavlic, MD
John F Pederson, MD
Thomas E Pederson, MD
Edward L Perry, MD
Er Chang Ping Jr, MD
Louis T Plouff, MD
Mohammad H A Qazi, MD
John L Rens, MD
Paul R Rice, MD
Ben F Rusy, MD
Gloria E Sarto, MD
Robert W Schroeder, MD
Alwin E Schultz, MD
Harold H Scudamore, MD
Weldon D Shelp, MD
Howard W Short, MD
John L Sims, MD
Glenn A Smiley, MD
Warren G Smirl, MD
David L Sovine, MD
Scott R Springman, MD
Elizabeth Allen Steffen, MD
Charles L Steidinger, MD
Emil Steinke, MD
Ronald W Steube, MD
K Alan Stormo, MD
Donald J Taylor, MD
Stewart F Taylor, MD
Stewart F Taylor, Jr, MD
Ervin Teplin, MD
Charles A Vedder, MD
Robert L Waffle, MD
William L Waskow, MD
Waukesha County Medical Auxiliary
Jeffrey M Weber, MD
John E Whitcomb, MD
James P Wise, MD
Robert G Wochos, MD
Harry J Zemel, MD
Ernest J Zmolek, MD
Thomas J Zweifel, MD ■

LA CROSSE: The executive committee of the La Crosse County Medical Society met May 2, 1986. Jack M Lockhart, MD* reviewed the medical malpractice situation and the compromise that was being worked out. He also reviewed the SMS resolution to raise the drinking age to 21 years of age. The next meeting is scheduled on May 12 in La Crosse.

ROCK: At the May meeting of the Rock County Medical Society, Doctor Marylynn May of the Department of Sociology of Beloit College presented an original research work concerning why patients are dissatisfied with their physicians. The other guest speaker at the meeting was Rick Reas, Health Policy Coordinator of the State Medical Society, who presented data from 10 years of statistics of the Patient Compensation Board. The next meeting will be in July with the state legislators from Rock County as special guests.

RUSK: The May meeting of the Rusk County Medical Society was held in Ladysmith and the guest speakers were J Douglas Lee, MD,* Marshfield, who spoke on "Chlamydia Infection" and Professor Randall Backe from Mount Senario College in Ladysmith. Robert K De Mott, MD,* Ladysmith, gave a report on the recent proposals and resolutions adopted at the State Medical Society's Annual Meeting held in Milwaukee in April. Lisa Hilbert, Field Consultant of the State Medical Society, addressed the meeting explaining the purposes of her job and how her efforts will be made in future years to keep the members of the County Society informed about legislative efforts and progress in the State Medical Society. Douglas M De Long, MD* of Ladysmith presented his proposal that the Rusk County Medical Society write a letter to the Editor of the *Ladysmith News* supporting its position to recognize that no well-defined or proved efficacious protocol exists for physician or medical response to a radiation emergency, and that the Rusk County Medical Society supports the efforts of the State Society to develop such protocols in the case of such an emergency.

WINNEBAGO: Thirty-nine members were present at the May meeting of the Winnebago County Medical Society. Kevin Andrasko, MD,* Oshkosh, was accepted into membership of the Society.■

ANNOUNCING

A combined effort to improve the quality of life.

Qualified, competent orthotists and prosthetists have been the trademark of Acme Laboratories since its beginning in 1950. Now, with the acquisition by Acme of one of the most respected and oldest names in the business, the House of Bidwell, the trademark has only been strengthened.

Professional patient care, human understanding, custom orthoses or prostheses, high standards, quality service. We also accept all insurance, including Medicare and Medicaid.

Acme Laboratories, and now the House of Bidwell – where quality of life is our main concern.

Acme Laboratories, Inc. | House of Bidwell

IMPROVING THE QUALITY OF LIFE

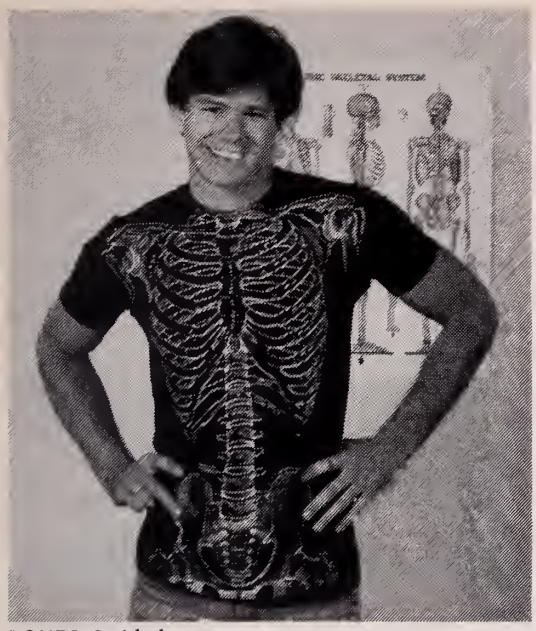
Acme Laboratories, Inc Main Office
[illegible] W Bulleigh St
Milwaukee, WI 53222
(414)259-1090

Acme Laboratories, Inc.
525 E Division St
Fond du Lac, WI 54935
(414) 923-6676

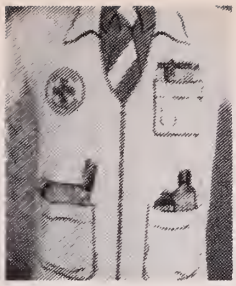
House of Bidwell, Inc.
7954 W Harwood Ave
Milwaukee, WI 53213
(414)774-6250

Green Bay Orthopedic Division of Acme
428 S Adams St
Green Bay, WI 54301
(414)435-1461

Madison Prosthetic-Orthotic Division of Acme
7817 Mineral Point Road
Madison, WI 53717
(608)833-9660



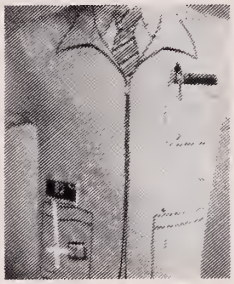
BONES (2 sided)



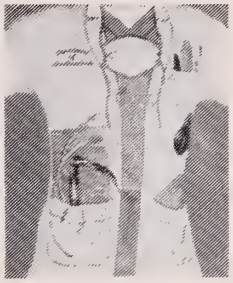
PHARMACIST—MALE

PHARMACIST—FEMALE

M.D. TEE—FEMALE

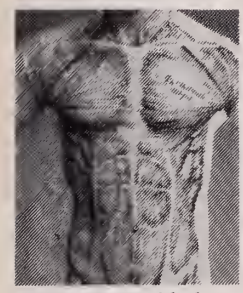


DENTIST



ANESTHESIOLOGIST

X-RAYTED



MUSCLES (2 sided)

HEART

EAR

HEART BYPASS

EYE

BRAIN

M.D. TEE—MALE NURSE

Support the Fort Crawford Medical Museum

The Charitable, Educational and Scientific Foundation of the State Medical Society of Wisconsin is pleased to offer these distinctive medical T-shirts for sale as a means of support for the Fort Crawford Medical Museum.

Each Item is quality made and reasonably priced. A portion of each sale makes continued operation of the Museum possible.

Order Today and Support Fort Crawford

THE CHARITABLE, EDUCATIONAL AND SCIENTIFIC FOUNDATION
of the State Medical Society of Wisconsin
P.O. Box 1109, Madison, WI 53701 • 608/257-6781

All T-shirts are available in children's sizes S-M-L, adults S-M-L-XL

Please send me the following items:

DESCRIPTION	SIZE	QUANTITY

T-shirts are $12.00 each TOTAL _____
(tax, postage and handling included).

Name _____

Address _____

City, State, Zip _____

Make checks payable to the **Fort Crawford Medical Museum.**

Robert E Woodruff, MD, Alamo, CA, 38, died Feb 15, 1986 at Incline Village, NV. Born June 22, 1947 in Monroe, Doctor Woodruff graduated from the University of Wisconsin Medical School, Madison, in 1973. He served his internship and residency at the Oak Knoll Regional Medical Center in Oakland, CA. He was on the medical staff at Merritt and Oakland hospitals for ten years, and was an active staff member of John Muir Hospital at Walnut Creek, CA.

Walter A Gramowski, MD, 78, former Stevens Point physician, died Mar 19, 1986 in Sun City, AZ. Born Jan 30, 1908 in St Joseph, MO, Doctor Gramowski graduated from St Louis University Medical School in 1932 and served his internship at St Mary's Hospital in Kansas City, MO. Doctor Gramowski had practiced in Stevens Point until his retirement in 1983. He was a member of the Portage County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow, Mildred; three daughters, Mrs John (Nancy) Roska, Stevens Point; Mrs William (Bonnie) Baumhofer, Vienna, VA; and Mrs Marcia Hanson, Denver, CO; three sons, Robert, Apple Valley, MN; Thomas, Denver, CO; and Michael of Phoenicia, NY.

Leland Charles Pomainville, MD, 78, Wisconsin Rapids physician and historical enthusiast, died Mar 24, 1986 in Wisconsin Rapids. Born May 18, 1907 in Waumandee, WI, Doctor Pomainville graduated from the University of Wisconsin Medical School, Madison, and served his internship and residency at Milwaukee County General Hospital. Doctor Pomainville practiced medicine in Wisconsin Rapids from 1933 until his retirement in 1983. He was a well known historian and was a charter member of the South Wood County Historical Corp. He was the first regional chairman of the Council for State and Local History and was the recipient of a commendation from the American Association of State and Local History. Doctor Pomainville was active in the affairs of the State Medical Society and served as treasurer of the Charitable, Educational and Scientific Foundation of the Society for 19 years. In 1985, the State Medical Society and the CES Foundation dedicated a reading room in his name at the Fort Crawford Medical Museum in Prairie du Chien. During World War II he served in the United States Navy from 1943 until 1946. He was a member of the American and International College of Surgeons, a member of the Wood County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are three daughters, Ann Hacker, Jennifer Rice, Stevens Point; and Martha Pomainville, Marshfield.

Lou R Schmidt, MD, 62, Sparta, died Mar 24, 1986 in Sparta. Born Aug 16, 1923 in Milwaukee, Doctor Schmidt graduated from Marquette University School of Medicine, Milwaukee, and served his internship at St Francis Hospital in La Crosse. Doctor Schmidt had a private practice in La Crosse from 1947 to 1973 and in Sparta from 1973 until the present. He was a member of the American Academy of Family Physicians, Monroe County Medical Society, State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow, Lucille; and a daughter, Barbara Joss of Downers Grove, IL.

Robert J Trettin, MD, 61, Elm Grove, died Apr 7, 1986 in Elm Grove. Born May 16, 1924 in Milwaukee, Doctor Trettin received a degree in Electrical Engineering from the University of Wisconsin, Madison, and received his MD degree from Marquette University School of Medicine, Milwaukee, in 1952. His internship and residency were completed at Milwaukee Lutheran Hospital (now Good Samaritan Lutheran Hospital). Doctor Trettin had retired from his medical practice in 1983. He was a member of The Medical Society of Milwaukee County, the Milwaukee Academy of Surgery; the Milwaukee and Wisconsin Surgical Societies; the Wisconsin Chapter of the American Board of Surgeons; and the American College of Surgeons where he received a fellowship in 1966. He also was a member of the State Medical Society of Wisconsin and the American Medical Association. Surviving are his widow, Nancy; two daughters, Kerry Myra, Heidi Simon; and three sons, Peter, Robert, and Jeffrey.

James R Hurley, MD, 73, Brookfield, died Apr 20, 1986 in Milwaukee. Born Aug 30, 1912 in Lynn, MA, Doctor Hurley graduated from Tufts University School of Medicine, Boston, MA, and served his internship at St Elizabeth Hospital, Washington, DC. Doctor Hurley completed a residency with the United States Public Health Service in Kentucky. He had been in private medical practice in psychiatry in Milwaukee for over 30 years and was a pioneer in the treatment of alcoholism in the State of Wisconsin. Surviving are his widow, Mary; one son, James W Hurley, MD of Squaw Valley, CA; and a daughter, Jane Walent, PhD, Madison.

Thomas W Kirmse, MD, 79, Milwaukee, died Apr 22, 1986 in Marinette. Born Jan 1, 1907 in Marinette, Doctor Kirmse graduated from Rush Medical College, Chicago, IL, and served his internship at St Luke's Hospital in Chicago. His residency in pediatrics was completed at Bellevue Hospital in New York City. Doctor Kirmse had served in the United States Army Medical Corps from 1942–1947. He was a former staff member of The Milwaukee County Medical Complex.

Beryl A Harris, MD, 53, Milwaukee, died Apr 26, 1986 in Milwaukee. Born Sept 11, 1932 in Toledo, OH, Doctor Harris graduated from Ohio State University Medical School in 1957 and completed his internship at Mercy Hospital, Toledo, OH. His residency in pediatrics was completed at Milwaukee Children's Hospital and his residency in allergy was completed at Milwaukee County General Hospital. Board Certified in pediatrics and allergy, Doctor Harris was a member of the American Academy of Pediatrics, Wisconsin Chapter, American Academy of Pediatrics, American Academy of Allergy, and the Wisconsin Allergy Society. He also was a member of The Medical Society of Milwaukee County, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow, Sandra; three daughters, Rhonda Schutkin, Glendale; Layne H Harris, Cincinnati, OH; Abby R Harris, Ann Arbor, MI; and one son, Jay P Harris of River Hills.

Paul J Collopy, MD, 79, Shorewood, died Apr 30, 1986 in Shorewood. Born May 28, 1906 in Milwaukee, Doctor Collopy graduated from the University of Wisconsin Medical School, Madison, and served his internship and residency in orthopedic surgery at the University of Oklahoma and Milwaukee County General Hospital. Doctor Collopy served in the United States Navy from 1943-1946. He served as chief of surgery at St Luke's and St Francis hospitals in Milwaukee. He was a past president of the Wisconsin Orthopedic Society and a member of the Clinical Orthopedic Society. He also was a member of The Medical Society of Milwaukee County, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow, Ruth; four daughters, Margaret Lohr and Ruth Peterson, Milwaukee; Sara Alderson, West Bend; Mary Henrikson, Madison; and three sons, Paul Jr, Seoul, South Korea; and Michael and Thomas, both of Milwaukee.

Thomas E Henney, MD, 64, Portage, died Apr 30, 1986 in Madison. Born Dec 23, 1921 in Portage, Doctor Henney graduated from the University of Wisconsin Medical School, Madison, and served his internship at St Mary's Hospital in Madison. He served in the United States Army Air Force from 1943-1946. He practiced medicine in Portage until his retirement in 1982. Doctor Henney served on the State Board of Medical Examiners for 20 years and also had served as chief-of-staff at Divine Saviour Hospital in Portage. He had served as City Health Officer of Portage for a number of years. He was a member and past president of the Columbia-Marquette-Adams Medical Society and a member of the State Medical Society of Wisconsin, and the American Medical Association. He also was a member of the American Academy of Family Physicians. Surviving are his widow, Marcia; three daughters, Kathleen Swanson, Madison; Sheila Lesher, Minneapolis; and Colleen Murphy, Wisconsin Dells; and one son, Timothy of Portage.■

ALL-IN-ONE • FOR THE SMALL MEDICAL PRACTICE

Computerized Accounting System

• HARDWARE • SOFTWARE • INSTALLATION
• 15 HOURS OF CONSULTING TIME IN SYSTEM SETUP AND CONVERSION

We write own software programs, making alterations easy. IBM-AT based hardware. Program helps establish fee schedules. Designed for Medicaid, Medicare, HMO, private, and accepting assignment functions. We design own forms.

REFERENCES CAN BE PROVIDED

LOFDAHL LEASING COMPANY

R F LOFDAHL, CPA/President
3313 University Ave, Madison, WI 53705
608/233-9404

TO: Lofdahl Leasing Company, 3313 University Ave, Madison, WI 53705
Please send me further information about your Computerized Accounting System

Name _____

Address _____

City _____ State _____ Zip _____

Phone for an appointment ( ) _____

608/233-9404

PUBLICATION INFORMATION

MANUSCRIPTS. Manuscripts will be accepted for consideration with the understanding that they are original, have never before been published, and are contributed solely to the WISCONSIN MEDICAL JOURNAL. The Editorial Board reserves the right to limit manuscripts to two printed pages, with additional pages to be subsidized by the author(s) on the basis of $100 per page. A maximum of four illustrations and/or tables may be included; additional ones will be charged to author(s) at cost. Address manuscripts to Medical Editor, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701.

Rejected manuscripts are returned by regular mail. Accepted manuscripts become the property of the JOURNAL and are not returned. Submit one original and two carbon copies. Author should retain one carbon copy. Format and style should follow that of the *AMA Style Book and Editorial Manual.* Manuscripts are subject to editorial modification and such revisions as bring them into conformity with JOURNAL style.

Contributors will be sent a copy of their article after it has been edited and set in type for final approval before publication. A form for ordering reprints will accompany the article.

Under ordinary circumstances manuscripts are published about six months following acceptance, and in the order in which they are received.

COPYRIGHT. Material that is published in the WISCONSIN MEDICAL JOURNAL is protected by copyright and may not be reproduced without written permission of both the author and the JOURNAL. However, most state and regional medical journals owned by state medical societies have granted each other continuing copyright permission to copy or quote with proper credit. Copyright permission is not granted to commercial or privately owned publications.

RESPONSIBILITY. Publication of the WISCONSIN MEDICAL JOURNAL is under the direction of the Editorial Board whose policies are approved by the Board of Directors of the State Medical Society of Wisconsin. The Medical Editor is chairman of the Editorial Board. The Editorial Director is responsible for Editorials. The Managing Editor is responsible for the production and business operation of the JOURNAL, as well as final responsibility of the entire publication.

Neither the editors nor the State Medical Society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the JOURNAL. In Editorials, the views expressed, if initialed or signed, are those of the writer and not necessarily official positions of the Society.

ADVERTISEMENTS. The acceptance of advertising in the WISCONSIN MEDICAL JOURNAL is predicated on the basis that the advertised product or service meets the ethical principles established by the Board of Directors of the State Medical Society of Wisconsin. The JOURNAL reserves the right to accept or reject advertising copy for any reason. Advertising rates will be furnished on request.

CIRCULATION. Members of the State Medical Society of Wisconsin receive the WISCONSIN MEDICAL JOURNAL each month. The cost of the Journal for members ($12.50 per year) is included in dues. Non-members may subscribe at the following rates: $25.00, one year; $2.00, single copy; $3.00, previous years; $8.00, Annual Blue Book. The JOURNAL reserves the right to control its circulation.

INDEXING. The WISCONSIN MEDICAL JOURNAL is indexed in "Index Medicus" and "Hospital Literature Index," and its contents page appears regularly in "Current Contents/ Clinical Practice." ■

Alcoholics Anonymous

The State Medical Society's Committee on Alcohol and Other Drug Abuse recommends that physicians be aware of the Central Offices of Alcoholics Anonymous as a support group in the care of their patients.

Green Bay 414-437-9971	Madison 608-222-8989	Superior-Duluth 218-728-5572
Kenosha 414-654-8246	Milwaukee 414-272-3081	La Crosse 608-784-7560

It should be emphasized, however, that patients should make the call to the Central Office because Alcoholics Anonymous cannot be of assistance unless the patient wants help.

Each of these Central Offices has a list of recovering alcoholics who will call the patient and offer help. If there is no Central Office listed in an area, patients should check the local phone book under Alcoholics Anonymous. Often a local phone number will be listed where there is no Central Office. ■

ARMY PHYSICIANS PRACTICE MEDICINE, NOT LAW.

The Army Medical Department believes in excellence in the practice of medicine. That means allowing our physicians to work at perfecting their medical skills, and not being burdened with endless insurance forms, malpractice premiums, cash flow worries. And they need not concern themselves with the ability of the patient to pay.

Part of Army medical excellence is prescribing the best possible care—not the least care, nor most defensive care. If you believe in this kind of comprehensive health care, you may wish to explore the many exciting possibilities Army Medicine has for you. We invite your call:

Captain Scott Hendrickson
(312) 926-2040

ARMY MEDICINE. BE ALL YOU CAN BE.

PHYSICIANS EXCHANGE

Family Practice. Two physicians needed to join multispecialty group of 16 in Hartford, WI (near Milwaukee). Two branch locations. All facilities modern and well equipped. Guaranteed first year negotiable salary; usual fringe benefits. Contact: Murlin Bernd, Administrator, 1004 E Sumner St, Hartford, WI 53027; ph 414/673-5745. 6-7/86

Medical Director. Sustained growth has created the need for the full-time position of medical director in our company. We need an experienced physician, preferably an internist in private practice, who wants different types of challenges and some variety in their professional life. The person we seek should also have excellent communication skills, both oral and written, as well as a knowledge of the health system (HMOs, PPOs, Medicare, etc). Our medical director will interpret EKGs, x-rays, and other laboratory and diagnostic tests. This individual will also evaluate some new business applications and claim cases and counsel the Company's underwriters and claims examiners when unusual or complex problems arise. They will act as a liaison between our Claims Department and the health care provider community in the area of problem claim resolution, and be a vital link in developing our risk evaluation standards. Additional variety will include some research and overseeing the company medical training activities. We view this expansion opening as an outstanding opportunity for an established internist who wishes to change the direction of his or her career by joining the management team of one of the country's leading life and health insurance companies. For more information, please send a resume to: Gerald B O'Connell, Second Vice President, Human Resources, Time Insurance Company, 515 West Wells, Milwaukee, WI 53201.7/86

Nationwide opportunities for physicians. Over 430 now available. Call 612/786-1929 or send CV to: Earl Czech, North Central Staff Services, Inc, 4175 Lovell Rd, Suite 108, Circle Pines, MN 55014. p7/86

RATES: 50¢ per word, with a minimum charge of $20.00 per ad. BOXED AD RATES: $25.00 per column inch. *All ads must be prepaid*

DEADLINE: Copy must be received by the 15th of the month preceding month of issue; e.g., copy for the August issue is due July 15. Send copy to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 800/362-9080.

Internal Medicine. Racine, Wisconsin. 34-physician group seeks sixth internist for primary care and consultations. Affiliated with two hospitals totaling 420 beds. Attractive call-sharing arrangements. Competitive salary and benefits. Contact: Jean Malkasian, Fox Hill Associates, 250 Regency Court, Waukesha, Wisconsin 53186 or 414/785-6500 collect. p7/86

Pediatrician. Excellent opportunity to join four pediatricians in a very active practice. Growing community, excellent hospital with teaching opportunities available. Close to Milwaukee. Contact: John R Guy, MD, 1111 Delafield St, Waukesha, WI 53188; ph 414/542-2536. 7-9/86

Wisconsin: Pediatric Allergist and General Pediatrician to join multispecialty clinic that includes three general pediatricians, pediatric hematologist/oncologist, and four neonatologists in city of 150,000. Send CV to Dept 583 in care of the Journal. p7-9/86

Oncologist or Hem/Onc specialist. 330-bed hospital with eleven-county regional cancer treatment program in Fond du Lac, Wisconsin. 100% subspecialty practice. Extensive laboratory and diagnostic equipment. Contact: Jean Malkasian, Fox Hill Associates, 250 Regency Court, Waukesha, WI 53186 or call 414/785-6500 collect. p7/86

Need immediately, replacement for established family doctor in rural practice in northwestern Wisconsin. Contact Dept 586 in care of the Journal. p7/86

Immediate opportunities for emergency medicine physicians who possess excellent clinical and communication skills. Position available in a popular Wisconsin area bordering Illinois. Please contact: Debbie Carsky, Medical Emergency Service Associates (MESA), SC, 15 S McHenry Road, Buffalo Grove, IL 60089 or call collect 312/459-7305. 7/86

Urology—solo, fee-for-service practice, located on Mississippi River, 30 minutes from St Cloud, Minnesota. For more information contact: Dorothea Anich, Fox Hill Associates, 414/785-6500 or write 250 Regency Court, Waukesha, Wisconsin 53186. p7/86

Practice medicine surrounded by quiet, natural beauty in SW Wisconsin hills. Bright, energetic BC/BE family physician needed to join residency trained family physician in rapidly growing, diversified rural practice. Well-equipped clinic, 60-bed hospital, guaranteed salary, appreciative patients. Write James DeLine MD, Box 35, LaFarge, WI 54639. p7/86

Behavioral Medicine residency/fellowship desired or related training opportunity in department of psychiatry or psychology for Wisconsin licensed mature female physician (Medicine and Surgery) commencing Sept 1986 or later. Contact Dept 585 in care of the Journal. p7/86

OB/GYN. Progressive Milwaukee OB/GYN group is seeking one or two Board Certified/Eligible OB/GYNs to join 5-member practice. All aspects of OB/GYN —infertility, colposcopy, hysteroscopy, etc. Teaching opportunity available. Generous guaranteed salary with potential for partnership. Numerous fringe benefits. Send curriculum vitae to: Recruitment Director, 3201 S 16th St, Suite 2008, Milwaukee, WI 53215. p7-8/86

Orthopedic Surgeons—multispecialty group practice opportunites in Rice Lake and Shawano, Wisconsin, and Wise, Virginia. For more information contact: Dorothea Anich, Fox Hill Associates, 414/785-6500 or write 250 Regency Court, Waukesha, Wisconsin 53186. p7/86

Family Practitioner wanted to join 11-physician multispecialty group in central Wisconsin community of 30,000. Competitive salary and fringe benefits. Send CV to Administrator, Doctors' Clinic, SC, 1041 Hill St, Wisconsin Rapids, WI 54494; ph 715/423-0122. p7/86

Appleton, Wisconsin—seeking physicians for weekend coverage at family practice clinic affiliated with local hospital. Flexible hours and attractive compensation. Submit resume to Emergency Consultants, Inc, 2240 South Airport Rd, Room 36, Traverse City, MI 49684; 1-800/253-1795 or in Michigan 1-800/632-3496. p7/86

Radiologist needed to join the Wausau Medical Center. Seeking a general radiologist with strong neuroradiology background. New facility situated across the street from new hospital. Full partnership in two years. Easy access to lakes, woods, and mountains. Write including CV to D K Aughenbaugh, MD, Medical Director, Wausau Medical Center, 2727 Plaza Dr, Wausau, WI 54401. 6-8/86

Internal Medicine/Pediatrics. Seven physician multispecialty group in Sturgeon Bay. Well-equipped clinic facility offering salary guarantee plus production bonus; complete benefits. Contact: Jean Malkasian, Fox Hill Associates, 250 Regency Court, Waukesha, WI 53186 or call 414/785-6500 collect. p7/86

PHYSICIANS EXCHANGE

continued

Family Practice/Industrial Physician needed for rapidly expanding FP/Industrial Clinic in picturesque southeastern Wisconsin. Controlled hours and practice variety make this an ideal practice made within brief driving of professional sports, fine arts and outdoor sports. Salary negotiable. Send CV to Mark Sorenson, Westmound Clinics, N683 Westmound Dr, Waukesha, WI 53186; ph 414/549-9100. 6-7/86

Psychiatry—La Crosse, Wisconsin, St Francis Hospital (350 beds) seeking a seventh psychiatrist to enter into private practice. Teaching affiliation. Excellent first-year guarantee. Contact: Jean Malkasian, Fox Hill Associates, 250 Regency Court, Waukesha, WI 53186 or call 414/785-6500 collect. p7/86

Family Practitioner/GP Locum available for work July, Aug, Sept, Dec, Jan, Mar, and April. Fellow AAFP; licensed WI, MN, SD, ND, CO, UT, MT. Contact Dr Olin, 21450 Excelsior Blvd, Excelsior, MN 55331; ph 612/474-1050. p7-8/86

Family Practice position opening late 1986. Aggressive corporate medical group. Located in a beautiful northwestern Wisconsin lake area. Part-time, semi-retired, and full-time. Potential ownership optional. Send CV to Dr Thomas Fenger, American Healthcare Corporation, 12 W Marshall St, Rice Lake, WI 54868. p7-8/86

Internist with or without subspecialty. Excellent opportunity for BC/BE physician to join eleven-member department of a 35-physician multispecialty group. Our 35,000 population college community has excellent school systems and good proximity to a variety of cultural and life-style amenities. First year guarantee, full benefit package and a very favorable ownership situation exist. Contact: James F Ruethling, Administrator, Beloit Clinic, SC, 1905 Huebbe Parkway, Beloit, WI 53511; ph 608/364-2200. p6-9/86

NEW PHYSICIANS FOR WISCONSIN
is seeking
Primary Care Specialists
General Surgeons
Orthopedic Surgeons
Laurie A Glowac, Administrator
810 University Bay Drive
Madison, WI 53705
608/263-4095
7-12/86;1-6/87

Position for OB/GYN opening late 1986. Beautiful northwestern Wisconsin lake area. Potential ownership. Send CV to Dr Thomas Fenger, American Healthcare Corporation, 12 W Marshall St, Rice Lake, WI 54868. p7-8/86

Emergency physicians full or part-time. Positions available in a moderate volume emergency room in Beloit, Wis. Must have an active interest in community relations. ACLS required. ATLS desirable. If interested, contact John Maher, MD, Director, Emergency Department, Beloit Memorial Hospital, 1969 W Hart Rd, Beloit, WI 53511. 5-7/86

West Bend, Wisconsin, General Clinic, a (21) physician multispecialty group, is seeking physicians in the specialties of Family Practice, OB/GYN, and Pediatrics. First-year salary guaranteed. Corporate membership possible after one year. Excellent fringe benefits. Located in scenic, recreational area with close proximity to Milwaukee. Please contact Hans W Schmelzling, Administrator, General Clinic, 279 S 17th Ave, West Bend, WI 53095; ph 414/338-1123. 6tfn/85;c6tfn/86

Rheumatologist-General Internist, BC/BE. Immediate opportunity to join multispecialty group of 38 MDs in community of 50,000 on shores of Lake Michigan 50 miles north of Milwaukee. Drawing area of 100,000 plus. Attractive income arrangements, association membership possible after one year, pension, profit sharing, extensive fringe benefits. Excellent all-season indoor and outdoor recreation facilities. Teaching appointments possible and educational opportunities accessible. Contact Dept 581 in care of the Journal. 6tfn/86

Directorship position available at 100-bed hospital located in Wisconsin Dells resort area. Physicians enjoy independent contractor status, paid malpractice, competitive compensation, CME allotment, help with relocation expenses, and a group health plan is available. For detailed information, contact Dr Charles Vanhook at 608/356-5561 or Acute Care America at 1-800/231-0342. 6-8/86

Family Practice, Internal Medicine, Urology, & ENT. Practice medicine in beautiful northern Wisconsin with established medical group. Call or write: Lakeland Medical Associates, Ltd, Attn: R J Sloan, MD, President, PO Box 549, Woodruff, WI 54568; ph 715/356-3292. 7-9/86

Pediatrician. BE/BC to join five pediatrician department in 16-physician multispecialty group practice. Wisconsin community of 100,000 with attractive cultural, educational and recreational opportunities. Income guarantee and attractive fringe benefit package. Send CV to Search Director, Beaumont Clinic, Ltd, 1821 S Webster Ave, Green Bay, WI 54301. p7-9/86

Internist wanted to join 12-man internal medicine group. Well-equipped clinic, modern lab and x-ray facility. Located in Milwaukee, Wisconsin. Guaranteed salary plus incentive. Excellent fringe benefits. Contact Dept 584 in care of the Journal. p7-8/86

Excellent opportunity for a Board certified or eligible **ob/gyn** to practice in conjunction with a 4-member OB/GYN Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Urgent Care. Primary care physicians wanted for full-time urgent care in large multispecialty clinic. Competitive salary, excellent fringes, very good geographic location. If interested, please send letter and CV to Donna Anderson, Park Nicollet Medical Center, 5000 W 39th St, Minneapolis, MN 55416. p5-7/86

Physicians needed in Arizona, all specialties, BE-BC. Send CV to: Fred Welhausen, Western Personnel, 316 E Flower, Phoenix, AZ 85012. 4-6tfn/86

Family Practice: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary gaurantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Central Minnesota Internist seeking Board certified/eligible internist. Beautiful resort and retirement area. Community offers new 150-bed hospital with all specialties. Clinic offices in newer professional building. First year competitive salary and benefits with early buy in. Contact: Michael O Musty, MD, Brainerd Internal Medicine, Ltd, 1903 South Sixth St, Brainerd, MN 54601; ph 218/828-4082. 6-8/86

PHYSICIANS EXCHANGE

continued

Family Practitioner. River Valley Medical Center is seeking two family practice Board eligible/certified physicians for its multispecialty group of 16 physicians in Northwest Wisconsin. Excellent starting salary and comprehensive fringe benefit package the first year with full group membership after one year. Attached to a progressive 90-bed hospital. We are within 45 minutes of the St Paul-Minneapolis area. Please contact Dr Carl Hansen, Recruitment Chairman or Tom Halverson, Clinic Manager, 208 Adams St, South, St Croix Falls, WI 54024; ph 715/483-3221. p11/85;12tfn/85

Physicians needed full or part-time to perform light physicals. Milwaukee area. Professional liability provided. Phone 414/344-2100, Ms Jenkins. 10tfn/84

Excellent opportunity for a Board-certified or eligible **internist** to practice in conjunction with an 8-member Internal Medicine Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Excellent opportunity for a Board-certified or eligible **internist** with a subspecialty in **critical care medicine** to practice in conjunction with an 8-member Internal Medicine Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Internal Medicine. Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 2tfn/86

Madison-Family Practitioner, Board certified, for ambulatory care center. Very competitive package. Send CV to MedicEast, 2810 E Washington Ave, Madison, WI 53714, attn: Bonnie Larson or call 608/244-1213. p6-8/86

Family Practice opening for residency-trained physician to join established family practitioner in Stevens Point. Competitive first-year salary with excellent fringe benefits. 100-bed hospital with a fully-staffed ER and specialty backup. Good school system. Cultural and recreational opportunities abound. Please send CV to Dept 580 in care of the Journal. 5-8/86

Family Practitioner. The Midelfort Clinic, a 70-physician multispecialty group practice with a growing HMO, is seeking family practice physicians for several locations:

a. Its main facilities in Eau Claire, Wis, a University city of 50,000.
b. At a new satellite facility in Chippewa Falls, Wis, a progressive community of 15,000.
c. At its satellite facility in Barron, Wis, in a modern office adjacent to the hospital where call will be shared with seven other clinic family physicians.

All offer excellent practice opportunities, attractive salary and fringes. Contact: Donald R Griffith, MD, Medical Director, Midelfort Clinic, Ltd, 733 W Clairemont Ave, PO Box 1510, Eau Claire, WI 54702-1510; ph 715/839-5222. 6-8/86

Immediate opportunity available for Family Practice physician, Board eligible/Board certified to join five-physician multispecialty group. Excellent patient population, well-equipped clinic with first-year salary guaranteed. Excellent fringe benefits. Affiliated with 60-bed community hospital, teaching opportunities available. Conveniently located in scenic, recreational area with close proximity to La Crosse, Wis. Please send curriculum vitae to R A Starr, MD, 318 West Decker St, Viroqua, WI 54665; ph 608/637-3175 or 608/637-3177. p6-7/86

Pediatrics/Neonatology: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits, and early ownership. Neonatology skills needed for Level II Nursery. Please send curriculum vitae to R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Wanted—Board qualified—board certified obstetrician-gynecologist as an associate. Modern well equipped facility. Excellent starting salary and benefits including profit sharing plan. Please contact Elizabeth Allen Steffen, MD, 734 Lake Ave, Racine, Wis 54303. 9tfn/83

Racine. Residency trained or experienced emergency physician for opening summer of '86. Send CV to Director, Emergency Department, Saint Mary's Medical Center, 3801 Spring, Racine, WI 53405. 5-10/86

Family Practitioner wanted for branch offices of Park Nicollet Medical Center. Northern or Southern suburbs of Minneapolis. Growing active practice. Full range of benefits. Contact Milton Hanson, MD, Park Nicollet Medical Center, 5000 W 39th St, Minneapolis, MN 55416; ph 612/931-2922. p5-7/86

MEDICAL FACILITIES

General and surgical solo practice for sale. Gross in excess of $300,000. Growing desirable midwestern university city with population 25,000. One very well-equipped hospital in county of 60,000 a few blocks away. Owner will remain to introduce. Contact Dept 563 in care of the Journal. 9tfn/85

Medical Facility located on frontage road along a US Highway. Facility is top quality construction. Building has central hallways and a floor plan dividing the property into 4 separate areas, 3 of which are separated into small offices and rooms. It contains two labs and an x-ray room. Contact Schwab Realty Ltd, 435 Algoma Blvd, Oshkosh, WI 54901; ph 414/233-4184. p7/86

MISCELLANEOUS

HOLTER MONITOR

Quality Scanning for reel or cassette type recorders by qualified technicians and certified cardiologists' interpretations, scan price $35.00 with UPS speedy delivery. Recorders loaned, leased, or purchase new dual-channel Holter recorders, $995.00, with one-year warranty. For more information call Advance Medical and Research Center 1-800/552-6753. . 11tfn/85

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

WISCONSIN

AUGUST 21-22, 1986: *Seminar: Resuscitation of the Trauma Patient,* The Abbey, Lake Geneva. Sponsored by Beloit Memorial Hospital. Fee: $175/physicians; $50/allied health personnel. Faculty: *Robert J Brumback, MD,* Attending Orthopedic Traumatologist, Maryland Institute for Emergency Medical Services; *James Dougherty, MD, FACEP,* Residency Program Director and Staff Physician, Akron General Medical Center, Dept of Emergency Medicine, Akron, OH; *C Michael Dunham, MD,* Attending Traumatologist, MIEMMS Assistant Professor of Surgery, University of Maryland School of Medicine; *Robert A Felter, MD, FAAP,* Director, Division of Emergency Trauma Services, Children's Hospital Medical Center, Akron, OH; *David R Gens, MD,* Attending Surgeon and Traumatologist, MIEMMS Assistant Professor of Surgery, University of Maryland School of Medicine; and *Thomas J Hetrick, MD,* Senior Staff Attending Physician, Dept of Emergency Medicine, Akron General Medical Center, Akron, OH. *Kevin Derus, MD,* Chairman, Program Committee; *Susan Behrens, MD,* Assistant Coordinator. Contact: Cathy Andrews-Beard, Director of Education, Beloit Memorial Hospital, 1969 West Hart, Beloit, WI 53511; ph 608/364-5108. 7/86

SEPTEMBER 5, 1986: *Cancer Care in the Community—Past, Present, Future,* Marshfield. Info: Marshfield Clinic Medical Education Office, 1000 North Oak Ave, Marshfield, WI 54449; ph 715/387-5207. p7-8/86

SEPTEMBER 5-7, 1986: Wisconsin Anesthesiologists, The Abbey, Lake Geneva. g12/85;1-8/86

SEPTEMBER 11-12, 1986: *6th Annual Current Emergency Care Problems Conference,* Madison. Sponsored by Continuing Medical Education, School of Medicine, University of Wisconsin-Madison; and Emergency Medical Services Program, University of Wisconsin. AMA Category I credit and University of Wisconsin CEUs—both 12 hours; AOA Category 2-D credit—11½ hours. AAFP and ACEP credit pending. Contact Sarah Z Aslakson, Continuing Medical Education, 610 Walnut St, 465B WARF Bldg, Madison, WI 53705; ph 608/263-2856. 7/86

SEPTEMBER 11-13, 1986: Wisconsin Society of Internal Medicine/American College of Physicians Annual Meeting, the Edgewater Hotel, Madison. Info: Wisconsin Society of Internal Medicine, 611 E Wells St, Milwaukee, WI 53202; ph 414/276-6445. Contact: Sandra M Koehler, Executive Director. 6-8/86

SEPTEMBER 19-20, 1986: Wisconsin Surgical Society, St Marys Hospital/Edgewater, Madison. g7-8/86

SEPTEMBER 24, 1986: *Retired Physician Seminar,* Assembly Hall at St Marys Hospital Medical Center, Madison. Info: Peg Hocum, St Marys Hospital Medical Center, 707 South Mills St, Madison, WI 53715. g7-8/86

OCTOBER 3-4, 1986: Wisconsin Radiological Society, The Concourse Hotel, Madison. g12/85;1-9/86

OCTOBER 8, 1986: *Personal Financial Planning,* Milwaukee Marriott, Brookfield. Sponsored by SMS Services, Inc in cooperation with Reinhart, Boerner, Van Deuren, Norris & Rieselbach, SC, Attorneys at Law. Info: SMS Services, Inc, PO Box 1109, Madison, WI 53701; ph 608/257-6781. g6-9/86

THIS LISTING is compiled by the State Medical Society of Wisconsin in cooperation with others who wish to maintain a centralized schedule of meetings and courses of interest to Wisconsin physicians and to avoid scheduling programs in conflict with others. Hospitals, Clinics, Specialty Societies, and Medical Schools are particularly invited to utilize this listing service. There is a nominal charge for listing of Continuing Medical Education courses at the following rates: 50¢ per word, with a minimum charge of $20.00 per listing.

BOXED LISTINGS: $25.00 per column inch. Listings of other scientific meetings will be included at the discretion of the editors.

COPY DEADLINE for listings is 15th of the month preceding the month of publication; e.g., copy for the August issue is due by July 15. Address communications to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 800/362-9080.

FOR LISTING of other meetings see the January 4, 1985 issue of the *Journal of the American Medical Association:* Continuing Education Opportunities for Physicians for period January 1985 through December 1985.

Wisconsin Specialty Society Meetings 1986

- Wisconsin Society of Anesthesiologists, Sept 5-7, 1986, The Abbey, Lake Geneva
- Wisconsin Society of Internal Medicine, Sept 11-13, 1986, The Edgewater Hotel, Madison
- American College of Physicians: Wisconsin Chapter, Sept 11-13, 1986, Edgewater, Madison
- Wisconsin Surgical Society, Sept 19-20, 1986, St Mary's Hospital, Madison
- Wisconsin Radiological Society, Oct 3-4, 1986, The Concourse Hotel, Madison
- Wisconsin Neurological Society, Oct 10-11, 1986, The Heidel House, Green Lake
- Wisconsin Chapter of the American College of Emergency Physicians, Oct 23-24, 1986, Pfister, Milwaukee

State Medical Society of Wisconsin

Dates and locations of ANNUAL MEETINGS 1986-1992

All meetings will be held in Milwaukee at the Milwaukee Exposition and Convention Center and Arena (MECCA) and the new Hyatt Regency as the headquarters hotel.

1987—March 26-28
1988—April 28-30
1989—April 13-15
1990—April 26-28
1991—April 18-20
1992—April 23-25

Meeting days will be Thursday and Friday; the first session of the House of Delegates will convene on Thursday, the second and third on Friday. Scientific programming will be on Friday and Saturday.

Further information: Commission on Continuing Medical Education, State Medical Society of Wisconsin, Box 1109, Madison, Wis 53701. Local telephone: 257-6781; toll-free in Wisconsin: 1-800/362-9080.

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

continued

OCTOBER 15-18, 1986: *La Crosse Health and Sports Science Symposium.* Info: Philip K Wilson, Executive Director, La Crosse Exercise and Health Program, 221 Mitchell Hall/UWL, La Crosse, WI 54601; ph 608/785-8686. g5-9/86

OCTOBER 23-24, 1986: *Current Concepts in Emergency Care,* Pfister, Milwaukee. Co-sponsored by the Wisconsin Chapter of the American College of Emergency Physicians and the Emergency Department Nurses Association. 13 hours of ACEP credit has been applied for. Info: Dennis Anderson, MD, Emergency Department, St Luke's Hospital, 2900 W Oklahoma Ave, Milwaukee 53215; ph 414/649-7299. g6-9/86

OCTOBER 23–24, 1986: Wisconsin Chapter, American College of Emergency Physicians, Pfister, Milwaukee. g4–9/86

OCTOBER 30-31, 1986: Advanced Trauma Life Support (ATLS) provider course for physicians. Gundersen Clinic/La Crosse Lutheran Hospital. Contact: Darlene Kleba, Trauma & Emergency Center, La Crosse Lutheran Hospital, La Crosse, WI 54601; ph 608/785-0530, ext 3508. 6-8/86

OCTOBER 31–NOVEMBER 1, 1986: *Child and Adolescent Depression and Suicide,* Sheraton Inn and Convention Center, Madison. Fee: $195/physicians; $95/health care professionals. Info: Dorothy B Davidson, PhD, Center for Affective Disorders, University of Wisconsin, 600 Highland Ave, B6/255, Madison, WI 53792; ph 608/263-9751. 7-9/86

OTHERS

SEPTEMBER 8-19, 1986 (Minnesota): *Fourth Annual Occupational Health & Safety Institute,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-8/86

SEPTEMBER 17–19, 1986 (Georgia): American Cancer Society National Conference on Gynecologic Cancer-1986, Atlanta Hilton, Atlanta. Approved 16½ credit hours in Category I of PRA/AMA. Info: American Cancer Society, National Conference on Gynecologic Cancer-1986, 90 Park Ave, New York NY 10016. g3-8/86

SEPTEMBER 19-20, 1986 (Minnesota): *Pediatric Update,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-8/86

OCTOBER 3, 1986 (Minnesota): *Chemical Exposures: Emergency Response & Management,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-9/86

OCTOBER 9-10, 1986 (Minnesota): *Family Practice Update,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-9/86

OCTOBER 23-24, 1986 (Minnesota): *Emergency Medicine for Primary Care Physicians,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-9/86

NOVEMBER 8, 1986 (Minnesota): *Neurology Update,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-10/86

NOVEMBER 13-15, 1986 (Minnesota): *Primary Care Medicine,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-10/86

DECEMBER 4-6, 1986 (Minnesota): *Cardiopulmonary Medicine,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-11/86

AMA

DECEMBER 7–10, 1986: Interim AMA House of Delegates, Las Vegas, NV.

JUNE 21–25, 1987: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 6–9, 1987: Interim AMA House of Delegates, Atlanta, GA.

JUNE 26–30, 1988: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 4–7, 1988: Interim House of Delegates, Dallas, TX. ■

ANNOUNCEMENTS

AVAILABLE FROM THE AMA

Consumer education pamphlets on basic nutrition

"The Healthy Approach to Slimming," "Vitamin-Mineral Supplements and Their Correct Use," "Your Age and Your Diet," "Sodium and Your Health," and "Food-borne Illness: The Consumer's Role in Its Prevention." Price: 50 or more sets, $1.50/set; 5 to 49 sets, $3.50/set. Special prices on orders of 500 or more sets. AMA members receive 10% discount. Info: AMA Food and Nutrition Sets, Order Dept OP-154, AMA, PO Box 10946, Chicago, IL 60610, or call 312/280-7169. g3

ADVERTISERS

Acme Laboratories/ House of Bidwell 144
Advanced Technology Associates, Inc 134
Medical Computer Systems
American Medical International . . . 136
Physician Recruitment
American Physicians Life 8
Army Medicine 148
Charitable Educational Scientific Foundation of the State Medical Society of Wisconsin 145
Fort Crawford Medical Museum
Dista Products Co (Div of Eli Lilly & Co) 19
Keflex®
Duluth Clinic Ltd, The 133
Gaarder Miller Milwaukee Ltd 133
Knoll Pharmaceutical Company 20, 21, 22
Isoptin®
Lofdahl Leasing Company 147
Computerized Accounting System
Marion Laboratories 137, 138
Cardizem®
Medical College of Wisconsin 139
Physician Resource Network
Medical Protective Company 18
PBBS Equipment 141
Professionals Insurance Company, The 4
Roche Laboratories . . . . . 155, BC
Dalmane®
S&L Signal Company 133
SMS Services, Inc 132
Upjohn Company, The 135
Motrin® ■

WIPRO CONTRACT RENEWED FOR 1986-88. Wisconsin Peer Review Organization (WIPRO) recently renewed its Medicare agreement to review Medicare cases in Wisconsin hospitals with the Federal government's Health Care Financing Administration (HCFA). The amount of the two-year contract is $6.2 million, representing 13% fewer dollars than the 1984-86 Medicare agreement. Under this new contract with HCFA, WIPRO is expected to review about 31%, or 140,000 cases, of the 453,000 Medicare discharges predicted from the state's 160 hospitals. WIPRO also has been authorized to review a third category of DRG cases: chronic obstructive pulmonary diseases. The review organization is expected to publish review types and disease categories covered in the contract in late July in a mailing to WIPRO members. As part of its contract, and under appointment by the WIPRO Board of Directors, Greg E Simmons has been named Chief Executive Officer. Mr Simmons, who has been Chief Operating Officer for the organization, and before that Executive Director for the Foundation for Medical Care Evaluation, has appointed Steven Laking to succeed him as Chief Operating Officer. Mr Laking has been with WisPRO/WIPRO since 1978, serving as Southwest Regional Manager and most recently as Director of Regional Operations. Other WIPRO officers are: John J Kief, MD, Rhinelander, president; Jane L Neumann, MD, Waukesha, vice-president; and Maurice Kiley, secretary-treasurer, Madison. WIPRO will relocate its central office operations, as of August 1, when it moves out of the State Medical Society building to 2001 West Beltline Highway, Madison. This move represents an opportunity for WIPRO to centralize its operations and streamline communications, Mr Simmons noted. ■

FASTER PAYMENT OF 'CLEAN' CLAIMS PROMISED. Responding to widespread criticisms from physicians and the AMA that Medicare reimbursement lag time has become intolerably long and deliberate, the federal Health Care Financing Administration (HCFA) has directed Medicare carriers to process 'clean' claims within 27 days of their receipt. Clean claims are those that include all information necessary for reimbursement processing. Other claims may be kicked out for medical necessity determinations or lack of complete information. HCFA officials said the new policy is being implemented immediately and that carriers must be in compliance by September 30. All carriers will be expected to process 90% of clean claims within the 27-day standard and to do so uniformly. Although the HCFA staff believes that approximately 70% are clean, others believe that figure is on the high side. William Roper, MD, HCFA administrator, has released $15 million from the contractor contingency fund to provide financing needed to expedite speedier claims processing. HCFA maintains there are two reasons for the widening span of time that has transpired in Medicare claims processing—budget cuts mandated by Gramm-Rudman provisions and greater-than-expected increases in the volume of claims. SMS believes the announcement is an attempt to head off "prompt payment" legislation that would require HCFA to pay Medicare claims in 22 days or be compelled to pay interest. ■

PHYSICIAN DRAFT PROPOSAL DEAD FOR NOW. The US House of Representatives' Armed Services Committee has quashed a proposal to require physicians and other healthcare personnel to register for the draft. The Committee voted 28-17 against the proposal, which would have required men and women aged 18-46 qualified for practice or employment in a healthcare occupation to register with the Selective Service. The AMA had strongly opposed the measure, proposed by Rep Sonny Montgomery (D-Mississippi), to help resolve predicted medical manpower shortages in the Armed Services. The SMS Physicians Alliance Commission also had registered its opposition to the proposal. The sole member of the Wisconsin Congressional Delegation on the Committee, Rep Les Aspin (D-Wisconsin), voted in favor of mandatory registration. ■

STATE DHSS INITIATES NEW PROCEDURES FOR PHYSICIAN INQUIRIES. With the discontinuation July 1 of the Medicaid provider hotline, the Wisconsin Department of Health and Social Services has initiated new procedures for physician inquiries. After July 1, DHSS will automatically send a referral source slip to any written or telephone inquiry and return the inquiry to the physician. In an attempt to help members save time, SMS inserted in the July 9 issue of ***Medigram*** a reprint of the DHSS routing slip listing referral sources for physicians' questions about the Medicaid program. Physicians are urged to retain this insert as a reference source to help place future questions about Medicaid. Additional copies may be obtained upon request to the Communications Coordinator, State Medical Society of Wisconsin, PO Box 1109, Madison, Wis 53701; or telephone 1-800-362-9080 (257-6781 in the Madison area). ■

EXCERPTS FROM A SYMPOSIUM
"THE TREATMENT OF SLEEP DISORDERS"[8]

"...highly effective for both sleep induction and sleep maintenance"

Sleep Laboratory Investigator
Pennsylvania

"...onset of action is rapid...provides sleep with no rebound effect to agitate the patient the following day"

Psychiatrist
California

"...appears to have the best safety record of any of the benzodiazepines"

Psychiatrist
California

After 15 years, the experts still concur about the continuing value of Dalmane (flurazepam HCl/Roche). It provides sleep that satisfies patients... and the wide margin of safety that satisfies you.

The recommended dose in elderly or debilitated patients is 15 mg. Contraindicated in pregnancy.

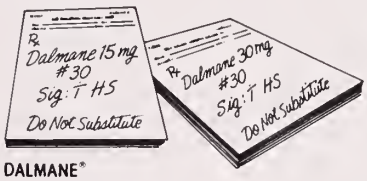
DALMANE®

brand of
flurazepam HCl/Roche ℞

sleep that satisfies

15-mg/30-mg
capsules

References: **1.** Kales J, *et al: Clin Pharmacol Ther 12*:691-697, Jul-Aug 1971. **2.** Kales A, *et al. Clin Pharmacol Ther 18*:356-363, Sep 1975. **3.** Kales A, *et al. Clin Pharmacol Ther 19*:576-583, May 1976. **4.** Kales A, *et al: Clin Pharmacol Ther 32*:781-788, Dec 1982. **5.** Frost JD Jr, DeLucchi MR: *J Am Geriatr Soc 27*:541-546, Dec 1979. **6.** Dement WC, *et al: Behav Med*, pp 25-31, Oct 1978. **7.** Kales A, Kales JD: *J Clin Psychopharmacol 3*:140-150, Apr 1983. **8.** Tennant FS, *et al.* Symposium on the Treatment of Sleep Disorders, Teleconference, Oct 16, 1984. **9.** Greenblatt DJ, Allen MD, Shader RI: *Clin Pharmacol Ther 21*:355-361, Mar 1977.



DALMANE®
brand of
flurazepam HCl/Roche ℞

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening, in patients with recurring insomnia or poor sleeping habits, in acute or chronic medical situations requiring restful sleep. Objective sleep laboratory data have shown effectiveness for at least 28 consecutive nights of administration. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended. Repeated therapy should only be undertaken with appropriate patient evaluation.

Contraindications: Known hypersensitivity to flurazepam HCl; pregnancy. Benzodiazepines may cause fetal damage when administered during pregnancy. Several studies suggest an increased risk of congenital malformations associated with benzodiazepine use during the first trimester. Warn patients of the potential risks to the fetus should the possibility of becoming pregnant exist while receiving flurazepam. Instruct patients to discontinue drug prior to becoming pregnant. Consider the possibility of pregnancy prior to instituting therapy.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. An additive effect may occur if alcohol is consumed the day following use for nighttime sedation. This potential may exist for several days following discontinuation. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Potential impairment of performance of such activities may occur the day following ingestion. Not recommended for use in persons under 15 years of age. Withdrawal symptoms rarely reported, abrupt discontinuation should be avoided with gradual tapering of dosage for those patients on medication for a prolonged period of time. Use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated patients, it is recommended that the dosage be limited to 15 mg to reduce risk of oversedation, dizziness, confusion and/or ataxia. Consider potential additive effects with other hypnotics or CNS depressants. Employ usual precautions in severely depressed patients, or in those with latent depression or suicidal tendencies, or in those with impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported: headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins, and alkaline phosphatase; and paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity.

Dosage: Individualize for maximum beneficial effect. *Adults*: 30 mg usual dosage; 15 mg may suffice in some patients. *Elderly or debilitated patients*: 15 mg recommended initially until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.

ROCHE®
Roche Products Inc.
Manati, Puerto Rico 00701

#1 FOR SLEEP

After more than 15 years of use, it's #1 for sleep that satisfies. Patients are satisfied because they fall asleep fast and stay asleep till morning.[1-8] And *you're* satisfied by the exceptionally wide margin of safety.[7-9] As always, caution patients about driving or drinking alcohol.

Please see adjacent page for references and summary of product information.

DALMANE®

brand of

flurazepam HCl/Roche ⓘⓥ

sleep that satisfies

ROCHE®

Copyright © 1986 by Roche Products Inc. All rights reserved.

STACK

Official Publication of the State Medical Society of Wisconsin

WISCONSIN MEDICAL JOURNAL

LIBRARY OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA
M.D.S.
SEP 18 1986

V. 85, no. 8

Assembly of Young Physicians

President Mullooly in his President's Page focuses attention on the young physician whom he notes represents a sizable and growing constituency of organized medicine. He also reports the AMA's creation of an Assembly of Young Physicians with direct representation in the House of Delegates. (See page 5)

Three- and four-wheeled all-terrain vehicles (ATVs)

The popularity of ATVs has been accompanied by an alarming amount of injury, disability, and death. Authors from Marshfield and La Crosse report their experiences in practice and briefly explain Wisconsin's new law (1985 Wisconsin Act 29) which went into effect July 1, 1986. (See pages 15 and 18)

Systemic therapy of breast cancer

Breast cancer with approximately 130,000 cases and 38,000 deaths annually remains a major health problem for the American woman who has a 7% lifetime risk of contracting this neoplasm. (See page 22)

Osteoporosis: Pathogenesis, diagnosis, prevention and treatment

Authors from the Wisconsin Division of Health in a special article announce the beginning of an educational campaign to increase awareness about osteoporosis, to provide an objective current review of knowledge regarding the disorder, and to emphasize its importance as a major health problem in society today. (See page 24)

AUGUST 1986

WISCONSIN MEDICAL JOURNAL

ISSN 0043-6542 / Established 1903

Owned and published by
State Medical Society of Wisconsin

Medical Editor
Victor S Falk MD, Edgerton

Associate Medical Editor
Richard D Sautter MD, Marshfield

Editorial Board
Victor S Falk MD, Edgerton *Chairman*
Melvin F Huth MD, Baraboo
M C F Lindert MD, Milwaukee
Andrew B Crummy Jr MD, Madison
Richard D Sautter MD, Marshfield
Dean M Connors MD, Madison
George W Kindschi MD, Monroe
Charles H Raine MD, Racine
Garrett A Cooper MD, Madison *Emeritus*

Editorial Director
Wayne J Boulanger MD, Milwaukee

Editorial Associates
R Buckland Thomas MD, Monroe
Russell F Lewis MD, Marshfield
Thomas H Cogbill MD, La Crosse
Victor S Falk MD, Edgerton
Richard D Sautter MD, Marshfield

Staff
Earl R Thayer, Madison
Secretary-General Manager
State Medical Society of Wisconsin

H B Maroney II, Madison
Assistant Secretary-Corporate Counsel
State Medical Society of Wisconsin

Mrs Mary Angell, Madison
Managing Editor

Mrs Marjorie Stafford, Madison
Publications Assistant

NATIONAL ADVERTISING REPRESENTATIVE. State Medical Journal Advertising Bureau, Inc, 711 South Blvd, Oak Park, Ill 60302. Ph 312/383-8800.

LOCAL (WISCONSIN) ADVERTISING: Contact Mrs Mary Angell, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701 Ph 608/257-6781.

SUBSCRIPTION RATES: Members, $12.50 per year (included in dues); nonmembers, $25.00. Single copy: current year, $2.00; previous years, $3.00. SPECIAL RATES: Foreign and Canada, $30.00. Blue Book issue, $8.00. Membership Directory issue, $15.00.

SECOND CLASS POSTAGE PAID at Madison, Wisconsin, and at additional mailing offices.

PUBLISHED MONTHLY. "Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized August 7, 1918." Address all communications to THE WISCONSIN MEDICAL JOURNAL. Street address: 330 East Lakeside Street. Mailing address: Box 1109, Madison, Wis 53701.

POSTMASTER: Send address changes to Wisconsin Medical Journal, PO Box 1109, Madison, Wis 53701.

COPYRIGHT 1986
State Medical Society of Wisconsin

CONTENTS

August 1986

SPECIAL FEATURES

President's Page

5 Assembly of Young Physicians, by *John P Mullooly, MD,* Milwaukee

Editorials

6 It was inevitable, by *Victor S Falk, MD,* Edgerton

6 "Be prepared," by *Victor S Falk, MD,* Edgerton

Letters

8 Annual cervical Pap smear, by *James B Unger, MD, FACOG,* Marshfield

8 Reform medical profession?, by *A Concerned Patient*

10 Hearing problems in the elderly, by *Susan K Voeks, PhD; Paul J Drinka, MD,* King

Patient Alert

21 Three- and four-wheeled all-terrain vehicles may cause serious injury

Miscellaneous

35 AMA Physician's Recognition Award Recipients

37 Chemotherapy before surgery may be deleterious

46 AMA Physician's Recognition Award Recipients

49 BLUE BOOK Update

53 CES FOUNDATION: Contributions during month of March 1986

54 Burn-patient infection reduced by environmental enclosures

54 Pediatric programs ignore TV effect on children

Soundings

36 Mary's breasts, by *David L Schiedermayer, MD,* Milwaukee

Socioeconomics

42 Pace-setting SMS legislation receives national exposure

42 SMS criticizes "standards" for perinatal care

42 Changes in WIPRO contract affect physicians

Public Health

44 DHSS Report: Infant deaths down, teenage suicides up

News you can use

35 Reminder: Maintain your CME records

60 State changes insurance policy rule

60 Fund assessments reflect legislative changes

60 Vehicle fee proposed for safety program

60 SMS monitoring project wants your comments

60 Workshop offered on fetal alcohol syndrome

WISCONSIN MEDICAL JOURNAL (ISSN 0043-6542) is the official publication of the State Medical Society of Wisconsin, devoted to the interests of the medical profession and health care in Wisconsin. Its affairs are handled by the Editorial Board, subject to policy direction of the Society's Board of Directors. The Managing Editor is responsible for the production, business operation, and coordination of contents as well as the final responsibility of the entire publication. The Editorial Director is responsible for Editorials. Unsigned Editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed Editorials express personal views of the author for which the Society takes no responsibility. Neither the Editors nor the State Medical Society will accept responsibility for statements made or opinions expressed in the pages of the Journal. Indexed in "Index Medicus," "Hospital Literature Index," and "Cambridge Scientific Abstracts."

Vol. 85 No. 8

CONTENTS

STATE MEDICAL SOCIETY OF WISCONSIN

SCIENTIFIC MEDICINE

15 Three- and four-wheeled, all-terrain vehicle injuries: One year's experience in a large, rural, medical center, by *Richard W Shallman, MD; Robert E Aldrich, PA-C; Donald B Kelman, MD;* and *Dean T Stueland, MD,* Marshfield

17 ABSTRACT: Micrographic surgery for the microscopically controlled excision of eyelid cancers, by *Frederic E Mohs, MD,* Madison

18 The three-wheeled motorcycle—A new mechanism of serious injury, by *Thomas H Cogbill, MD; Jeffrey Landercasper, MD; Pamela J Strutt, RN;* and *Jeffry A Metheny, MD,* La Crosse

22 CLINICAL CANCER: Systemic therapy of breast cancer, by *Hugh L Davis, MD,* Milwaukee

24 SPECIAL: Osteoporosis: Pathogenesis, diagnosis, prevention, and treatment, by *Murray L Katcher, MD, PhD; Mark R Neff, MD;* and *Carol E Peterson, MS,* Madison

27 SPECIAL: National Data Registry for endometriosis, by *Karen T Lamb, RN, PhD,* Milwaukee

28 ABSTRACT: Micrographic surgery for satellites and in-transit metastases of malignant melanoma, by *Frederic E Mohs, MD,* Madison

ORGANIZATIONAL

39 SMS to help shape future of graduate medical education

39 New UPDATE issued on medical liability law

39 SMS focus remains on medical liability

41 SMS officer positions open for nomination

41 Seminar offered on personal financial planning

41 Physicians needed for Mediation Panels

41 County societies: Dodge . . . Rusk

54 OBITUARIES:
Rob Roy Roberts, MD, Onalaska
Alf H Gundersen, MD, La Crosse
Richard James Mayer, MD, Racine
Stanley B Marshall, MD, Hollandale

DEPARTMENTS

44 News highlights

45 Physician briefs

48 Specialty societies

55 MEDICAL YELLOW PAGES:
Physicians exchange
Medical facilities
Miscellaneous
Medical meetings—Continuing Medical Education
Advertisers ■

THE STATE MEDICAL SOCIETY OF WISCONSIN, created by the Territorial Legislature in 1841, represents over 6200 member physicians in Wisconsin, comprising 55 county medical societies and 26 medical specialty sections. The purpose of the Society is to "bring together the physicians of the State of Wisconsin to advance the science and art of medicine and the better health of the people of Wisconsin, and to secure the enactment and enforcement of just medical laws." The major activities of the Society include continuing medical education, peer review, legislation, community health education, scientific affairs, socioeconomics, health planning, services for physicians, operation of a Charitable, Educational and Scientific Foundation, and publication of the *Wisconsin Medical Journal.*

Officers

PRESIDENT: *John P Mullooly, MD,* Milwaukee
PRESIDENT-ELECT: *Kenneth M Viste Jr. MD,* Oshkosh
SECRETARY-GENERAL MANAGER: *Earl R Thayer,* Madison
TREASURER: *John J Foley, MD* Menomonee Falls

Board of Directors

CHAIRMAN: *Darold A Treffert, MD* Fond du Lac
VICE CHAIRMAN: *Roger L von Heimburg, MD,* Green Bay

FIRST DISTRICT
Jerome W Fons Jr, MD, Cudahy
Roger Laubenheimer, MD, Milwaukee
Thomas A Hofbauer, MD, Menomonee Falls
Wayne H Konetzki, MD, Waukesha
H Leslie Ericson, MD, Racine
William L Treacy, MD, Milwaukee
Richard D Fritz, MD, Milwaukee
William J Listwan, MD, West Bend
Glenn H Franke, MD, Milwaukee
Lucille B Glicklich, MD, Milwaukee
Thomas A Reminga, MD, Milwaukee
H Myron Kauffman, MD, Elm Grove

SECOND DISTRICT
J D Kabler, MD, Madison
Cyril M Hetsko, MD, Madison
James J Tydrich, MD, Richland Center
Alwin E Schultz, MD, Madison
Kenneth I Gold, MD, Beloit
John D Wegenke, MD, Madison

THIRD DISTRICT
Pauline M Jackson, MD, La Crosse

FOURTH DISTRICT
William E Raduege, MD, Woodruff
Jung K Park, MD, Wisconsin Rapids
Richard H Ulmer, MD, Marshfield

FIFTH DISTRICT
Darold A Treffert, MD, Fond du Lac
James L Basiliere, MD, Oshkosh
C William Freeby, MD, Appleton

SIXTH DISTRICT
Roger L von Heimburg, MD, Green Bay
Joseph C DiRaimondo, MD, Manitowoc
John E Kraus, MD, Marinette

SEVENTH DISTRICT
Marwood E Wegner, MD, St Croix Falls
Philip J Happe, MD, Eau Claire

EIGHTH DISTRICT
Joseph M Jauquet, MD, Ashland

PRESIDENT: *Doctor Mullooly*
PRESIDENT-ELECT: *Doctor Viste*
PAST PRESIDENT: *John K Scott, MD,* Madison
SPEAKER: *Duane W Taebel, MD,* La Crosse
VICE SPEAKER: *Vernon M Griffin, MD,* Mauston

AMERICAN PHYSICIANS LIFE

Serving All Your Life Insurance Needs.

American Physicians Life's comprehensive and competitively priced line of insurance products is now being offered exclusively through SMS Services Inc., to State Medical Society members.

APL is a majority-owned subsidiary of Physicians Insurance Company of Ohio (PICO) and a sister company of The Professionals Insurance Company, the carrier of the SMS-endorsed Professional Liability Insurance Plan.

APL coverages available to you through SMS Services Inc., and its authorized insurance representatives include:

- Innovative Universal Life coverages
- Low Cost Graded Premium Whole Life plan
- Yearly Renewable and Convertible Term Life protection
- Non-cancellable Disability Income programs
- Single and Flexible Premium Annuities
- Comprehensive Office Overhead Expense protection

Why not contact SMS Services Inc., today to find out how American Physicians Life can solve all your life insurance needs.

CONTACT:

STATE MEDICAL SOCIETY OF WISCONSIN
SMS SERVICES INC.
SUBSIDIARY

SMS SERVICES INC.
330 EAST LAKESIDE STREET
P.O. BOX 1109
MADISON, WISCONSIN 53701
(608) 257-6781 OR TOLL FREE
1-800-362-9080

Assembly of Young Physicians

THE OTHER MORNING while making rounds at St Joseph's Hospital in Milwaukee, I noticed that a new group of house staff had arrived. The switch of services had occurred on the first of July. Apprehensive Junior medical students, self-assured Senior medical students, savvy interns, and lordly residents had arrived on the scene. These changes of services are as perennial as the ever-changing seasons. Medicine renewing itself, nurturing itself, and constantly getting better. It is so reassuring to see these bright, young, eager, dedicated and personable house staff members bringing their talents and idealism to the bedside. It augurs well for the future for our patients and our beloved profession.

As I flipped through the chart rack one young medical student looked up and greeted me, "Hello, Doctor Mullooly." "Mark, how are you? What year are you in?" "Junior year, Doctor." How the years have flown by. It seemed like only yesterday that I used to pick up Mark on his way to Marquette High. He was such a serious student in those days. I remember when he applied for college concentrating on premedical studies and later hearing that he had been admitted to the Medical College of Wisconsin. And here he was already in his clinical years. I know his mother and father, brothers and sisters, a wonderful Christian family. As I left the hospital and thought about Mark and what a wonderful physician he would be, I thought about how important it was for us in practice to secure the future for these young men and women who are now in training. They will be facing issues and changes of a very different sort than we did when we entered practices. Organized medicine must respond to their specific needs and problems and in doing so help them in their chosen career and profession.

Probably the most immediate problem facing the young physician is the debt he has incurred in his years of schooling and training.

These economic burdens shape his decisions in regard to the choice and style of medical practice. In 1985, 87 percent of medical school graduates were in debt at the completion of training and the average indebtedness amounted to $29,943. These figures represent notable increases from 1981 when 77 percent of the graduates had debts, and the average debt amounted to $19,697. The lingering impact of such indebtedness during the early practice years gives young physicians a perspective on many issues that may differ substantially from those of more established physicians.

Practice income data reveal that young physicians have been more seriously affected by the current economic environment than have older physicians. In 1983 for example, the average inflation adjusted net income for young physicians was lower than that for their counterparts in either 1970 or 1975.

Practice patterns also reflect subtstantial differences by physician's age. Survey results indicate that over two-thirds of young physicians (65.4%) spend some time during their first year as an employee. In addition, among all young physicians under the age of 40, fewer than half (47.5%) are exclusively self-employed. Increasing numbers of young physicians also appear to be combining two or more types of practice modes or employment situations, presumably as a way of maintaining their eroding incomes.

It should be noted that young physicians represent a sizable and growing constituency of organized medicine. In 1983, 42 percent of the physician population was under age 40. From 1970 to 1983, the number of physicians under age 40 increased by 62 percent, compared to a 51 percent increase among those aged 40 or over. With this growing constituency, a changing environment, and different perceptions and concerns, it is evident that young physicians need representation to reflect their desires in organized medicine. Responding to these concerns the House of Delegates of the AMA has created an Assembly of Young Physicians with direct representation in the House at its recent meeting in Chicago. It also encourages the development of similar assemblies on the state and county levels. At a national level, the Assembly would be a semi-autonomous body of young physicians that would consist of one delegate and one alternate delegate from each state medical association. The Assembly would function in a procedural manner similar to the presently constituted AMA sections. Participation in

continued next page

John P Mullooly MD

the Assembly would be limited to young physicians under the age of 40 or in the first five years of practice. Meetings would be held in conjunction with the AMA House of Delegates. Any young physician who is an AMA member would be eligible to participate in Assembly debate. The Assembly would have representation in the AMA House of Delegates by one voting delegate and one alternate delegate. Governance would be provided by a Governing Council elected by the Assembly.

The Board of Directors of the State Medical Society of Wisconsin at its June meeting voted to set up an Assembly in Wisconsin. An ad hoc steering committee is actively organizing this effort and hopes to have representation in the national Assembly at the Interim Meeting of the AMA House of Delegates in December 1986.

The creation of an Assembly of Young Physicians on national and state levels will enhance the membership of both the AMA and state medical associations, give voice to our young physicians, and make the respective associations more attuned to their concerns. Organized medicine will be stronger as a result and be enabled to carry on its mission as advocate for the patient and bring to the American citizen the best that medicine has to offer. I fervently hope that all physicians and especially our young physicians will join us in this new venture.■

EDITORIALS

Wayne J Boulanger, MD, Editorial Director

Unsigned editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed editorials express personal views of the author for which the Society takes no responsibility.

It was inevitable

IT WAS INEVITABLE that the motorcycle deaths in Wisconsin would continue to increase. The State Department of Transportation reported that the increase this year was probably largely a result of human factors. Alcohol and inexperience were cited in the increase.

Through July the number of motorcycle fatalities was 31 percent higher than the same period a year ago. The department said 71 motorcyclists died in accidents in the first seven months of this year. Statistics revealed that most of the victims were 15 to 25 years old and died in single-cycle crashes. About two-thirds of those tested had a blood alcohol level over 0.10 which classified them as legally intoxicated for purposes of operating a vehicle.

Only 13 of the victims had worn helmets. This is really a criminal situation brought about by bikers themselves who waged such a noisy campaign to repeal the helmet law a few years ago. I suppose it is the privilege of an individual to scramble his brains on the highway rather than to interfere with his "rights."

—*Victor S Falk, MD,* Edgerton

"Be prepared"

ADD TO THE ridiculous list of groups needing the liability coverage the Boy Scouts of America. Each Boy Scout Troop and Cub Scout Den must now contribute an annual fee for such protection.

One can envision the time-honored young man doing his daily good deed by assisting a little old lady across a busy intersection and encountering some mishap en route—and being sued for his Samaritan effort. Or some inept youngster might sue his leader for being flunked on his knot tieing or fire-by-friction test. Or some clumsy kid might fall out of a tree on some troop outing and his irate parents might sue the Order.

Obviously the traditional Boy Scout motto ("Be prepared") would have to be modified to "Be prepared—for litigation."

—*Victor S Falk, MD,* Edgerton ■

YOU CAN KEEP THEM IN BALANCE — YOUR FAMILY LIFE AND YOUR MEDICAL PRACTICE

We'd like to help you spend more time with your family, yet receive professional satisfaction from your medical practice. As a member of the Air Force health care team, you'll be able to participate in our group practice concept which will free you of most of your administrative duties.

Air Force benefits are also very attractive. You and your family will enjoy 30 days of vacation with pay each year, plus many more Air Force advantages. Contact:

MSgt. Cleveland (608) 264-5409

AIR FORCE

On the leading edge of technology.

YOU CAN HELP STOP BEDWETTING

For a large majority of your Enuretic patients

- Ethical — prescription only
- Professional — you supervise treatment
- Approximately 90 percent effective
- Proven reliable and dependable bell, pad, and light system
- Low cost rental service — $14.00 per week (avg. 6-week treatment)
- Convenient mail order service to the 48 states

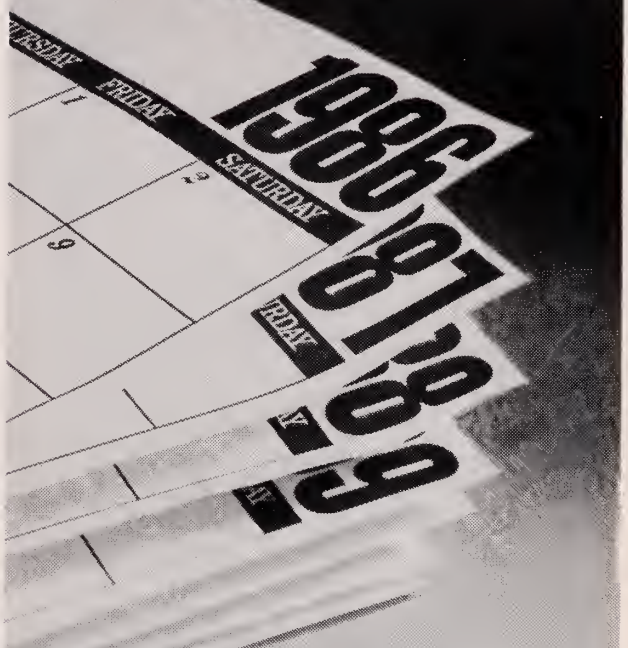
For more information, call or write:

S. & L. SIGNAL COMPANY

Helping Enuretic Clients
Since 1950
1142 Fleetwood Ave. Madison, WI 53716
Phone: 608-222-7939

Accepted for advertising in the AMA Journal

Are you ready for your future?



At Gaarder Miller we are experts at managing the business aspect of medical practices. Our professional consultants will tailor solutions to your special needs . . . solutions that result in increased productivity, optimal patient services and maximized income for today — and tomorrow.

WE OFFER: • Financial projections • Office management • Organizational planning • Facilities planning • Tax preparation • Personal financial planning • Billing service • Computer billing . . .

All the value of a full-time business manager at a part-time cost.

GM

Gaarder Miller Milwaukee Ltd.
12778 W. North Ave.
Brookfield, WI 53005
(414) 784-9559

Planning today . . . for a secure tomorrow.

The Editors would like to encourage physicians to contribute to the LETTERS section where they can ventilate their frustrations as well as opinions. This feature is intended to be lively and spirited as well as informative and educational. As with other material which is submitted for publication, all letters will be subject to the usual editing. Address correspondence to: The Editor, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701.

Annual cervical Pap smear

To the Editor: I would like to comment on the recent commentary by Doctor Inhorn (*WMJ* 1986[May]; 85: 34-36) regarding the annual cervical Pap smear and his review of the current American Cancer Society Guidelines. The recommendations of the ACS and their rationale for these recommendations superficially seem quite reasonable. However, detailed study of these guidelines reveals numerous flaws that for the individual patient could be catastrophic. First, since the initiation of annual screening in this country, the incidence of and mortality from invasive squamous cell cervical cancer has decreased by more than 50%.[1] This decrease in incidence and mortality has resulted purely from the identification of premalignant conditions of the cervix by Pap smear screening.[1] The treatment of cervical intraepithelial neoplasia approaches 100% in terms of success and is associated with minimal morbidity with the present techniques of cryotherapy or carbon dioxide laser vaporization. Treatment of invasive cervical cancer, on the other hand, obviously involves either radical surgery or radiation therapy at both much greater cost and morbidity to the patient. In addition, success in treatment of invasive cancer of the cervix has not changed over the last 25 years and the decrease in mortality from this disease that we are presently seeing is due purely to the identification of and effective treatment for premalignant conditions of the cervix. During this same period, while the incidence of invasive cervical cancer has markedly decreased, the incidence of preinvasive disease, particularly carcinoma in situ, has more than doubled.[1] The decrease in invasive cervical cancer that has been seen in this country has not been true worldwide. During the same period in the United Kingdom, where Pap smear screening is much less intensive and in fact not recommended at all until age 35, the rate of cervical cancer has in fact doubled.[1]

Secondly, there is the issue of the so called high-risk group for cervical neoplasia. Everyone, including the American Cancer Society, recognizes the presence of certain high-risk factors, particularly onset of sexual intercourse in teenage years and three or more sexual partners. In fact, the American Cancer Society continues to recommend intensive Pap smear screening for these patients. The difficulty with this recommendation is that this is a very difficult factor to monitor in clinical practice. Most patients do not like to be interrogated at the time of their annual exam about their sexual habits. It is unrealistic to think that high-risk women can be

Reform medical profession?

The medical profession should police itself. It should take firm action against physicians who pad bills or who are unethical or incompetent.

Some physicians agree that something should be done. But what?

As matters now stand, if a physician or even a group of physicians makes a serious charge against another doctor, the persons making the charge are subject to lawsuits for libel or slander.

Moreover, the State Medical Examining Board doesn't seem to have any legal tools with which to revoke the licenses of unfit physicians.

Both of these problems should be addressed. They should be addressed by the Medical Society.

When the profession wants its interests protected in the Legislature, the Medical Society should be mobilized to seek legislative solutions.

Isn't it also appropriate for the Medical Society to address problems within the profession?

If the Medical Society won't address these problems, who will? Who but the doctors themselves know the problems within the profession? Who but doctors themselves have the insights necessary to formulate the right procedures, with appropriate due process safeguards?

Problems within the profession are not generally known, and the bad physicians are probably in the vast minority. Nevertheless, word tends to leak out to the public that some doctors aren't what they should be. The minority of disreputable physicians harms the entire profession.

identified and monitored effectively.

Thirdly, the ACS guidelines and Doctor Inhorn's article presupposes a much greater knowledge regarding the natural history of cervical intraepithelial neoplasia and its progression to invasive cancer than is really factually known. While there are general estimates of the number of years it takes for a preinvasive lesion to become an invasive cancer, specific time periods with precise standard deviations of these periods are not known.[1,2] Both common sense and our daily clinical contact with patients tells us that many patients do not fit nicely into theoretical models.

Fourthly, there is the question of the false-negative rate of cervical cytology screening. Doctor Inhorn reports a 0.01% false-negative rate for his laboratory which, if accurate, is quite commendable. However, to imply that all clinicians should expect a rate this low is also unrealistic. The generally quoted and accepted false-negative rate for cervical cytology is at least 30%.[1] There are many factors that go into the false-negative problem with Pap smears as pointed out by Doctor Inhorn, including both sampling technique and the expertise of the cytopathologist. While the poorly done Pap smear may be an obvious cause for a false-negative, one must not assume that all pathologists are expert cytologists. In fact, this was a few years ago the subject of the presidential address before the American Society of Clinical Pathology.[3]

Finally, both gynecologic and pathologic literature are currently exploding with new information regarding the problem of human papillomavirus infection of the genital tract and cervical neoplasia. Currently human papillomavirus infection of the cervix has been found to be associated with both cervical intraepithelial neoplasia and invasive cervical cancer 80% to 90% of the time.[4] The exact incidence of human papillomavirus infection in the general population is unknown but is thought to be increasing. Since most of these infections result in subclinical disease, the great majority are only identified at the time of colposcopy and biopsy because of an abnormal Pap smear. Currently these patients must be considered at high risk for the development of cervical neoplasia in the future. In addition, one must recognize that human papillomavirus infection of the genital tract is a sexually transmittable disease and as such its identification would be thought to be of some import for that reason alone.

Overall, based on the last 25 years of demonstrated success of annual Pap smear screening and other factors as pointed out above, this seems like rather a poor time to promote less intensive screening. The American College of Obstetricians and Gynecologists, and those of us actively involved in the care of these patients, continue to recommend annual cervical Pap smears to prevent cervical cancer.

—*James B Unger, MD, FACOG*
1000 North Oak Ave
Marshfield, Wisconsin 54449-5777

References

1. Richart RM, Averette HE, Christopherson WM, et al: Have Pap screening tests outlived their usefulness? *Contemp OB GYN* 1980; 15:142–164.

continued next page

Physicians, heal yourselves!

Physicians face many troubles, and those troubles threaten to grow worse. Physicians could enhance their own moral position in the eyes of the laymen of the state if they would carry out reforms. This would be the best public relations campaign physicians could conduct.

Perhaps there should be legislation to establish a special quasi-judicial panel made up of physicians, much as the Judicial Inquiry Commission exists to hear complaints against judges. Legislation could confer limited judicial powers on the members of the physicians' panel, and members could function as judges of their profession.

Perhaps also there should be a medical whistleblower's act to extend immunity to physicians and media from libel suits if physicians make public statements in any media warning the public about the misconduct of members of the profession. Such a law would not have to confer charges made by journalists themselves. It could cover only charges made by physicians—providing the physicians are allowed to make prepared statements unabridged and unedited.

These two reforms, if carried out, would communicate to the state generally that—physicians really care about the welfare of the public.

The need for reform troubles some physicians. It's time for them, through the State Medical Society, to act on their concerns.

—*A Concerned Patient*

* * *

Editor's note: It is regrettable that the author of the article above did not sign a name since the Medical Society would have liked to send him/her a copy of the report prepared by the Society's Task Force on Physician Review and Discipline which the House of Delegates established a year ago to study these very concerns and come up with a set of recommendations to resolve them. An Executive Summary of the Task Force's report, including the recommendations, appears elsewhere in this issue.■

2. Twiggs LB: The rationalization for infrequent Pap smears. *Minnesota Med* 1982; 65:87-89.
3. Ng ABP: Presidental address. American Society of Clinical Pathology. *Acta Cytol* 1978; 22:121-123.
4. Reid R, Stanhope R, Herschman BR, et al: Genital warts and cervical cancer; evidence of an association between subclinical papillomavirus infection and cervical malignancy. *Cancer* 1982; 50:377-387.

* * *

Editor's note: In reviewing Doctor Unger's letter for publication, two members of the Editorial Board provided further comment as follows:

"The discussion of the false negative Pap is misleading. I suspect Doctor Inhorn's 0.01% is based on rescreening of 10% of smears. The 30% cited is probably a retrospective study on correlation of Pap smears and actual lesions; (3 out of 10 CINs are not found on Pap smears), or on a Pap not correlating with the biopsy (carcinoma in-situ found by biopsy with a class III smear).

"Since the source of the 30% figure is found in a symposium and is only in the introduction and not cited by reference, I would have to refer to the author to a Mayo Clinic study[1] showing approximately 20% false negative. They cite the literature from 6% to 55% false negative. This is a well-done and documented study and its inclusion in this letter should be made.

"In addition, the reference to Doctor Ng's Presidential Address is incorrect. (It was cited incorrectly as a reference in the symposium also [Reference 1]).

"It should be noted that he was the president of the American Society of Cytology, not the ASCP, and his Address was delivered in November 1977 at the 25th Annual Meeting of the ASC in Toronto.

"If pathologists and cytologists are to be 'condemned with faint praise,' I would hope that the author would have his figures and his references accurate and up-to-date."

[1]Gay JD, et al: False-negative results in cervical cytologic studies. *Acta Cytologica* 1985 (Nov-Dec); 29:1043-1046.

—*George W Kindschi, MD,* Monroe

"I am happy to see this response from a clinician defending the status quo for cervical Pap screening. It is my impression that in Madison there has been no significant decrease in the level of Pap smear followup since the ACS report. Except for the discussion on false negatives comprising the paragraph beginning 'fourthly,' the issues are clearly stated. I suspect both authors could be made to agree that the intrinsic laboratory level of false negative cervical Pap smears is exceedingly low in almost all US labs—it is the sampling rate of false negatives that is causing the problem which requires more frequent testing than the ACS recommends."

—*Dean M Connors, MD,* Madison

24 HOUR Radio dispatched truck fleet for

INDUSTRY, INSTITUTIONS, SCHOOLS, ETC.

AUTHORIZED PARTS AND SERVICE FOR CLEAVER—BROOKS
Throughout Wisconsin and Upper Michigan

SALES
Boiler room accessories
O_2 trims
Cleveland controls
and Car automatic bottom blowdown systems

SERVICE—CLEANING ON ALL MAKES
Complete Mobile Boiler Room Rentals

Stevens Point—715/344-7310
Green Bay—414/494-3675
Madison—608/249-6604

PBBS EQUIPMENT CORP.
5401 N Park Dr
PO Box 365
Butler, WI 53007
Phone: 414/781-9620

SMS Services offers new discount plan

SMS Services, Inc has announced establishment of a new discount program with Modern Business Machines. The program allows discounts on purchases of IBM Wheelwriters 3, 5, and 7, as well as the new IBM Wheelwriter Systems 20 and 40.

For more information members should call Noreen Krueger at SMS headquarters: 608/257-6781 or 1-800-362-9080, extension 141.

Hearing problems in the elderly

To the Editor: The purpose of this letter is to share a clinical insight regarding the presentation of hearing problems in the elderly. Hearing loss is often simply viewed as an elevated threshold for pure tones. A patient complaining to a physician, "I just don't hear as good as I used to," is easily recognized as having hearing impairment and is usually referred to an otolaryngologist and/or an audiologist for appropriate intervention.

However, hearing loss often presents as a complaint of distortion of sound, or inability to understand speech, particularly in the presence of noise.[1,2,3] The distortion is often the result of a selective high-frequency hearing loss in which some consonants are no longer heard, but vowels are still audible. The patient will insist, "I hear just fine, if only people would speak clearly and stop mumbling." This person hears speech, but it seems distorted and difficult to understand. Patients who complain that others are always mumbling may also be reporting a hearing problem and, again, referral to an otolaryngologist and/or audiologist is appropriate.

—*Susan K Voeks, PhD*
Geriatrics Research and Education Team
—*Paul J Drinka, MD*
Director, Geriatrics Research and Education
State of Wisconsin
Department of Veterans Affairs
Wisconsin Veterans Home
King, Wisconsin 54946

References

1. Klotz RE, Kilbane M: Hearing in an aging population. *N Engl J Med* 1962; 266:277-280.
2. Marshall L: Auditory processing in aging listeners. *J Speech Hear Dis* 1981; 46:226-240.
3. Smith RA, Frather WF: Phoneme discrimination in older persons under varying signal-to-noise conditions. *J Speech Hear Res* 1971; 14:630-638. ■

100 YEARS

Thank you for your loyal support

DYAZIDE®

25 mg Hydrochlorothiazide/**50 mg** Triamterene/SKF

SK&F CO.

Motrin® 800 TABLETS mg

ibuprofen

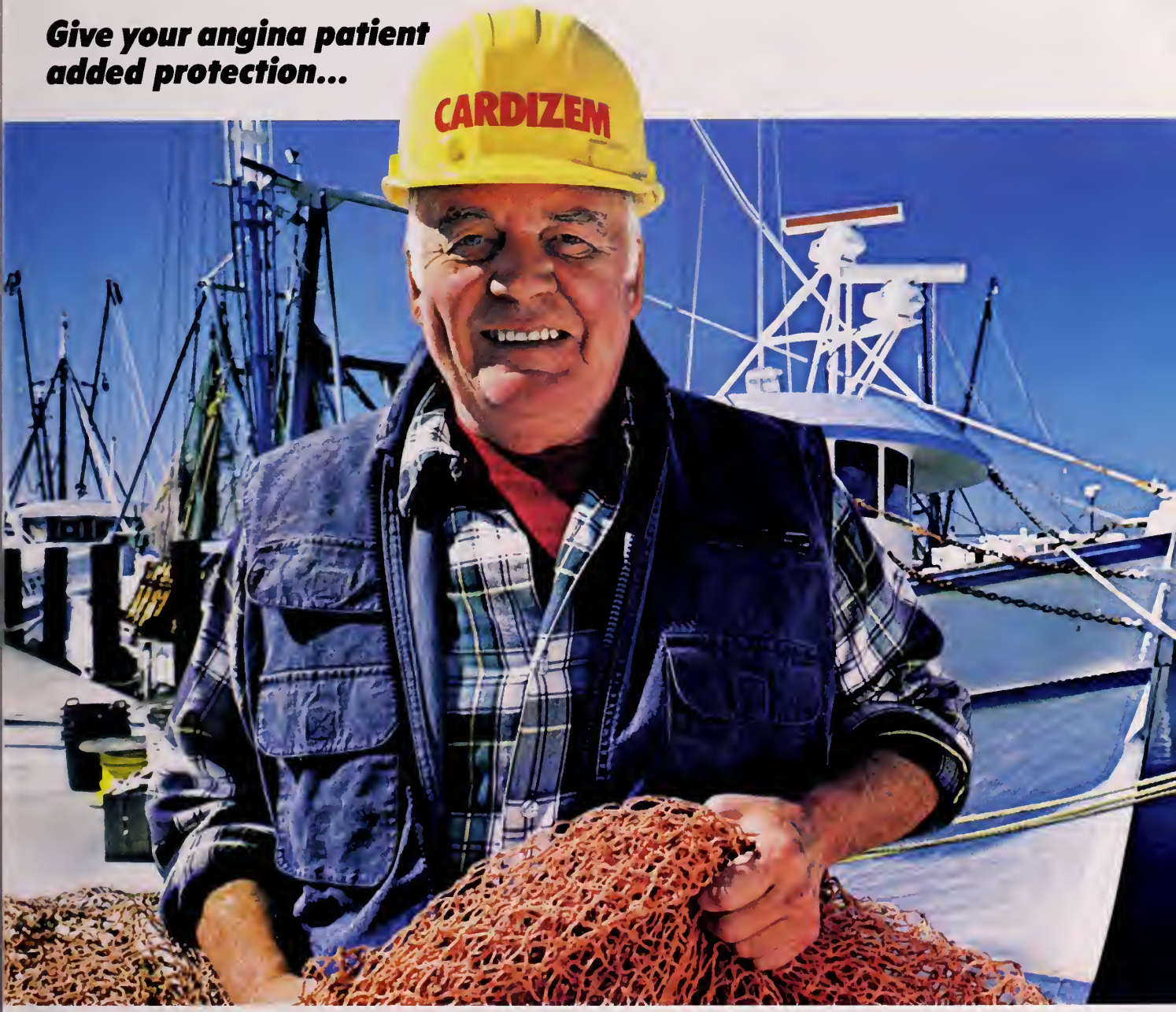
Extra strength
Convenience
Economy

Upjohn 100 A Century of Caring 1886·1986

©1986 The Upjohn Company

J-6138 January 1986

Give your angina patient added protection...



CARDIZEM®: FEWER SIDE EFFECTS

diltiazem HCl/Marion

- ***The lowest incidence of side effects among the calcium channel blockers[1-6]***
- ***A safe choice for angina patients with coexisting hypertension, asthma, COPD, or PVD[4,7]***
- ***Proven efficacy when used alone in angina[3]***
- ***Compatible with other antianginals[8,9]****

****See Warnings and Precautions.***

Please see brief summary of prescribing information on the next page.

CARDIZEM® FEWER SIDE EFFECTS IN ANTIANGINAL THERAPY

diltiazem HCl/Marion

60 mg tid or qid

Brief Summary
Professional Use Information
CARDIZEM®
(diltiazem HCl) 30 mg and 60 mg Tablets

CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic).

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1,243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt). An acute study of oral diltiazem in patients with impaired ventricular function (ejection fraction 24% ± 6%) showed improvement in indices of ventricular function without significant decrease in contractile function (dp/dt). Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is limited. Caution should be exercised when using the drug in such patients.
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury.** In rare instances, significant elevations in enzymes such as alkaline phosphatase, CPK, LDH, SGOT, SGPT, and other symptoms consistent with acute hepatic injury have been noted. These reactions have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in most cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.

Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)

Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%.

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats.

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers. Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.

Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded.

In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy.

The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences as well as their frequency of presentation are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%). In addition, the following events were reported infrequently (less than 1%):

Cardiovascular:	Angina, arrhythmia, AV block (first degree), AV block (second or third degree — see conduction warning), bradycardia, congestive heart failure, flushing, hypotension, palpitations, syncope.
Nervous System:	Amnesia, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor.
Gastrointestinal:	Anorexia, constipation, diarrhea, dysgeusia, dyspepsia, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH (see hepatic warnings), vomiting, weight increase.
Dermatologic:	Petechiae, pruritus, photosensitivity, urticaria.
Other:	Amblyopia, dyspnea, epistaxis, eye irritation, hyperglycemia, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties.

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, gingival hyperplasia, erythema multiforme, and leukopenia. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established. Issued 11/85

See complete Professional Use Information before prescribing.

References: 1. Frishman WH, Charlap S, Galdberger J, et al: Comparison of diltiazem and nifedipine for bath angina pectoris and systemic hypertension. Am J Cardiol 1985;56:41H-46H. **2.** Weiner DA, McCabe CH, Cutler SS, et al: The efficacy and safety of high-dose verapamil and diltiazem in the long-term treatment of stable exertional angina. Clin Cardiol 1985;7:648-653. **3.** Pepine CJ, Feldman RL, Hill JA, et al: Clinical outcome after treatment of rest angina with calcium blockers: Comparative experience during the initial year of therapy with diltiazem, nitrendipine, and verapamil. Am Heart J 1983;106(6):1341-1347. **4.** Cohn PF, Braunwald E: Chronic ischemic heart disease, in Braunwald E (ed): Heart Disease: A Textbook of Cardiovascular Medicine, ed 2. Philadelphia, WB Saunders Co, 1984, chap 39. **5.** McCall D, Walsh RA, Frohlich ED, et al: Calcium entry blocking drugs. Mechanisms of action, experimental studies and clinical uses. Curr Probl Cardiol 1985;10(8):6-80. **6.** Chatman M, Brogden RN: Diltiazem: A review of its pharmacological properties and therapeutic efficacy. Drugs 1985;29:387-454. **7.** Schroeder JS: Calcium and beta blockers in ischemic heart disease: When to use which. Mod Med 1982;50 (Sept):94-116. **8.** Shapira W: Calcium channel blockers: Actions on the heart and uses in ischemic heart disease. Consultant 1984;24(Dec):150-159. **9.** Johnston DL, Lesaway R, Hamen DP, et al: Clinical and hemodynamic evaluation of propranolol in combination with verapamil, nifedipine and diltiazem in exertional angina pectoris: A placebo-controlled, double-blind, randomized, crossover study. Am J Cardiol 1985;55:680-687.

Another patient benefit product from

PHARMACEUTICAL DIVISION
MARION LABORATORIES, INC.
KANSAS CITY, MO 64137

1289K6

Three- and four-wheeled, all-terrain vehicle injuries: One year's experience in a large, rural, medical center

Richard W Shallman, MD; Robert E Aldrich, PA-C; Donald B Kelman, MD; and *Dean T Stueland, MD,* Marshfield, Wisconsin

ABSTRACT. *Forty-five patients injured in three- and four-wheeled, all-terrain vehicle accidents are reviewed. Two-thirds of patients were between 11 and 21 years of age, most were male; and fractures, abrasions, and contusions were the most common injuries. Less than 25% of patients wore helmets. There were no deaths during the study period, but two patients suffered serious sequelae from head injury. Few accidents were farm-related.*

Key words: Three- and four-wheeled, all-terrain vehicles; ATVs; Injuries

THREE-WHEELED, all-terrain vehicles (ATVs) were introduced in the United States in 1971 and were recently joined by four-wheeled models. These popular recreational vehicles have been involved in accidents and injuries nationwide, and recent reports clearly indicate their propensity for injury in the pediatric age group.[1,2,3,4,5] Wisconsin has led the nation in deaths; 23 deaths have been reported in less than three years.[6]

The Marshfield Clinic serves a large, primarily rural, primary care area; and farm injuries are common. In 1983–1984 several severe "three-wheeler" injuries were treated here, including splenic rupture, cervical fracture with paraplegia, multiple spinal fractures, and a seven-year-old girl died of multiple injuries prior to transport to the hospital. To further delineate the types of injuries, and to identify the demographic patterns of injury, the following study was carried out.

METHODS. A reporting form was designed (Fig 1) and the Emergency Room Staff instructed in its use. Reporting forms were filed on all patients involved in three- or four-wheeled ATV accidents during the period from January 1, 1985 through December 31, 1985. After completion of the study period a retrospective chart review was done on all cases, and telephone followup obtained when necessary.

RESULTS. Seventy-six injuries were identified in 45 patients (Fig 2). Eleven patients required hospitalization with hospital stays ranging from 2 to 93 days and averaging 17 days. Excluding the longest hospitalization, the average stay was nine days. Ten of the 11 patients admitted had major fractures. Other reasons for admission included pneumothorax, closed head injury, and infected abrasion. Excluding closure of lacerations, six patients required the following eight operations: placement of intracranial pressure monitor, craniotomy, tracheostomy, closed tube thoracostomy, debridement of leg abrasion and split thickness skin graft, open reduction and internal fixation of a facial fracture, open reduction and internal fixation of an ankle fracture, open reduction and internal fixation of a femur fracture. There were no exploratory celiotomies, no deaths,* and no major post-

*A 15-year-old male "three-wheeler" driver died of massive head injury at the scene of his ATV accident. He was never seen in the Emergency Room and thus not entered in the study group. His injured passenger was seen and included.

FIGURE 1—*Reporting form.*

3 and 4-WHEELER ACCIDENT DATA FORM

Name _____

Hospital number _____

Date _____

3-wheeler ☐
4-wheeler ☐

Patient age _____

	Yes	No
Wearing helmet	☐	☐
Blood alcohol present Amount _____	☐	☐
Loss of consciousness	☐	☐
Need surg. treatment	☐	☐

	Yes	No
Farm related	☐	☐
Recreation	☐	☐

Residence
- City ☐
- Country (non farm) ☐
- Farm ☐

Type of accident
- Solo ☐
- Involve other motor vehicles ☐
- On road ☐
- Off road ☐
- Farm related ☐
- Recreation ☐

From the Departments of Surgery and Emergency Medicine, Marshfield Clinic and Marshfield Medical Foundation, Inc; and St Joseph's Hospital, Marshfield. Publication support provided. Reprint requests to: Robert E Aldrich, PA-C, Dept of Neurosurgery 4F, Marshfield Clinic, 1000 North Oak Ave, Marshfield, Wis 54449 (phone: 715/387-5297). Copyright 1986 by the State Medical Society of Wisconsin.

operative complications during the study period.

Two patients have significant long-term sequelae. The first, our most seriously injured patient, has persistent slowing of speech and mentation and decreased fine digital movements following closed head injury and craniotomy, as well as gait disturbance following pelvic fracture. The second has persistent profound left sensorineural hearing loss and temporomandibular joint dysfunction following a left basilar skull fracture.

The majority of our patients (25/45) listed their residence as rural, nonfarm, 11 were rural farm, 6 were city and 3 unknown. Only two accidents were farm-related, the remaining 43 occurred during recreational use. Most injured patients were the machine operators, but eight were passengers. Forty cases involved three-wheeled vehicles, five involved four-wheeled vehicles. Ten patients were wearing helmets at the time of injury. Eight patients suffered transient loss of consciousness, one of these (previously mentioned patient with closed head injury) was comatose for two weeks following injury.

Most accidents occurred during May through September, but injuries were seen in every month of the year (Fig 3). Ages ranged from 6 to 52 years, two-thirds of patients were between 11 and 21 years of age (Fig 4). The average age of hospitalized patients was 17 years. Seven patients (16%) were female. The most common injuries were fractures (29%) and abrasions and contusions (29%). Clavicle, rib, and cervical fractures were the most common fractures (3 each) with basilar skull, femur, and wrist fractures close behind (2 each). Lacerations accounted for 18% of injuries, facial lacerations were the most common (5/14). Sprains, strains, and dislocations were frequent (13%), with ankle, wrist, and shoulder seen most often. The only abdominal injury seen was a renal contusion.

Mechanisms of injury were often unclear, but when specified most commonly consisted of "hit something" (11) or "fell off" (10). Other causes of injury were "flipped" (7), "foot slipped and hit something" (5), and "hit by steer and fell off" (1). Two patients were being towed behind the machine on sleds or inner tubes and "hit something."

DISCUSSION. Three-wheeled ATV accidents are well established causes of significant trauma. Perhaps Doctor Jeffrey sums up the situation most succinctly, "It appears that these vehicles are inherently unstable and may represent a considerable danger."[7] Our series corroborates the high risk to adolescents, relative frequency of facial lacerations, incidence and sequelae of head injury, frequency of fractures, and infrequent use of helmets that has come to characterize reports of "three-wheeler" injuries. Doctor Trager suggests that four-wheeled ATVs may be less dangerous,[8] and in our study only 5 cases out of 45 involved "four-wheelers."

Four-wheeled ATVs appear, however, to be less common than three-wheeled ATVs, perhaps because they are relative newcomers to the marketplace. Despite their occurrence in rural areas, ATV injuries are recreation rather than farm-related, and most injured patients were rural, nonfarm dwellers.

The current recognition of ATVs as injury-prone recreational vehicles is very similar to the situation which occurred with snowmobiles nearly 15 years ago; the injury patterns are sim-

FIGURE 2—*Nature of injury.*

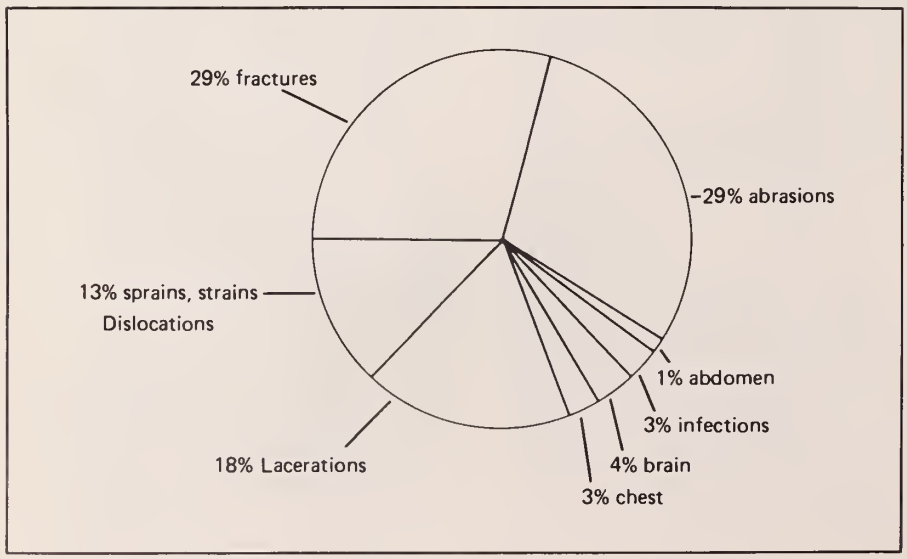


FIGURE 3—*Annual distribution.*

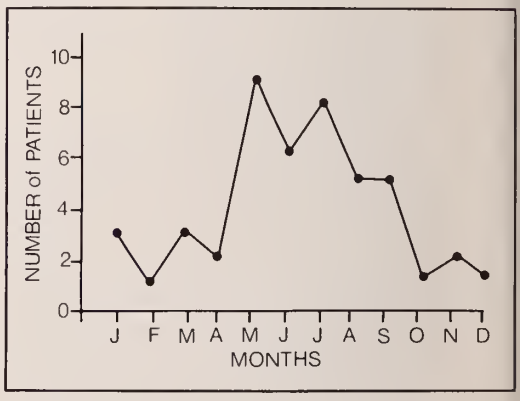
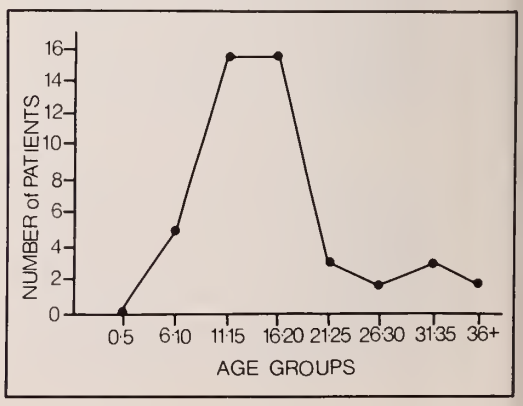


FIGURE 4—*Age distribution.*



ilar, and the recommendations offered by recent authors are not unlike those of concerned physicians in the early 1970s. In 1973, noting 26 deaths from snowmobile injuries in the 1971–72 Wisconsin season, Wenzel et al[9] called for training and safety programs, helmets and safety equipment, legislation for supervision of youthful drivers, better lights and safer machines, and the development of trails. All of these measures have come to pass, and the impression of most of us who staff the Emergency Room during winter months is that there are not as many snowmobile-related injuries as there used to be. The chilling reality is that 25 people died of snowmobile injuries during the 1985–86 season in Wisconsin.[6]

Legislation passed in Wisconsin in June 1985 went into effect on July 1, 1986 (1985 Wisconsin Act 29). The law defines ATVs, provides operation and equipment regulations and requirements, and creates aids programs for vehicle areas and trails as well as county law enforcement. Provisions for safety programs for youthful operators and requirements for adult supervision for operators under the age of 12 are included. The new legislation does not include requirements for helmet usage. Currently, Wisconsin law requires helmets to be worn by motorcycle riders under the age of 18. ATVs, however, are not "street legal" and thus not subject to the "rules of the road"; therefore, no helmets are required by law.

CONCLUSION. Legislation and enforcement are not sufficient to stem the tide of recreational vehicle accidents and injury. Healthcare delivery personnel must actively pursue public education. Two major points must be stressed in the case of three- and four-wheeled ATVs. First, helmets, face guards, and safety equipment (including gloves, sturdy footwear, and abrasion-resistant clothing) must be strongly advocated; there is no law, only by public acceptance of this mandate can a proposed 60% reduction in deaths and injury be attained.[4] Second, the public must come to see ATVs as potentially dangerous motorized vehicles rather than toys.

ACKNOWLEDGMENT. The authors wish to thank Brenda Fellenz, RN and the Emergency Room staff at St Joseph's Hospital for their assistance in this study.

REFERENCES

1. McDonald WG, Stribling JG: Trauma associated with three-wheeled recreational vehicles. *J Miss Med Assn* 1983(May); 24:121–123.
2. Golladay ES, et al: The three-wheeler—a menace to the preadolescent child. *J Trauma* 1985; 25(3): 232–233.
3. Sneed RC, et al: Spinal cord injury associated with all-terrain vehicle accidents. *Pediatr* 1986(Mar); 77(3):271–274.
4. Jenkerson S, Middaugh J: Injuries associated with three-wheel all terrain vehicles—Alaska. *MMWR* 1985(Apr 19); 34(15):214–215.
5. Cogbill TH, et al: Three-wheeler accidents. *JAMA* 1985(Aug 23/30); 254(8):1037.
6. Krantz F: Personal communication, State of Wisconsin—Division of Health, Department of Health and Social Services, Center for Health Statistics, 1986 (Mar, Apr).
7. Jeffery HF: Danger of three-wheeled recreational vehicles. *Can Med Assn J* 1985(Sept 15); 133:555.
8. Trager GW, Grayman G: Accidents and all-terrain vehicles. *JAMA* 1986(Apr 25); 255(16):2160–2161.
9. Wenzel FJ, et al: Snowmobile accidents in central Wisconsin. *Wisconsin Med J* 1973(Feb); 72:89–94. ■

EDITOR'S NOTE: ***Recently a House of Representatives' subcommittee accused the Consumer Products Safety Commission of failing in its "responsibility to protect the public" by refusing to take action against the manufacturers of three-wheel, all-terrain vehicles which have been linked to some 415 deaths and 185,000 injuries since 1982. The report by Rep Doug Barnard's Government Operations Subcommittee on Commerce, Consumer and Monetary Affairs recommended that all ATVs currently on the US market be recalled and that the safety commission take legal action to ban all future US sales and production of the three-wheel motorbikes.***

ABSTRACT

Micrographic surgery for the microscopically controlled excision of eyelid cancers

FREDERIC E MOHS, MD, Chemosurgery Clinic, Department of Surgery, University of Wisconsin Hospital and Clinics, Madison, WI: *Arch Ophthalmol* 1986 (June); 104:901–909.

The total microscopic control of excision provided by micrographic surgery is a solution of the problem of determining the exact extent of cancers of the eyelids. The microscopic control is achieved by removing successive layers of tissues and examining the entire undersurface of each layer in the microscope by the systematic use of frozen sections. The reliability of the method in the treatment of eyelid cancers is attested by the five-year cure rates of 98% in a series of 1773 cases of basal cell carcinoma and of 98.1% in a series of 213 cases of squamous cell carcinoma. Also important is the maximal sparing of normal tissue that is possible because of the precise localization and selective removal of the "silent" cancerous outgrowths. The saving of tissue permits some innovative techniques of wound management and improves the outcome of oculoplastic repairs when needed.■

The three-wheeled motorcycle— A new mechanism of serious injury

Thomas H Cogbill, MD; Jeffrey Landercasper, MD; Pamela J Strutt, RN; and *Jeffry A Metheny, MD,* La Crosse, Wisconsin

ABSTRACT. *Three-wheeled motorcycles have become increasingly popular. These unstable vehicles can attain speeds up to 70 mph and are frequently operated by children. This combination has resulted in an alarming number of serious injuries.*

During the past two years, 29 consecutive patients were admitted with injuries sustained in three-wheeler accidents. There were 26 males (90%). Twenty patients (69%) were less than 16 years old. Common mechanisms of injury were rollover (10), collision with a stationary object (7), and collision with an automobile (3). Most frequent injuries were long bone fractures, head injuries, maxillofacial trauma, and thoracic injuries. Injury Severity Score ranged from 4 to 50 (mean = 13.3). Thirty-two procedures were performed in 25 patients. There were no deaths, but six patients had permanent disability.

Accident prevention begins with education of parents and children about the dangers and proper operation of three-wheelers. Protective attire should include a safety helmet. Legislation for driver licensure, vehicle registration, and mandatory safety devices must be enacted.

Key words: All-terrain vehicle; Three-wheeled vehicle; Motor vehicle accident

ORIGINALLY USED by farmers and adult sportsmen for transportation on uneven terrain, three-wheeled motorcycles have recently become popular for recreational pursuits. These vehicles can attain speeds up to 70 mph and are frequently operated by young children. This combination has resulted in an increasing number of accidents with serious injury. Documentation of the frequency and severity of injuries has begun to appear in several recent reports.[1,2,3,4] This study was undertaken to further describe the mechanism, severity, treatment, and sequelae of trauma sustained in three-wheeler accidents.

Presented at the 16th Annual Meeting of the Western Trauma Association, Sun Valley, Idaho, March 7, 1986. From the Departments of Surgery and Orthopedics, Gundersen Clinic/La Crosse Lutheran Hospital, La Crosse. The authors gratefully acknowledge the financial assistance of the Gundersen Medical Foundation.
Reprint requests to: Thomas H Cogbill, MD, Department of Surgery, Gundersen Clinic, 1836 South Avenue, La Crosse, Wis 54601 (phone: 608/782-7300).
Copyright 1986 by the State Medical Society of Wisconsin.

CLINICAL MATERIAL. During the 27-month period ending October 1985, 29 consecutive patients were admitted to the Gundersen Clinic/La Crosse Lutheran Hospital for the treatment of injuries sustained in three-wheeler accidents. There were 26 males (90%) and 3 females. Age ranged from 6 to 52 years (median = 14 years). Twenty patients (69%) were less than 16 years old.

Hospital charts were retrospectively reviewed and Injury Severity Score (ISS) was calculated for each according to the method of Baker et al.[5] Long-term disability was determined by review of each patient's outpatient clinic record.

ILLUSTRATIVE CASE REPORTS. *Case 1:* A 15-year-old girl was operating a three-wheeler when she lost control and the vehicle rolled on top of her. She complained of severe abdominal pain. Abdominal computerized tomographic (CT) scan demonstrated a moderate amount of free peritoneal fluid. Exploratory laparotomy revealed complete transection of the proximal jejunum which was primarily repaired (ISS = 16). She was discharged on the seventh postoperative day.

Case 2: A 52-year-old man was traveling at 25 miles per hour when his three-wheeler collided with a tree. He lost consciousness for 10 minutes, but was alert in the emergency department. Head CT scan demonstrated a large right subdural hematoma. Also apparent were an open right femur fracture and open comminuted tibia and fibular fractures (ISS = 50). Right frontotemporal craniotomy was performed and the subdural hematoma evacuated. The femur fracture was treated by intramedullary nailing and the open tibia-fibula fractures with debridement and external fixation. He was transferred for rehabilitation on the 23rd postoperative day.

Case 3: An intoxicated 26-year-old man drove his three-wheeler into a bridge abutment, striking his unhelmeted head. Upon emergency department arrival, Glascow Coma Scale was 6. Head CT scan demonstrated severe contusion of the left frontal, left temporal, and right frontal lobes. He was intubated and an intracranial pressure monitor inserted. Chest x-ray films revealed right hemopneumothorax and severe pulmonary contusion (ISS = 34). Tube thoracostomy was performed. Mechanical ventilation was necessary for eight days. He was transferred to the rehabilitation unit on the 16th postoperative day and discharged from the hospital on the 109th postoperative day with severe cognitive and behavioral deficits.

Case 4: A 13-year-old boy was riding on the back of a three-wheeler. He was not wearing a helmet. The vehicle stalled, then flipped over upon restarting and landed on the boy, striking his head. A depressed right frontotem-

poral skull fracture and associated epidural hematoma were found (ISS = 16). The skull fracture was elevated and the hematoma evacuated. He was discharged on the 5th postoperative day.

RESULTS. The mechanism of injury was rollover accident in ten patients (35%), collision with an automobile in three patients (10%), fall from vehicle in three patients (10%), and run over by vehicle in three patients (10%). Three drivers simply lost control of a three-wheeler and seven (25%) collided with a stationary object including four trees, one bridge abutment, one telephone pole cable, and one tin shed (Table 1).

Most frequent injuries were long bone fractures, five of which were open; craniocerebral trauma; maxillofacial injuries; and blunt thoracic trauma (Table 2). ISS ranged from 4 to 50 (mean = 13.3). Thirty-two procedures were performed in 25 patients. Orthopedic operations predominated (Table 3). Three craniotomies were performed for the evacuation of intracranial hematomas and two depressed skull fractures required elevation. Emergency laparotomy was necessary in one patient for the repair of jejunal transection.

The average hospital stay was eight days. Six patients were admitted to an intensive care unit for one to ten days. There were no deaths in this series. However, six patients experienced long-term disability including four with significant neurologic sequelae and two with orthopedic impairment.

Table 1—*Mechanisms of injury in 29 three-wheeler accidents*

Rollover	10 (35%)
Collision with object	7 (25%)
Fall from vehicle	3 (10%)
Run over by vehicle	3 (10%)
Collision with automobile	3 (10%)
Driver lost control	3 (10%)

Table 2—*Injuries in 29 three-wheeler accident victims*

Orthopedic		23
Upper extremity	6	
Lower extremity	17	
Head		7
Maxillofacial		6
Thoracic		4
Abdominal		2
Spine		2
Other		4

Table 3—*Thirty-two procedures performed in 25 patients*

Orthopedic	23
Neurosurgical	5
Abdominal	2
Maxillofacial	1
Thoracostomy	1
TOTAL	32

DISCUSSION. Several characteristics of three-wheeler operation appear responsible for the frequency of accidents leading to serious injury. Design of the vehicles makes them inherently unstable. Three-point wheelbase predisposes to tipping over especially when traveling across an inclined surface. The oversized, soft tires add further to the danger of rollover accidents. A driver's foot may easily be caught by the large tires if the foot is taken off the metal foot pegs. Quick acceleration of these rear axle, chain-driven vehicles can also result in the three-wheeler abruptly tipping over backwards. All of these mechanisms of injury occurred in our series.

Three-wheelers can reach high speeds and are driven on uneven, unknown, and unpredictable terrain causing rollovers and collisions with unseen objects. Operation of these vehicles requires special skills which are different from two-wheeled motorcycle driving. Finally, proper protective gear including a safety helmet, goggles, gloves, long pants, and boots could have prevented many of the injuries observed in our series.

Several conclusions are clear from a review of the few reports about three-wheeler accidents published to date. As in our series, orthopedic and neurologic injuries are most frequent.[2,3,4] Serious spinal cord injuries were reported by Sneed et al.[6] That the frequency of these accidents has dramatically increased is well documented.[2,3,4] Preadolescent children are particularly at risk. Golladay and associates reported ten serious injuries and two deaths involving children.[2]

EDITOR'S NOTE: ***Earlier this year news media reported a Columbus girl, 14 years old, died of injuries suffered when the all-terrain vehicle she was driving on a public road was struck by a van. She was driving a three-wheeled vehicle which is not allowed on the road, and she was not wearing a helmet, it was reported. The reports also stated that sheriff's officials said the girl ran a stop sign.***

Review of national statistics released by the Consumer Product Safety Commission places the magnitude of the three-wheeler problem into perspective. There are currently an estimated 1.8 million all-terrain vehicles (ATV) in use in the United States. Sales are at an all-time peak with 750,000 ATVs purchased in 1985. Paralleling this rise in sales has been a steady increase in the number of ATV-related deaths over the past four years. In 1982, 22 deaths resulted from ATV accidents. The number of deaths has increased to 113 and 125 for 1984 and the first nine months of 1985, respectively. Similarly, the number of emergency department visits following ATV accidents has risen to 78,000 for the first nine months of 1985.[7] The public health and economic impacts are obvious.

Accident prevention must begin with an awareness of the danger of three-wheeler operation. Parental discretion and supervision of children are essential. Instructional courses should be mandatory before operation. Protective gear including a safety helmet is vital. Improved vehicle design with standard safety devices such as roll-bars, pedal guards, and counterweights may reduce the frequency of injuries.

Three-wheelers are considered "off-the-road" vehicles. Therefore, the only law pertinent to their operation forbids their use on public highways. No driver licensure or vehicle registration is required and there is no restriction on the age of drivers. Effective legislation and enforcement are clearly necessary. If safer operation of three-wheeled motorcycles cannot be achieved by these measures, then an outright ban on production may be appropriate.

REFERENCES

1. Cogbill TH, Landercasper J, Metheny JA: Three-wheeler accidents. *JAMA* 1985; 254:1037.
2. Golladay ES, Slezak JW, et al: The three-wheeler—A menace to the preadolescent child. *J Trauma* 1985; 25:232-233.
3. McDonald WG, Stribling JG: Trauma associated with three-wheeled recreational vehicles. *J Miss Med Assn* 1983; 24:121-123.
4. Haynes CD, Stroud SD, Thompson CE: The three-wheeled motorized vehicle (adult tricycle)—A dangerous unstable machine. *J Trauma*, in press.
5. Baker SP, O'Neill B, et al: The Injury Severity Score: A method for describing patients with multiple injuries and evaluating emergency care. *J Trauma* 1974; 14:187-196.
6. Sneed RC, Stover SL, Fine PR: Spinal cord injury associated with all-terrain vehicle accidents. *Pediatr* 1986; 77:271-274.
7. National Injury Information Clearing House: Accident investigations: All-terrain vehicles. US Consumer Product Safety Commission, 1985. ■

An NIH Consensus Development Conference on . . .

Infantile Apnea and Home Monitoring

Monday, Tuesday, Wednesday September 29–30, October 1

Masur Auditorium, Warren Grant Magnuson Clinical Center, **National Institutes of Health, Bethesda, Maryland**

Sponsored by the National Institute of Child Health and Human Development; the National Heart, Lung, and Blood Institute; the Division of Maternal and Child Health, HRSA; the Food and Drug Administration; and the NIH Office of Medical Applications of Research

Conference discussion will center on the specific indications for the use of home monitoring and for its discontinuation.

A draft report, including options for a consensus statement, will be prepared by the consensus development panel and distributed to all registrants prior to the meeting. The draft report will consider the following key questions:

- What is known about the relation of neonatal and infant apnea to each other and to mortality (especially SIDS) and morbidity in infancy?
- What is the efficacy and safety of currently available home devices for detecting infant apnea?
- What evidence exists regarding the effectiveness of home monitoring in reducing infant mortality (especially SIDS) and morbidity?
- What recommendations can be made at present regarding the circumstances for the use of home apnea monitoring in infancy?
- What further research is needed on home apnea monitoring for infants?

The conference will bring together pediatricians, neonatologists, family practitioners, epidemiologists, medical engineers, nurses, parents, and members of the public. Following 2 days of presentations by experts and members of the panel and comments by individuals and organizations in addition to discussion from the audience, the panel will consider the available evidence and modify as needed its draft report.

On the 3rd day, the consensus panel chairman, George A Little, MD, professor and chairman, Department of Maternal and Child Health at the Dartmouth Medical School in Hanover, New Hampshire, will read the consensus statement before the conference audience and invite comments and questions.

To register to attend the conference, contact Ms Barbara McChesney, Prospect Associates, Suite 401, 2115 East Jefferson Street, Rockville, Maryland 20852, telephone (301) 468-6555. ■

Patient Alert

ONE OF A SERIES

Three- and four-wheeled all-terrain vehicles may cause serious injury

Three- and four-wheeled motorcycles or all-terrain vehicles (ATVs) have been used by farmers, sportsmen, and outdoor enthusiasts for 15 years. There are currently an estimated 1.8 million ATVs in use in the United States and numbers are increasing rapidly.

The popularity of ATVs has been accompanied by an alarming amount of injury, disability, and death. More than 100 riders per year died in accidents involving ATVs in 1984 and 1985. Children and adolescents seem to be the most at risk for injury. Injuries most commonly involve fractures of bones or the head and brain. Permanent disability may result.

Why do so many accidents occur?

1. *Speed*—New model ATVs may reach speeds up to 70 mph.
2. *Terrain*—The ground that ATVs are ridden on is often uneven and unpredictable.
3. *Driver*—Drivers are often young and inexperienced. Some are intoxicated with alcohol.
4. *Lack of education*—Few drivers have received formal instruction in the mechanics of driving a three-wheeled motorcycle. Special skills are required for balance and weight shifts while turning corners and traveling on hills. These skills are not transferrable from previous bicycle or motorcycle experience.
5. *The ATV itself*—Three-wheeled vehicles are unstable on inclined surfaces. Rollovers occur readily. Large, soft tires and powerful motors also lead to "wheelies." Unguarded knobby tires close to foot pegs may catch shoes, boots, and feet and throw riders off balance. Older models lack adequate lights for driving at night.
6. *Clothing*—Many facial and brain injuries are preventable by wearing helmets and goggles. Gloves, long pants, and boots provide further safety. Trying to "catch a tan" is not compatible with safe riding of an ATV.

How can I prevent injury to myself, my family, and my children?

Accident prevention begins with an awareness of the potential for injury. Parental supervision of children is important. Instruction from experienced riders is essential. Call your local police department or retail outlet for ATVs to obtain information about possible training programs in your area. Protective clothing, including helmets, must be worn. Don't drink and drive, and finally, know the terrain you are about to drive on. If these safety measures cannot be adopted, persuade yourself or your children to invest their time in safer recreational pursuits.■

The *Wisconsin Medical Journal* is the official publication of the State Medical Society of Wisconsin. Patient Alert is intended to assist physicians in providing their patients with information that might be helpful in preventing future illness or injury and in explaining healthcare issues which have a significant impact on patient care. Reprints, on poster board for reception areas, are available upon request to: WMJ Publications, State Medical Society of Wisconsin, PO Box 1109, Madison, Wisconsin 53701; telephone 608/257-6781 or 1-800-362-9080.

CLINICAL CANCER: Number 8 of a series

Systemic therapy of breast cancer

Hugh L Davis, MD, Milwaukee, Wisconsin

BREAST CANCER with approximately 130,000 cases and 38,000 deaths annually remains a major health problem for the American woman who has a 7% lifetime risk of contracting this neoplasm. The prognosis for operable breast cancer depends upon the extent of axillary node involvement, tumor size, histologic grade, and the presence or absence of cytoplasmic receptors for estrogens and progestins. The absence of cytoplasmic hormone receptors seems to predict earlier recurrence and a more rapid clinical course and is viewed as an independent adverse prognostic factor.

When breast cancer recurs, it does so most often in the chest wall or regional lymph nodes, lung and/or pleura and bone. The evaluation of patients with recurrence should include a geographic survey of these sites and an assessment of hepatic enzymes, serum calcium and hematologic values. Estrogen (ER) and progesterone (PR) receptors should be determined on surgically accessible metastases and the information obtained from the receptor status of the primary tumor (now assayed routinely in clinical practice) should be considered.

Critical sites of metastases, such as brain, spinal cord, and weight-bearing bones, must be treated as emergencies with local radiation and surgery if applicable.

The choice of initial systemic approaches depends upon an analysis of the prognostic factors of hormone receptor status, the rate of progression of the disease, and tumor burden (Table 1). Receptor positive patients should be offered an initial endocrine trial unless extensive visceral involvement and/or rapid disease progression is evident. The sequential use of endocrine therapy in patients responding provides useful palliation (Table 2). ER positive patients have a 50%-60% chance of objective response to endocrine therapy initially, and response to second and even third trials occurs in 25%-35%. Failure to respond to initial or subsequent therapy mandates chemotherapy (Table 3). Estrogen receptor negative patients should not receive initial endocrine therapy unless combined with chemotherapy. This investigational approach remains under intense study in both ER positive and negative patients. Sequential therapy is preferred in ER positive patients for clinical practice. The choice of initial combination chemotherapy (Table 3) depends upon overall clinical assessments. The slightly higher response rates with adriamycin-containing combinations may be offset by the potential for cardiac failure and the need to save some active agents for second and third line chemotherapy programs. A useful sequence might be CMF ± predisone followed by adriamycin plus vincristine (AV) on relapse.

Other salvage programs include mitomycin C, vinblastine alone or in combination, other alkylating agents such as melphalan or investigational new agents or in combinations. Table 4 outlines the general strategy for management of advanced disease. A few patients (10%-20%) develop clinical complete responses and may have prolonged survival. Average survival in most series is 18 to 36 months and depends upon the tumor burden and the quality of the initial response to either chemotherapy or endocrine therapy; it is influenced also by estrogen receptor status (ER negative patients have a more rapid course in general). Responses to initial endocrine or chemotherapy maneuvers last 6 months to 2+ years, so advanced breast cancer must be regarded as a chronic disease needing meticulous

Doctor Davis is Professor of Medicine (CHS), University of Wisconsin School of Medicine, Milwaukee Clinical Campus, Mount Sinai Medical Center, Milwaukee. Reprint requests to: Hugh L Davis, MD, Mount Sinai Medical Center, 950 North 12th St, Milwaukee, Wis 53201 (phone: 414/289-8068). Copyright 1986 by the State Medical Society of Wisconsin.

Series Coordinator:

Ernest C Borden, MD, Madison

American Cancer Society Professor of Clinical Oncology, University of Wisconsin Clinical Cancer Center, 600 Highland Ave Madison, Wisconsin 53792

Physicians are encouraged to contact the authors if they wish to discuss these topics further or obtain additional information. Comments or suggestions for topics would be welcome.

management through its course. There is a 5%-25% potential for 5-year survival in these patients. Supportive care including prompt treatment of local complications is critical.

A small number of patients (perhaps 15%) present with locally advanced disease without metastases but surgically incurable. This includes inflammatory carcinoma. Current most promising approaches involve initial combination chemotherapy preferably with an adriamycin-containing regimen followed by radiation and further chemotherapy. At this point, results seem promising for this unfavorable subgroup, but all data remain prelimary.

The successful palliative treatment of advanced disease has led to two decades of trials in surgical adjuvant therapy. Breast cancer is viewed as a potentially systemic disease at diagnosis, failure due to growth of micrometastases, already present. The major target is the Stage II patient—the patient with a primary tumor that is operable and histologically positive axillary nodes. The results of the many studies thus far reported suggest that there is a biologic effect from 6-12 months or more of adjuvant cytotoxic and/or adjuvant endocrine therapy. The magnitude of benefit has varied among studies and among subsets of patients. Thus far:

1. Combination and single agent therapy exerts its greatest effect on premenopausal patients with 1-3 positive axillary nodes with up to 25% benefit in recurrence rates persisting to 10 years.
2. Premenopausal patients with greater than three positive axillary nodes seem to have a delay in recurrence that is significant. Survival advantages are marginal.
3. Benefit in postmenopausal patients is less and does not last beyond three years in several studies.
4. Dose intensity may be important and low-dose therapy is probably less effective. This could account for lessened benefit in postmenopausal patients. Six months of full-

Table 1—*Prognostic factors/advanced disease*

Factors	Influence
Estrogen receptor Progestin receptor	ER negative patients have a more aggressive course—rarely (<10%) respond to endocrine therapy. ER positive, PR positive have high response rates to hormone therapy. ER positive, PR negative—intermediate.
Disease free interval	Long DFI—favorable. Short (<2 years)—unfavorable.
Tumor burden	
Dominant site	Local most favorable. Bone often very responsive. Visceral most unfavorable.
Extent	Extensive visceral disease ominous.
Number of sites	Increasing number of sites of involvement unfavorable.
Performance status	Reflects host tumor interaction.
Response to prior endocrine therapy	Useful in predicting a response to secondary therapy.

Table 2—*Advanced disease/endocrine therapy*

Modality	Mechanism
Oophorectomy	Reduces circulating estrogens.
Tamoxifen	Binds to estrogen receptor; reduces cell proliferation.
Megesterol	A progestin-mechanism of action unclear. Binds to progesterone receptor.
Estrogens	Pharmacologic doses inhibit tumor growth in ER positive patients.
Androgens	Less active than estrogen-anabolic—may contribute to chemotherapy programs.
Prednisone and analogues	Useful in hypercalcemia cerebral edema—improves drug delivery with chemotherapy.
Aminoglutethimide	Medical adrenal suppression, blocks conversion of adrenal androgens to estrone.

Table 3—*Advanced disease/active drug combinations in breast cancer*

Combinations	Acronym	Comments
Cyclophosphamide Methotrexate 5 Fluorouracil	CMF	40%-50% response
Same plus prednisone	CMFP	Improved drug delivery. Adds approx. 10% to response
Same plus vincristine	CMFVP	Same
Adriamycin and vincristine	AV	50%-60% first line 25%-30% secondary
Adriamycin plus cyclophosphamide	AC	60%-70% response
Same plus 5 Fluorouracil	CAF or FAC	Same as AC

Table 4—*Strategy in advanced disease*

Premenopausal	First and subsequent choices
ER positive	Oophorectomy—secondary endocrine therapy if response. Combination chemotherapy at any sign of endocrine therapy failure.
ER Negative	Combination chemotherapy, addition of endocrine therapy investigational.
Postmenopausal	
ER Positive	Tamoxifen—secondary hormone therapy if response. Combination chemotherapy with endocrine failure.
ER Negative	Combination chemotherapy, addition of endocrine therapy investigational.
ER Unknown (any age)	Initial therapy based on clinical variables (disease-free interval, age, extent of tumor burden).

dose therapy probably is as effective as longer treatment periods.

5. Endocrine therapy with tamoxifen alone or in combination with chemotherapy is proving to be modestly effective in several studies with greatest effect in postmenopausal ER positive patients. Premenopausal patients may not show an adjuvant effect from tamoxifen when combined with chemotherapy.
6. The conclusions from individual trials often differ from those above. The final word is far from in. No conclusions are warranted as yet in trials of therapy of node negative (Stage I) cases.
7. The survival benefit from adjuvant trials has been very inconsistent as yet.

It is critical to continue with carefully designed adjuvant trials. Many questions remain; dose intensity, the use of adriamycin with its cardiotoxic potential, the optimum length of administration of chemotherapy, the combination of chemotherapy plus tamoxifen versus endocrine therapy alone, the length of administration of tamoxifen—all remain unanswered or partially answered. Entry to clinical trials must continue as the only question investigators feel secure about is the benefit for premenopausal patients with 1-3 positive axillary nodes. The use of treatment in node-negative patients remains highly investigational.

Summary. The overall management of breast cancer is complex and clearly represents halfway technology. Participation of clinical trials remains extremely important as progress in this disease is measured in small increments.

REFERENCES

1. Harris JR, Canellos GP, et al: Cancer of the breast. In: DeVita Jr VT, Hellman S, and Rosenberg SA (eds): *Cancer: Principles and Practice of Oncology*, 2nd ed. JB Lippincott Co, Philadelphia 1985; pp 1119-1177.
2. Levine RM, Lippman ME: Breast cancer management: Recent advances and recommendations. *Advances in Internal Med* 1984; 29:215-244.
3. Bonadonna G, Valagussa P: Adjuvant systemic therapy for resectable breast cancer. *J Clin Oncol* 1985; 3:259-275.
4. Santen RJ: Suppression of estrogens with aminoglutethimide and hydrocortisone (medical adrenalectomy) as treatment of advance breast carcinoma; a review. *Breast Cancer Res & Treat* 1981; 1:183-202.
5. Coates A: Current status of chemotherapy of breast cancer. *Drugs* 1984; 28:93-98. ■

SPECIAL

Osteoporosis: Pathogenesis, diagnosis, prevention, and treatment

Murray L Katcher, MD, PhD; Mark R Neff, MD; and *Carol E Peterson, MS*
Madison, Wisconsin

THE WISCONSIN Division of Health (DOH) will soon begin an educational campaign to increase awareness about osteoporosis, to provide an objective current review of knowledge regarding the disorder, and to emphasize its importance as a major health problem in society today. The campaign, which will begin in September 1986, will be directed at physicians, public health agencies, allied health professionals, and the public. It will consist of the following components:

- a teleconference, primarily directed at physicians, in September 1986, entitled "Osteoporosis Update: Cause, Prevention, Diagnosis, and Medical Management Issues," co-sponsored by the DOH and the University of Wisconsin Continuing Medical Education Program;
- distribution of a videotape and journal articles about osteoporosis to healthcare professionals;
- a public health education campaign using television and radio public service announcements as well as pamphlets and posters prepared for distribution to public health agencies, private clinics, and pharmacies.

From the Division of Health, Department of Health and Social Services, State of Wisconsin, Madison; and the Department of Obstetrics and Gynecology, University of Wisconsin Medical School, Milwaukee Clinical Campus, Milwaukee. Reprint requests to: Murray L Katcher, MD, Division of Health, 1 West Wilson St, PO Box 309, Madison, Wis 53705 (phone: 608/266-0220).

Copyright 1986 by the State Medical Society of Wisconsin.

Pathogenesis. Primary osteoporosis is a bone disease resulting from a variety of genetic, age-dependent, and environmental factors. By definition, it consists of a diminution of bone mass without an alteration in the ratio of mineral composition to bone matrix. The bony matrix is the cellular framework responsible for the active bone modeling and remodeling that occurs throughout an individual's lifetime. The process of bone loss caused by the reduction in both mineral and bone matrix leads to thinning and fragility of the skeleton. This in turn may result in a substantial increase in the risk of various types of fractures. Areas of the skeleton that are especially vulnerable include the thoracolumbar spine, the head of the femur, and the wrist.

Osteoporosis is a disease that is a result of the pathologic interplay of the multiple heterogeneous factors that modify the homeostasis between osteoblastic activity and osteoclastic activity. In osteoporosis the major pathophysiologic mechanism is an excessive rate of bone resorption. Any condition that tends to decrease the plasma level of calcium may result in secretion of parathyroid hormone, which, in turn, acts to increase bone resorption. In addition to aging, the following factors may contribute to the development of osteoporosis: deficiency or excessive loss of calcium and vitamin D, light skeletal structure, deficiency of the sex steroids, high protein diet, high caffeine and nicotine intake, chronic use of certain drugs (such as corticosteroids, certain anticonvulsants, and aluminum-containing antacids), alcoholism, hyperthyroidism, and limited physical activity or immobilization.[1]

Clinical significance. Osteoporosis is the most common systemic bone disorder in the United States where it affects an estimated 15 million people, many of whom have severe demineralization with vertebral fractures.[2] It is also estimated that 147,000 to 227,000 hip fractures secondary to osteoporosis occur annually in the United States.[2,3,4,5] A 12% increase in mortality, as a direct consequence of the hip fracture, has been reported in individuals over 50 years of age compared to those without fractures.[3] A white male has a lifetime risk of 5% of suffering a hip fracture, whereas a white female has a lifetime risk of 15%.[6]

A 1982–83 Wisconsin hospital discharge survey shows that there were 4718 discharges involving 4980 fractures of vertebrae, radius, or femur in women 65 years and older. This figure represents 3.8% of the discharges for women in this age group, and it is estimated that most of these fractures are related to osteoporosis. The average length of stay for these hospitalizations was 19.6 patient days, representing more than twice the average length of stay for all hospitalizations in this age group. At this time, data are not available for outpatient treatment of pathologic and accidental fractures for any age group.

Diagnostic evaluation. The diagnosis of osteoporosis may be made qualitatively from the standard roentgenogram, although this has low sensitivity and may not detect loss of bone mineral until there is a 25% to 40% demineralization.[7] Furthermore, a roentgenogram is not commonly taken until after a fracture has occurred.[6] Other more sensitive and noninvasive quantitative measurements of bone mineral density include single-photon absorptiometry, dual-photon absorptiometry, computerized axial tomography, neutron activation analysis, and the use of nonradioactive calcium isotopes. Bone biopsy is occasionally required for definitive diagnosis. Although historical and physical examination findings are frequently absent, clinical assessment should include a history of bone pain, especially in the spine and ribs, and careful examination for back deformity, bone tenderness, and any serial decrease in height. The diagnosis of osteoporosis may be entertained in a patient with back pain, a loss of height, and roentgenographic evidence of bone loss. Since these findings may and often do accompany other serious disorders involving the bone, confirmatory biochemical and clinical investigations must be considered. These investigations are beyond the scope of this article and are included in many excellent reviews.[1,5]

Secondary osteoporosis is defined as a generalized osteoporotic condition usually caused by certain endocrine abnormalities such as hyperparathyroidism, hyperthyroidism, hypercortisolism, and hyperprolactinemia. It is essential that the clinician accurately exclude other disorders, including secondary osteoporosis, which may be accompanied by clinical and pathologic changes similar to those of the primary osteoporosis which occurs with aging and sex steroid deficiency. A partial list of these metabolic bone disorders includes the following: osteomalacia, multiple myeloma, osteitis deformans (Paget's disease), osteogenesis imperfecta, and certain hematologic disorders such as thalassemia.[8] Careful evaluation for the presence of these conditions should be performed, if indicated, prior to initiation of any therapy.

Prevention and treatment. The prevention and treatment of osteoporosis may include use of such agents as calcium, vitamin D, calcitriol, calcitonin, fluoride, and hormonal supplementation or replacement; exercise regimens; and elimination of detrimental lifestyle habits, such as cigarette smoking, and excessive use of caffeine or ethanol, and intake of very high amounts of dietary protein.[6]

The drugs currently approved for the treatment of osteoporosis by the US Food and Drug Administration are calcium, estrogen, and calcitonin.[5] These agents appear to act primarily by the inhibition of bone resorption. Brief comments regarding each type of therapy are mentioned below, and references are provided for further reading.

Calcium supplementation. The recommended dietary allowances (RDA) for calcium are dependent upon age, gender, and health status of the individual (Table 1).[9] The need for a particular level of calcium is also modified by the presence of pregnancy or lacta-

Table 1—*Recommended dietary allowance (RDA) of elemental calcium intake*[9]

Stage	*Age (yr)*	*Mg/day*
Infants*	0–0.5	360
	0.5–1.0	540
Children	1–10	800
Adolescents	11–18	1200
Adults†	19+	800
Pregnant or	11–18	1600
lactating	19+	1200

*Not breast-fed
†Recent recommendations suggest 1000 mg/day for premenopausal women and 1500 mg/day for postmenopausal women[10]

tion which, in general, increases the need for calcium. Note that the lactating adolescent must be particularly encouraged to maintain adequate calcium intake. Of the recommended daily intake of 800 mg of elemental calcium for adults, only about 300 mg may be absorbed. This amount is enough to maintain zero calcium balance for most adults, but there may be a high degree of individual variation. A more recent report from the National Institutes of Health Consensus Development Conference recommended that premenopausal women have an elemental calcium intake of 1000 mg/day and postmenopausal women have 1500 mg/day.[10] These can be attained by modification of diet to include more dairy products, and other foods containing high amounts of calcium. Proprietary calcium supplements may be of benefit when adequate calcium intake cannot be achieved by dietary means.

The benefits and risks of long-term calcium supplementation over years extending from childhood through the geriatric years have not been well investigated. However, in the absence of other disease states such as hypercalcemia or nephrolithiasis, calcium supplementation appears to be relatively safe. Calcium salts vary widely in the content of elemental calcium (Table 2). For example, to obtain 500 mg of elemental calcium supplementation from calcium gluconate, which contains only about 9% calcium, one must consume 5500 mg of the compound daily.

Exercise. Important ingredients for the preservation of skeletal integrity and bone mass are the presence of the forces of muscle tension and gravity. When these are decreased or absent, such as in the case of prolonged bed rest, immobilization,[11] muscle paralysis, or in prolonged weightlessness such as experienced in space flight,[12] bone demineralization may occur. Therefore, weight-bearing activities, especially those that stress the spine and femur, such as walking and jogging, are recommended to be included in a regular exercise program of at least 30 minutes three times weekly. A complete but not excessive fitness program should be designed so that no skeletal segment is neglected. The program should incorporate endurance, flexibility, strength, balance, and coordination, with consideration of the patient's health status, interests, and needs. A prior physical examination and a program of gradually increasing activity are strongly recommended so that the risks from preexistent osteoporosis or other diseases may be reduced. A differential effect of exercise on trabecular and cortical bone may result in an increased effect of exercise on the appendicular skeleton rather than the axial skeleton.[13]

Table 2—*Elemental calcium content of proprietary calcium supplements*

Calcium salt	*% Elemental calcium*
Calcium carbonate	40
Calcium chloride	36
Bone meal	31
Dolomite	22
Calcium lactate	13
Calcium gluconate	9
Calcium glubionate	6.4

Hormonal replacement therapy (HRT). Concurrent with menopause is a decrease in endogenous estrogen. As sex steroids decrease, less calcium seems to be absorbed from the gastrointestinal tract, and less calcium is conserved by the kidney. A larger proportion of calcium to meet the nonskeletal bodily needs must then come from bone, and increased demineralization will occur. Treatment of postmenopausal women with estrogen therapy has been shown to result in a decrease in bone demineralization compared with a similar group of untreated women.[14] One retrospective case-control study found that women treated with estrogenic hormones had fewer hip fractures than untreated women.[15] Since hypoestrogenism can also occur from disease states, careful medical evaluation of premenopausal hypoestrogenemic women should be performed prior to initiation of HRT, including a complete discussion of the risks and benefits. The dosage regimens required for prevention and for treatment of disease are different and must be tailored to the individual's needs. Various hormonal preparations are available and may vary in their effectiveness in the prevention of osteoporotic changes. The use of a progestin in conjunction with an estrogen is currently recommended for most patients. A commonly prescribed progestin is medroxyprogesterone acetate (Provera), which has fewer side effects than many of the other available progestins. Transdermal patches for estrogen replacement therapy may soon be available for long-term use and may reduce some side effects of HRT. Screening is required prior to initiation of HRT, and careful monitoring for cardiovascular, metabolic, and neoplastic disease is recommended during therapy, which may continue for many postmenopausal years.

Diet and lifestyle modifications. Although cigarette smoking, alcohol, high protein diets, and caffeine have been implicated as possible contributors to osteoporosis, further studies are necessary to establish a definitive causal linkage. Demineralization and compression fractures of the vertebrae have been observed in younger patients with chronic alcoholism, but the pathophysiology has not been well delineated.[6] Studies indicate that a high meat intake does not induce calcium loss due to its high phosphorus content.[1]

***Vitamin D_3* and calcitriol.** Vitamin D_3 and its derivatives play an important role in calcium metabolism.[16] However, Vitamin D_3 has not been definitively shown to be of benefit in the treatment of osteoporosis. More definitive studies of the effect on osteoporosis of the active form of Vitamin D_3, calcitriol, are needed.[17]

Fluoride supplementation. Symptomatic relief of bone pain has been observed with fluoride therapy, and sodium fluoride may have a possible benefit for osteoporosis. Sodium fluoride in conjunction with calcium supplementation has been shown to decrease the incidence of fractures in individuals with osteoporosis.[18] Ex-

cessive fluoride treatment has been shown to produce toxicity and mixed responses in bone mass increase.[19] At present, sodium fluoride treatment has not yet been approved by the Food and Drug Administration for use in treatment of osteoporosis.

Injury prevention. In addition to interventions aimed at prevention of bone loss, strategies aimed at prevention of falls may result in decreased fractures in the elderly, since most fractures in this population result from falls.[6] Host factors such as a decline in neuromuscular function with age, chronic illness, and side effects of medication make the elderly particularly susceptible to falls. Environmental factors such as loose rugs and wires, poor lighting, unstable furniture, and uneven walking surfaces increase the risk of falling. These risk factors may be obvious and potentially correctable at the time of a home hazard inspection, perhaps conducted by a public health agency.

Summary. Osteoporosis is a major public health problem resulting in substantial medical costs and increased morbidity and mortality. Although it is receiving increasing attention by health professionals as well as the general public, more definitive research is needed with regard to the prevention and treatment of the disease. Diet, exercise, lifestyle habits, and injury are risk factors which could be addressed by prevention efforts. Various methods of treatment are being studied and may hold promise for management of the disease in the future. As more knowledge about the pathogenesis, diagnosis, prevention, and treatment becomes available, we expect to see a decline in morbidity, mortality, and cost attributable to the fractures which are a consequence of the disease.

References

1. Spencer H, Sontag SJ, Kramer L: Disorders of the skeletal system. In *Clinical Geriatrics*, ed #3, Rossman I (ed). JB Lippincott Co, Philadelphia 1986; pp 523-537.
2. National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases: Osteoporosis: Cause, treatment, prevention. NIH Publication No. 83-2226, April, 1983.
3. Gallagher JC, Melton LJ, et al: Epidemiology of fractures of the proximal femur in Rochester, Minnesota. *Clin Orthop* 1980; 150:163-171.
4. Owen RA, Melton LJ III, et al: The national cost of acute care of hip fractures associated with osteoporosis. *Clin Orthop* 1980; 150:172-176.
5. Riggs BL, Melton LJ: Involutional osteoporosis. *N Engl J Med* 1986; 314:1676-1686.
6. Cummings SR, Kelsey JL, et al: Epidemiology of osteoporosis and osteoporotic fractures. *Epidemiol Rev* 1985; 7:178-208.
7. Allen LH: The role of nutrition in the onset and treatment of metabolic bone disease. *Nutr Update* 1983; 1:263-281.
8. Aurbach GD, Marx SJ, Spiegel AM: Metabolic bone disease. In *Williams Textbook of Endocrinology*, ed #7, Wilson JD, Foster DW (eds). WB Saunders Co, New York 1985; pp 1218-1255.
9. Committee on Dietary Allowances and Food and Nutrition Board: *Recommended Dietary Allowances*, ed 9, revised. Washington DC: National Academy of Sciences, National Research Council, 1980.
10. National Institutes of Health: *Osteoporosis: Consensus Development Conference Statement*. Washington, DC, 1984.
11. Donaldson CL, Hulley SB, Vogel JM, et al: Effect of prolonged bed rest on bone mineral. *Metabolism* 1970; 19:1071-1084.
12. Mack PB, LaChance PA, et al: Bone demineralization of foot and hand of Gemini-Titan IV, V, and VII astronauts during orbital flight. *Am J Roentgenol* 1967; 100:503-511.
13. Smith EL: How exercise helps prevent osteoporosis. *Contemp Ob/Gyn* 1985; 25(5):51-60.
14. Recker RR, Saville PD, Heaney RP: Effect of estrogens and calcium carbonate on bone loss in postmenopausal women. *Ann Int Med* 1977; 87:649-655.
15. Hutchinson TA, Polansky SM, Feinstein AR: Postmenopausal oestrogens protect against fractures of the hip and distal radius: A case-control study. *Lancet* 1979; 2:705-709.
16. DeLuca HF: The vitamin D-calcium axis—1983. In *Calcium in Biologic Systems*, Rubin RP, Weiss GB, Putney JW Jr (eds). Plenum Publishing Co, New York 1985; pp 491-511.
17. Gallagher JC, Jerpbak CM, Jee WSS, et al: 1,25-Dihydroxyvitamin D_3: Short- and long-term effects on bone and calcium metabolism in patients with postmenopausal osteoporosis. *Proc Natl Acad Sci USA* 1982; 79:3325-3329.
18. Riggs BL, Seeman E, Hodgson SF, et al: Effect of the fluoride/calcium regimen on vertebral fracture occurrence in postmenopausal osteoporosis; comparison with conventional therapy. *N Engl J Med* 1982; 306:446-450.
19. Riggs BL: Treatment of osteoporosis with sodium fluoride; an appraisal. In *Bone and Mineral Research*, Annual 2, Peck WA (ed). New York Elsevier, 1983; pp 366-393. ■

National Data Registry for endometriosis

Karen T Lamb, RN, PhD
Milwaukee, Wisconsin

ENDOMETRIOSIS, an often chronic and debilitating disease, is characterized by the location of endometrial tissue outside the lining of the uterus. Cyclic pain, infertility, and treatment with hysterectomy and hormonal therapies contribute to the growing dilemma and indecision facing many women and their physicians. Radical surgeries and some hormonal therapies are accompanied by serious side effects.

Doctor Lamb is formerly Assistant Professor of Preventive Medicine, Department of Preventive Medicine, Medical College of Wisconsin, Milwaukee. Reprint requests to: Karen T Lamb, RN, PhD, Director, Uihlein Family Health Program, 2001 West Vliet St, Milwaukee, Wis 53205 (phone: 414/933-5140). Copyright 1986 by the State Medical Society of Wisconsin.

Incidence and prevalence data are difficult to assess.[1] In part, the variation depends not only on the characteristics of the sample under study but also whether the rates are calculated on populations clinically or pathologically diagnosed. The problem is compounded by the fact that many studies are based on small samples; many are retrospective and based on records dating back to the 1950s or earlier.

Endometriosis is little understood from the etiologic perspective. There are several contemporary theories.[2,3,4] Over a decade ago Ranney[5] noted that symptoms may be absent, variable, or severe depending upon the location, extent, blood supply, and physiologic response of the lesions. Often raised is a question whether practitioners may

be dealing with more than one etiologic factor in this disease.

Although the emphasis of a report by Rock and his colleagues[6] was on staging severity levels of the disease, Rock calls for a data bank: "A data registry should be established, possibly through a national organization, so that a large number of cases may be statistically evaluated to define these relationships more clearly. . . . Once accurate estimates of relative risk are determined for large patient groups, therapeutic modalities may be reliably compared and ultimately the best choice of therapy may be determined for each state of disease" (p 137). The purpose of this report is to call attention to an effort made jointly between the Endometriosis Association and the Medical College of Wisconsin to establish such a registry.

The National Data Registry is housed at the Medical College of Wisconsin, Milwaukee, in the Department of Preventive Medicine. Case histories provided by approximately 1,000 members are available and use of these data by others in epidemiologic studies is encouraged. Aspects of diagnosis and treatment, often encountered by the physician and patient, are extensively reported, as are side-effects of treatment regimens and general disability data. That for many women the disease is chronic and carries significant disability has only recently been recognized; and, of course, the prevalence of the disease is expected to rise.

The computerized registry contains extensive data on surgical and medical treatment modalities, including patients' experiences with synthetic androgens. An outline of several modalities is arrayed in Table 1 in order to describe the types of treatment regimens reported by members. Data on symptomatology, location of endometrial growths, diagnostic methods, fertility and contraceptive histories, and psychosocial problems are also available.

Practitioners and graduate students in medicine, nursing, and the allied sciences are encouraged to submit protocols for review to the Research Committee of the Endometriosis Association. The registry is funded, in part, through an award from GeorgAnna and Joseph Uihlein, Jr to the Medical College of Wisconsin. However, researchers must be able to financially support the retrieval of data and provide protection of human subject assurances granted through their own academic institutions.

Table 1—*Types and combinations of treatment modalities prescribed for endometriosis as reported by 848 Data Registry respondents*

	Number cases	*Percentage*
Three modalities		
Hormones,* surgery and pregnancy	203	24
Two modalities		
Hormones and surgery	224	26
Hormones and pregnancy	59	7
Surgery and pregnancy	20	2
One modality		
Hormones only	232	27
Surgery only	51	6
Pregnancy only	24	3
Pain medications only and other treatment combinations	35	4
TOTAL	848	99
No treatment prescribed = 8 (0.9%)		

*Hormonal therapies include both male and female

REFERENCES

1. Houston DE: Evidence for the risk of pelvic endometriosis by age, race, and socioeconomic status. *Epid Rev* 1984; 6:167.
2. Kistner RW, Cohen MR, Friedlander RL, et al: Current concepts in endometriosis; an international review. *J Reprod Med* 1977; 19:299.
3. Dmowski WP, Steele RW, Baker GF: Deficient cellular immunity in endometriosis. *Am J Obst Gynec* 1981; 141:377.
4. Dmowski WP, Radwanska E: Current concepts on pathology, histogenesis, and etiology of endometriosis. *Acta Obst Gynec Scand Suppl* 1984; 123:29.
5. Ranney B: Endometriosis: I. Conservative operations. *Am J Obst Gynec* 1970; 107:743.
6. Rock JA, Guzick DS, Sengos C, et al: The conservative surgical treatment of endometriosis: Evaluation of pregnancy success with respect to the extent of disease as categorized using contemporary classification systems. *Fertil Steril* 1981; 35:131. ■

ABSTRACT

Micrographic surgery for satellites and in-transit metastases of malignant melanoma

FREDERIC E MOHS, MD, Chemosurgery Clinic, Department of Surgery, University of Wisconsin Hospital and Clinics, Madison, WI: *J Dermatol Surg Oncol* 1986 (May); 12:471-476.

Satellites and in-transit metastases do not always forebode systemic dissemination of malignant melanoma. Five patients with varying numbers of these lesions were successively treated with the fixed-tissue technique of micrographic surgery. With this method the tissues are subjected to chemical fixation in situ prior to excision in successive layers, the undersurfaces of which are totally scanned microscopically by the systematic use of frozen sections. The process assures eradication of melanomatous foci with minimal risk of further dissemination. It is important that the lesions be detected and removed as early as possible.■

THE BROAD SPECTRUM SOLUTION TO MEDICAL DATA MANAGEMENT

If you're thinking about automating your medical records management, you may be overwhelmed by the range of software packages available today, each purporting to be the solution for medical data control.

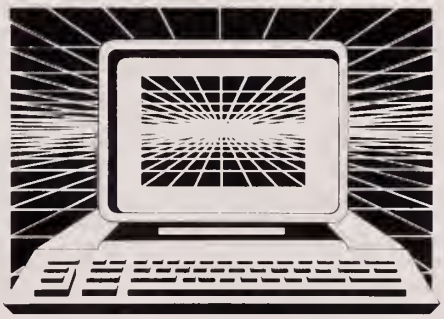
The trouble is, even the most sophisticated package may have nothing to do with the needs of your practice.

This is why Advanced Technology Associates wants you to investigate MDX, the clinical management system that's flexible enough to meet almost any physician's or clinic's needs.

Of course, MDX maintains your patients' medical records accurately, giving you quick and easy access to all the information you need and letting you search for records meeting a full range of specified criteria.

But our software takes you beyond these basics.

MDX allows you to define your own record formats, for example, and change them as your practice evolves.



MDX helps you organize your records in the way that makes sense for your specialty, using time or problem oriented structures, for instance.

When you consider that MDX also lets you automate everything from appointment scheduling to accounting to correspondence, and has the unique distinction of being endorsed by the State Medical Society Services Inc., you'll see why it's clearly the system of choice for you.

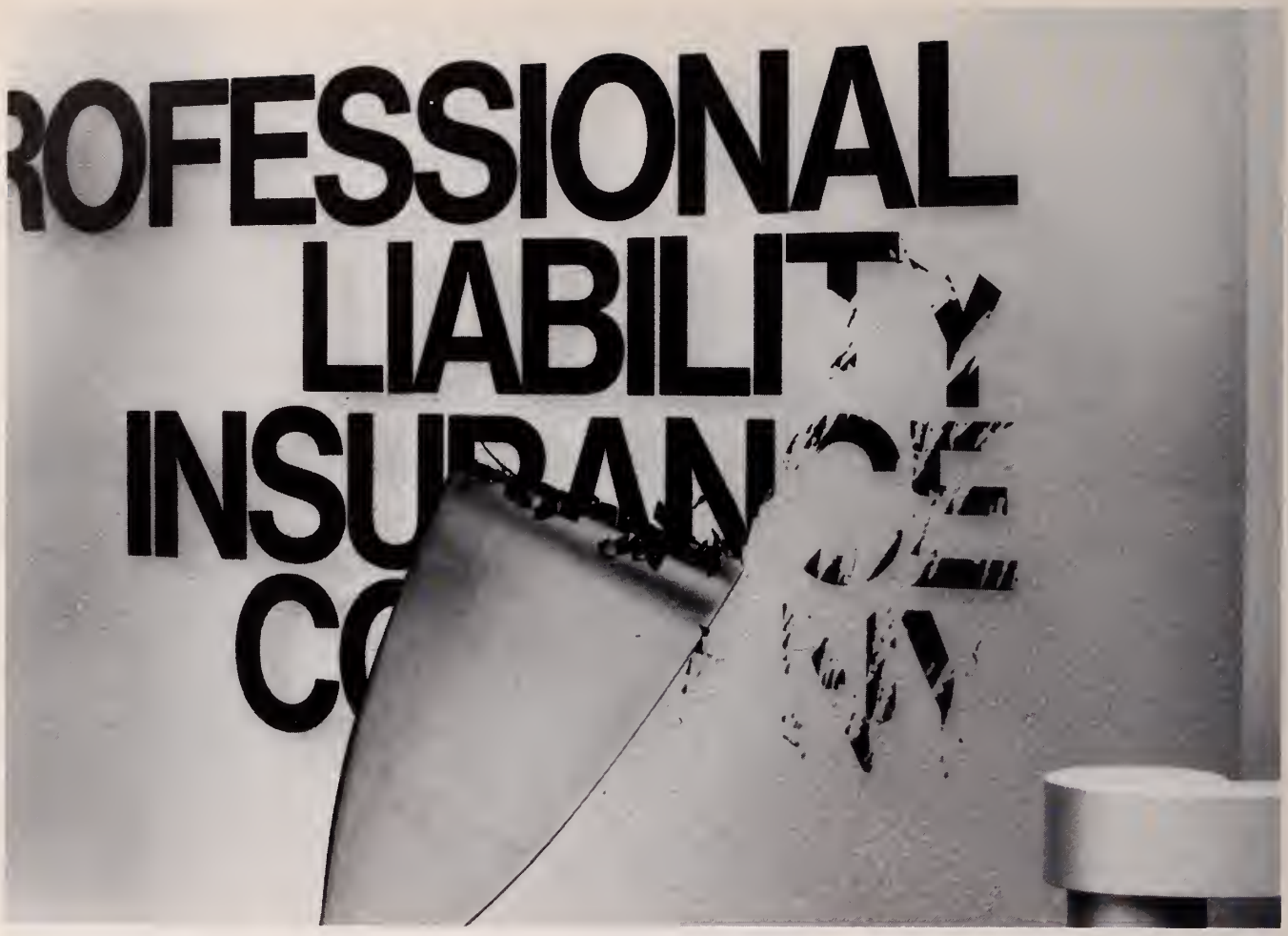
For a *free videotape on MDX, please call us.

*Qualified callers only.

ATA

ADVANCED TECHNOLOGY ASSOCIATES

4710 WEST NORTH AVENUE MILWAUKEE, WI 53208 414/445-4280



In ten years your malpractice carrier may be just a memory.

Unless it's Medical Protective.

As you consider professional liability insurance, consider this. The coverages stated in the policy are basically a promise — a promise to be here when needed regardless of legal climate or economic conditions. A company's ability to keep this promise is critical because your financial security may depend on it. Unfortunately, too many firms are now finding the task impossible.

Analyze your liability insurance options carefully just as you would any important investment. Go beyond the agent and the policy to the company that stands behind both. How long has it been in operation? Has it weathered some of the tough times? Will it be there for you when you need help?

The Medical Protective Company pioneered professional liability coverage before the turn of the century and has served doctors exclusively ever since. Over 500,000 of them. Through good times and bad. We'll be here when you need us.

Contact The Medical Protective Company through one of our general agents. History shows we keep our promises.

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

Jerome E. Kronsnoble, William E. Herte
850 North Elm Grove Road, Elm Grove, WI 53122, (414) 784-3780

CONTROL ACID RAIN

with once-a-night h.s. therapy for active duodenal ulcers

Now, one tablet at bedtime

Controls nocturnal acid to relieve pain and heal duodenal ulcers

Heals active duodenal ulcers after 4 weeks in most patients*[1]

ZANTAC 300 mg h.s.	*270/320*	*84%*
ZANTAC 150 mg b.i.d.	*292/345*	*85%*

In well-controlled, double-blind, multicenter trials, ZANTAC 300 mg h.s. healed active duodenal ulcers in 84% of patients after 4 weeks. After 8 weeks, healing rates may be higher with ZANTAC 150 mg b.i.d. (92%) than with ZANTAC 300 mg h.s. (87%).

Relieves pain and other symptoms as effectively as ZANTAC 150 mg b.i.d.[1]

Zantac® 300

ranitidine HCl/Glaxo 300 mg tablets

Once-daily dosing may enhance compliance in patients for whom dosing convenience is important

Side-effects profile comparable to ZANTAC 150 mg b.i.d.[1-3]

Headache—sometimes severe—has been reported. Rare effects on the CNS, cardiovascular, GI, hepatic, and integumental systems have been observed, as well as rare cases of hypersensitivity reactions. See ADVERSE REACTIONS section of Brief Summary of Product Information before prescribing.

No significant interference with the hepatic cytochrome P-450 enzyme system at recommended doses

ZANTAC 300 mg h.s. had no significant drug interactions with theophylline or warfarin. The bioavailability of certain medications whose absorption is dependent on a low gastric pH may be altered when ZANTAC or other medications which decrease gastric acidity are administered.

*It is not known exactly how much acid inhibition is needed to heal ulcers.

Glaxo / ROCHE

See next page for references and Brief Summary of Product Information.

IN ACTIVE DUODENAL ULCERS

Once-a-night h.s. therapy controls acid rain

Zantac® 300
ranitidine HCl/Glaxo 300 mg tablets

References: 1. Data available on request, Glaxo Inc. **2.** Ireland A, Colin-Jones DG, Gear P, et al: Ranitidine 150 mg twice daily vs 300 mg nightly in treatment of duodenal ulcers. *Lancet* 1984;2:274-275. **3.** Colin-Jones DG, Ireland A, Gear P, et al: Reducing overnight secretion of acid to heal duodenal ulcers. *Am J Med* 1984; 77 (suppl 5B):116-122.

ZANTAC® 150 Tablets
(ranitidine hydrochloride)
ZANTAC® 300 Tablets
(ranitidine hydrochloride)

BRIEF SUMMARY OF PRODUCT INFORMATION

INDICATIONS AND USAGE: ZANTAC® is indicated in:
1. Short-term treatment of active duodenal ulcer. Most patients heal within four weeks. Studies available to date have not assessed the safety of ranitidine in uncomplicated duodenal ulcer for periods of more than eight weeks.
2. Maintenance therapy for duodenal ulcer patients at reduced dosage after healing of acute ulcers. No placebo-controlled comparative studies have been carried out for periods of longer than one year.
3. The treatment of pathological hypersecretory conditions (eg, Zollinger-Ellison syndrome and systemic mastocytosis).
4. Short-term treatment of active, benign gastric ulcer. Most patients heal within six weeks and the usefulness of further treatment has not been demonstrated. Studies available to date have not assessed the safety of ranitidine in uncomplicated, benign gastric ulcer for periods of more than six weeks.
5. Treatment of gastroesophageal reflux disease. Symptomatic relief commonly occurs within one or two weeks after starting therapy. Therapy for longer than six weeks has not been studied.

In active duodenal ulcer; active, benign gastric ulcer; hypersecretory states; and GERD, concomitant antacids should be given as needed for relief of pain.

CONTRAINDICATIONS: ZANTAC® is contraindicated for patients known to have hypersensitivity to the drug.

PRECAUTIONS: General: 1. Symptomatic response to ZANTAC® therapy does not preclude the presence of gastric malignancy.
2. Since ZANTAC is excreted primarily by the kidney, dosage should be adjusted in patients with impaired renal function (see **DOSAGE AND ADMINISTRATION**). Caution should be observed in patients with hepatic dysfunction since ZANTAC is metabolized in the liver.

Laboratory Tests: False-positive tests for urine protein with Multistix® may occur during ZANTAC therapy, and therefore testing with sulfosalicylic acid is recommended.

Drug Interactions: Although ZANTAC has been reported to bind weakly to cytochrome P-450 in vitro, recommended doses of the drug do not inhibit the action of the cytochrome P-450-linked oxygenase enzymes in the liver. However, there have been isolated reports of drug interactions which suggest that ZANTAC may affect the bioavailability of certain drugs by some mechanism as yet unidentified (eg, a pH-dependent effect on absorption or a change in volume of distribution).

Carcinogenesis, Mutagenesis, Impairment of Fertility: There was no indication of tumorigenic or carcinogenic effects in lifespan studies in mice and rats at doses up to 2,000 mg/kg/day.

Ranitidine was not mutagenic in standard bacterial tests (*Salmonella, E coli*) for mutagenicity at concentrations up to the maximum recommended for these assays.

In a dominant lethal assay, a single oral dose of 1,000 mg/kg to male rats was without effect on the outcome of two matings per week for the next nine weeks.

Pregnancy: ***Teratogenic Effects: Pregnancy Category B:*** Reproduction studies have been performed in rats and rabbits at doses up to 160 times the human dose and have revealed no evidence of impaired fertility or harm to the fetus due to ZANTAC. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: ZANTAC is secreted in human milk. Caution should be exercised when ZANTAC is administered to a nursing mother.

Pediatric Use: Safety and effectiveness in children have not been established.

Use in Elderly Patients: Ulcer healing rates in elderly patients (65 to 82 years of age) were no different from those in younger age groups. The incidence rates for adverse events and laboratory abnormalities were also not different from those seen in other age groups.

ADVERSE REACTIONS: The following have been reported as events in clinical trials or in the routine management of patients treated with oral ZANTAC®. The relationship to ZANTAC therapy has been unclear in many cases. Headache, sometimes severe, seems to be related to ZANTAC administration.

Central Nervous System: Rarely, malaise, dizziness, somnolence, insomnia, and vertigo. Rare cases of reversible mental confusion, agitation, depression, and hallucinations have been reported, predominantly in severely ill elderly patients.

Cardiovascular: Rare reports of tachycardia, bradycardia, and premature ventricular beats.

Gastrointestinal: Constipation, diarrhea, nausea/vomiting, and abdominal discomfort/pain.

Hepatic: In normal volunteers, SGPT values were increased to at least twice the pretreatment levels in 6 of 12 subjects receiving 100 mg qid IV for seven days, and in 4 of 24 subjects receiving 50 mg qid IV for five days. With oral administration there have been occasional reports of reversible hepatitis, hepatocellular or hepatocanalicular or mixed, with or without jaundice.

Musculoskeletal: Rare reports of arthralgias.

Hematologic: Rare reports of reversible leukopenia, granulocytopenia, thrombocytopenia, and pancytopenia.

Endocrine: Controlled studies in animals and man have shown no stimulation of any pituitary hormone by ZANTAC and no antiandrogenic activity, and cimetidine-induced gynecomastia and impotence in hypersecretory patients have resolved when ZANTAC has been substituted. However, occasional cases of gynecomastia, impotence, and loss of libido have been reported in male patients receiving ZANTAC, but the incidence did not differ from that in the general population.

Integumental: Rash, including rare cases suggestive of mild erythema multiforme, and, rarely, alopecia.

Other: Rare cases of hypersensitivity reactions (eg, bronchospasm, fever, rash, eosinophilia) and small increases in serum creatinine.

OVERDOSAGE: There is no experience to date with deliberate overdosage. The usual measures to remove unabsorbed material from the gastrointestinal tract, clinical monitoring, and supportive therapy should be employed.

Studies in dogs receiving doses of ZANTAC® in excess of 225 mg/kg/day have shown muscular tremors, vomiting, and rapid respiration. Single oral doses of 1,000 mg/kg in mice and rats were not lethal. Intravenous LD_{50} values in rat and mouse were 83 and 77 mg/kg, respectively.

DOSAGE AND ADMINISTRATION: Dosage Adjustment for Patients with Impaired Renal Function: On the basis of experience with a group of subjects with severely impaired renal function treated with ZANTAC®, the recommended dosage in patients with a creatinine clearance less than 50 ml/min is 150 mg every 24 hours. Should the patient's condition require, the frequency of dosing may be increased to every 12 hours or even further with caution. Hemodialysis reduces the level of circulating ranitidine. Ideally, the dosage schedule should be adjusted so that the timing of a scheduled dose coincides with the end of hemodialysis.

HOW SUPPLIED: ZANTAC® 150 Tablets (ranitidine hydrochloride equivalent to 150 mg of ranitidine) are white tablets embossed with "ZANTAC 150" on one side and "Glaxo" on the other. They are available in bottles of 60 tablets (NOC 0173-0344-42) and unit dose packs of 100 tablets (NOC 0173-0344-47).

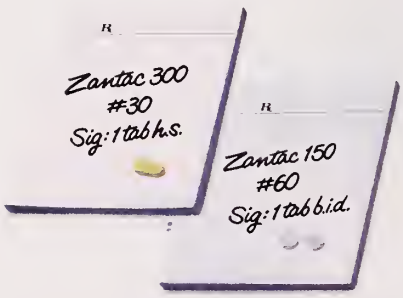
ZANTAC® 300 Tablets (ranitidine hydrochloride equivalent to 300 mg of ranitidine) are yellow, capsule-shaped tablets embossed with "ZANTAC 300" on one side and "Glaxo" on the other. They are available in bottles of 30 (NOC 0173-0393-40) and unit dose packs of 100 tablets (NOC 0173-0393-47).

Store between 15° and 30°C (59° and 86°F) in a dry place. Protect from light. Replace cap securely after each opening.

© Copyright 1983, Glaxo Inc. All rights reserved. June 1986

Glaxo
Glaxo Inc.
Research Triangle Park, NC 27709

Now...two effective regimens to treat active duodenal ulcers



NEWS YOU CAN USE . . .

REMINDER: MAINTAIN YOUR CME RECORDS. Wisconsin physicians must be able to prove that they meet state requirements for continuing medical education. Although the Medical Examining Board does not require every physician to provide specific proof of completing the requirements, the Board does conduct random audits of physicians annually. Those physicians must provide records sufficiently detailed to show that statutory requirements have been met. The process is similar to IRS audits—you must have adequate records or be prepared to pay the penalty. For more information, contact the MEB at 608/266-2811.■

AMA Physician's Recognition Award Recipients

LISTED BELOW are those physicians in Wisconsin who have earned the AMA Physician's Recognition Award in recent months. The State Medical Society of Wisconsin congratulates these physicians who have distinguished themselves and their profession by their commitment to continuing education:

APRIL 1986

*Asplund, Merne W, Bloomer
*Barnett, Barbara Sickler, Middleton
*Barthel, Larry J, Durand
*Bates, Donald E, Fort Atkinson
*Beck, John J, Sturgeon Bay
*Bersalona, Fernando B, Marshfield
Boehm, Frederick J, Stevens Point
*Bond, Jeffrey R, West Allis
Botschner, Monika Karen, King
*Brungard, Karen R, Madison
*Burgfechtel, Robert F, Menomonie
*Caya, James G, Burlington
*Chancey, Robert L, Beloit
*Cochrane, Bruce J, Watertown
*Cromer, Robert W, Antigo
*De Leo, Nicholas C, Milwaukee
*Di Raimondo, Joseph C, Manitowoc
*Drury, Colin J, New Richmond
*Effenhauser, Manfred, Lake Mills
*Fisher, Albert L, La Crosse
*Flood, Robert E, Milwaukee
*Garrity, Michael S, Prairie du Chien
*Grade, John O, Elm Grove
Gray, Leslie H, Clintonville
*Han, Paul Zung-Ying
*Hansell, Charles E, Columbus
*Hanson, Allen S, St Croix Falls
*Harms, Ronald L, Shawano
*Heise, Lawrence F, Clintonville
*Holden, Richard C, Watertown
*Hughes, Jack L, Wauwatosa
*Imse, David P, Hartland
*Jacobson, Lewis L, Eagle River
*Janowiak, James S, Merrill
Jansen, Steven R, Madison
*Johnson, Donald D, Stevens Point
*Keller, Robert A, Sheboygan
*Klemm, Frederick A, Wausau
*Lagus, Arne T, St Croix Falls
*Leering, Hendrik, Lake Mills
*Lewis, James M, Baraboo
*Lingen, Thomas A, Cumberland
*Longstreth, Charles R, Ashland
*Marsho, Patrick R, Sheboygan
*Martin, John E, Delavan
*Martinetti, Dominic J, Hurley
*Mc Cullough, John P, Fond du Lac
*Mc Donald, Donald H, Winneconne
*Mc Kichan, John M, Platteville
*Medina, Jeanne M, Milwaukee
*Melski, John W, Marshfield
*Miller, John J, Milwaukee
Moede, James G, Reedsburg
*Mueller, Carol E, Boscobel
*Pakalns, Ruta M, Milwaukee
*Paulsen, Frederic L, Marshfield
*Pelton, Russell S, Ripon
*Peterson, Robert L, Waupaca
*Purtell, Robert F, Milwaukee
*Quandt, Courtney E, Jefferson
*Rammer, Martin A, Sheboygan
*Rankin, James J, Brookfield
*Rizzo, Michael J, Kenosha
*Rose, William R, Milwaukee
*Sanfelippo, Anthony J, Milwaukee
*Scheuermann, Nyal M, Oshkosh
Schwartz, Herschel M, South Milwaukee
*Sharon, Mark W, Plymouth
*Smigielski, Kenneth M, Milwaukee
*Sorensen, Richard F, West Bend
*Starr, Robert A, Viroqua
*Tumerman, Marc D, Sun Prairie
*Turke, Terry L, Watertown
*Van Pernis, Paul, Ashland
*Vrabec, Andrew P, Beaver Dam
Walsh, Le Roy G, Madison
*Western, Dennis W, Wausau
*Wex, Thomas E, Marshfield
Whetstone, Oliver H, Kenosha
*Woeste, David M, River Falls
*Woods, William C, Delavan

**Members of the State Medical Society of Wisconsin*

MAY 1986

Angevine, James M, Madison
*Babb, John L, Beloit
*Benerjee, Tarit K, Marshfield
Barton, Michael, Janesville
*Brodkey, Frank D, Janesville
*Bruckman, James E, Milwaukee
Deubler, David J, Sheboygan
*Friedenberg, William R, Marshfield
*Gavinski, Mary P, Milwaukee
*Gill, Lawrence A, West Bend
*Goetsch, Frederick H, Spooner
Harkins, Charles J, Wauwatosa
*Heck, James A, Kenosha
Inahara, Gerald T, Wauwatosa
*Janssen, Martin L, Friendship
*Jeffries, Donald A, Shawano
*Johnson, Sidney E, Marshfield
*Keller, Kent E, La Crosse
*Keppel, Christina C, Milwaukee
*Leh, Patrick S S, Green Bay
*Lewan, Richard B, Waukesha
*Mc Millen, Milton R, La Crosse
*Newman, Julian J, Racine
*Nickerson, Harlan J, Marshfield
*Novak, Dorothy A, Butternut
*Schaefer, Richard M, Waukesha
*Shepler, Neil A, Kenosha
*Straub, Robert H, Fox Point
Tucker, Alex S, Milwaukee
*Tydrich, James J, Richland Center
Weinshel, Steven S, Milwaukee
Wisniewski, Peter P, Milwaukee■

Physicians are encouraged to submit brief essays on any subject that reflects an in-depth perspective. Essays will be subject to the usual approval by the Editorial Board.

Mary's breasts

David L Schiedermayer, MD
Milwaukee, Wisconsin

WE DREAMT of Mary. To be sure, they were ghoulish dreams; dismembered, shriveled parts, coming at us in all directions, with identification pins on them and instructors barking out "Name the five sections of this. What does this supply? Without this nerve, what couldn't you do?"

But we loved Mary all the same. She was our first contact, our first real patient. At that time she was, in fact, the only patient on whom we were competent to practice medicine.

I can never express my gratitude to Mary, nor can any of my fellow medical students, for she was our cadaver. We never heard a complaint from her, we never took her history, but we began to know more about her than I will every know about any human being. We knew her inside and out.

Ours was an old room, an ancient medical school, with 20 long steel tables, empty, galvanized, waiting. The cadavers were stored one on top of the other on long trays. Unlike some medical schools, we did not keep our cadavers immersed in a tank; each one had its own private table. In order to preserve them, we were careful to put fresh formaldehyde mixture on and cover them tightly with plastic after each dissection.

They were all quite heavy, some more than others. Our own Mary was small and slight, weighing no more than 90 pounds, but still she was heavy in our arms. It took four of us to carry her over to the dissecting table, and on some days she felt very heavy indeed.

Doctor Schiedermayer, formerly Assistant Professor, Dept of Medicine, Medical College of Wisconsin, Milwaukee, and currently Visiting Scholar and Fellow, Center for Clinical Medical Ethics, The University of Chicago, 5841 S Maryland Ave, BH Box 72, Chicago, IL 60637 (phone: 312/962-1453). Copyright 1986 by the State Medical Society of Wisconsin.

Let me dissect out a little bit more of the story of Mary. As all good medical students do, we tried to determine what caused Mary's death. I remember the table next to ours had a massive man whose coronaries had proved to be occluded and whose heart showed signs of a large myocardial infarction. At another table the woman had died of some type of cancer which had spread throughout her abdomen. Another cadaver had brain cancer; and when the saw lifted the tables of the skull apart, the large flesh colored tumor was revealed in all its malignancy. But Mary's death remained an enigma to us. It did appear that she had died in old age; but age in a cadaver is only relative, for the skin of a cadaver cannot show youth or age.

It was a tribute to our persistence that we even found out her name. Mary was her first name, and specific privacy requirements made it mandatory that no cadaver's identification was to be revealed. However, by mistake, her hospital name tag had been left on. Even this did not help us much, for her name was Sister Mary, with a last name so common as to make her still virtually anonymous.

Mary got underneath our fingernails. We carried her everywhere with us. She smelled like our hair, our clothes smelled like her. From her we learned how the liver felt covered with its smooth Glisson's capsule; how the heart and lungs sat upon the diaphragm; the mysterious structures of the mediastinum, covered by layer upon layer of fascia; the convolutions of the human brain. And we learned about breasts. Breasts really have an image problem in our society: they are considered to be something of sexual interest. We learned from Mary that that's not what they're all about.

The breast, as one old professor said as he prodded Mary's, is a modified sweat gland. Mary's were very small, shrunken by the fixative. The fat tissue which forms their contours was congealed by the fixative and her nipples were discolored and gray. They were the very first tissue that we dissected, the entry point to her body. Cutting through the skin, we noted the fiber-like bands called Cooper's ligaments which provided the framework for the breast. Inside we found glandular structures, atrophied, never used. Deeper down, we found the node system with its connecting lymphatics and nodes extending up into the armpits, and down below the breastbone. These were the node regions to which breast cancers would spread, and each of us would see many women with breast cancer spread in exactly these same regions.

I dissected down through the breast to the layers of the muscles underneath, the pectoralis major, and the pectoralis minor. From here the ribs were accessible, and I became aware of the extensive surgery that women had to undergo in order to have a radical or even modified radical mastectomy.

Then we dissected on into the axilla, looking at the plexus of nerves there and going through into the thorax and dissecting the major organs there.

All in all, Mary's breasts were the most important ones I have ever examined. They forever removed the taboo of dissection of the human body for me, and I would never look again at women's breasts without thinking of Mary's. And as for Mary—I doubt that any man had ever felt her breasts before, except for doctors. We could do her no harm, and she did us much good; she would have been proud.

At the end of the semester, we were supposed to put what was left of Mary into a cadaver disposal container. I was told that they would all be cremated. It wouldn't have mattered to Mary, for she had already left her body and was elsewhere. But to me, still so earthbound, it did make a difference. I gathered up all the parts of her that I could find, and kept them all in one part of the container. Turning over one small glob of fat on the table, I noticed it was a breast. I looked for the other one as well.

Finding it, I eased them into the vat. I couldn't imagine Mary without her breasts, hid modestly beneath her nun's habit. I realized then that even the medical experience of dissection had not removed the imprint of the female form from my memory, for I could see Mary, the young virgin, keeping herself only to God—her tiny breasts demure and white as two little lambs.

They floated, though, on top of the water and formaldehyde mix as fat always does. I turned away.■

SMS Toll-free
number in Wisconsin
1-800-362-9080

Chemotherapy before surgery may be deleterious

Induction chemotherapy (treatment before surgery) may have a potential for deleterious effects, according to a study by Jacquelynne P. Corey, MD, and colleagues from Rush Medical College in Chicago that appears in the April *Archives of Otolaryngology—Head & Neck Surgery.* The researchers evaluated postoperative complications in 42 patients with head and neck cancer, 23 of whom received preoperative chemotherapy and 19 of whom went untreated before surgery. "Sixteen of the 23 patients receiving preoperative chemotherapy had postoperative complications, whereas only eight of 19 patients not receiving chemotherapy had postoperative complications," the researchers report. Complications included wound infections and flap necrosis. Induction chemotherapy was considered useful because tumor vascularization is better before surgery and because patient immunologic and nutritional status is superior. Corey now is at the West Virginia Medical Center in Morgantown.■

MediMac™

Because the business of medicine is as important as the practice of medicine.

The more efficiently you manage the business end of your practice, the more time and energy you have for patient care. Fortunately, the easiest way to put your business in order is also the best... MediMac.

- An incredibly easy-to-use system utilizing all the power of the amazing Macintosh™ from Apple Computer.
- Provides complete billing and insurance processing, recordkeeping and practice management.
- Integrates with other quality programs such as Microsoft Word™, File™ and Excel™ to give you powerful word processing, database and graphics capabilities.
- Can be mastered in hours, not days or weeks.
- All these features and more provide increased productivity and efficiency... and save you money in the process.

MediMac...the easy way to efficient practice management.

For more information call Kathleen...
1-800-422-6227

Macintosh is a trademark licensed to Apple Computer, Inc
MediMac is a trademark of HealthCare Communications
Word, File and Excel are trademarks of Microsoft Corporation

HealthCare Communications ■ 245 South 84th Street – Suite 301 ■ Lincoln, NE 68510

ADVERTISEMENT

PrimeCare Becomes First For-Doctors / For-Profit Health Plan in Milwaukee

Wauwatosa, Wis. — PrimeCare Health Plan is Southeastern Wisconsin's first For-Doctors For-Profit Health Plan.

PrimeCare recently became affiliated with Heritage Health Systems. Heritage Health Systems is a multi-state health care group operating HMOs in South Florida and Philadelphia. The state Office of the Commissioner of Insurance, which regulates HMOs in Wisconsin, gave approval to Heritage to convert PrimeCare from non-profit to for-profit status in early June.

The New PrimeCare Logo

PrimeCare, like the other HMOs in the Heritage network, is a plan begun by physicians and is the only physician sponsored HMO in the Milwaukee area. The PrimeCare charter incorporates the dual intention of keeping the doctor/patient relationship intact and maintaining individual freedom in the medical decision making process, while dedicating management expertise to the goal of reducing medical costs.

PrimeCare has long been noted for its success in offering a unique variety of health plans to groups with from one to an unlimited number of employees. No other health insurance carrier in the area provides such a wide range of HMO options and customized benefit plans.

Peter J. Mersberger, Vice-President of Sales at PrimeCare since 1983, said that "the Heritage affiliation gives PrimeCare increased access to innovative approaches to solving health care problems and will allow us to draw on the experience of other HMOs in other areas." John M. McGinnis, PrimeCare's new Executive Vice President of Marketing noted that "with the expanded resources of the Heritage management, PrimeCare expects to be even better able to provide area employers and consumers with the insurance products they are asking for: comprehensive medical benefits that preserve high quality, compassionate health care at moderate cost."

Michael J. Connelly, Chairman and CEO of PrimeCare explained that PrimeCare's commitment to consumer satisfaction will continue. "I believe we have the most dedicated, knowledgeable and professional staff of any HMO in this area, and our service record shows it." PrimeCare also plans to expand its special programs and community relations activities in the future.

Connelly also expressed PrimeCare's gratitude to its current subscribers — nearly 32,000 in the health plan's nine-county service area. "We'd like our members to know how much we appreciate their confidence and support and we welcome them to the Heritage Health System."

PrimeCare • 1233 N. Mayfair Road • Milwaukee, WI 53226 • 453-9070 • 1-800-242-9070

Heritage Health Plan of Wisconsin, Inc.

SMS to help shape future of graduate medical education

SMS is organizing a plan to review and comment upon the final report of a state group studying the status of graduate medical education in Wisconsin. Graduate medical education (GME) has been the subject of concern at the state and federal levels during the past few years as training costs and medical school enrollment have escalated, as programs in some specialties have lengthened, and as teaching and nonteaching hospitals compete for a declining patient population ever more price-conscious.

With funding provided in the 1985–87 biennial budget, the Wisconsin Department of Health and Social Services has contracted with the consulting firm of Lewin and Associates to study Wisconsin's interest in the GME issue. The GME Review Group, currently studying the issue, is expected to report to the Legislature on this issue, complete with SMS recommendations, by December 1, 1986.

Edwin L Overholt, MD, La Crosse, is chairman of the SMS Committee on Continuing Medical Education and is representing the Society on the Review Group.

Issues the GME Review Group may be addressing, include:

- How many future physicians should the state educate? Is there a sufficient number of primary care physicians to meet the desired scope of services that should be available? Should the state intervene in supply issues or allow market forces to determine numbers and distribution?
- Should there be sufficient graduate medical education positions to accommodate the graduates of Wisconsin medical schools?
- Are Wisconsin physicians being trained to practice in the delivery systems that may be pervasive in healthcare in the future, such as HMOs, group practices, etc?
- Should incentives be developed to encourage undergraduate and graduate students to enter certain specialties or practice in underserved geographic areas? Should the state consider incentives such as scholarships tied to specialty training and geographic location or loan subsidies and loan forgiveness programs?
- What should be state policy toward foreign medical school graduates (FMGs) and US FMGs regarding residency positions?
- Should the continuum of undergraduate and graduate medical education be consolidated at the universities, making these universities responsible for all undergraduate and graduate medical education programs?
- How should undergraduate and graduate medical education be financed in view of changes in federal and third-party payments? What is the state role in financing medical education?■

New UPDATE issued on medical liability law

SMS members recently were sent an UPDATE paper explaining and analyzing Wisconsin's new law on medical liability. 1985 Wisconsin Act 340, signed into law June 12 by Governor Anthony Earl, enacts many profound changes in the state's response to skyrocketing medical malpractice insurance premiums. *continued next page*

SMS focus remains on medical liability

THE TASK FORCE ON MEDICAL LIABILITY, having spearheaded the Society's efforts in the passage of the medical liability reform law (1985 Wisconsin Act 340) earlier this year, is now monitoring implementation of the new law and is developing additional tort reform proposals for the 1987–88 session of the Wisconsin Legislature which convenes in January. The above photo, taken at a meeting earlier this year, shows some of the Task Force members: (back row, left to right) C Robert Jackson, MD, Madison; John M Keggi, medical student, UW-Madison; W Stuart Sykes, BM, Madison; (front row, left to right) Sidney E Johnson, MD, Marshfield; William J Listwan, MD, West Bend, chairman; Edward Zupanc, MD, Monroe; and Mrs Daniel (Ann) Shea, DePere, Auxiliary. Other members of the Task Force on Medical Liability are: Jerome W Fons Jr, MD, Cudahy; Thomas M Kidder, MD, Milwaukee; Frederick C Kriss, MD, Madison; Walter D Moritz, MD, Fort Atkinson; Michael C Reineck, MD, West Bend; Richard G Roberts, MD, Darlington; Paul H Steingraeber, MD, La Crosse; William L Treacy, MD, Milwaukee; Kenneth M Viste Jr, MD, Oshkosh; Timothy T Flaherty, MD, Neenah; Paul S Fox, MD, Waukesha; Lucille B Glicklich, MD, Milwaukee; Matthew A Meyer, MD, Brookfield; John P Mullooly, MD, Milwaukee; Eugene J Nordby, MD, Madison; John K Scott, MD, Madison. ■

IT PAYS TO BE A MEMBER

SMS Services, Inc.

SMS SERVICES, INC. in cooperation with

Reinhart, Boerner, Van Deuren, Norris & Rieselbach, S.C., Attorneys at Law

presents

PERSONAL FINANCIAL PLANNING

A seminar for physicians and their spouses

Wednesday, October 8, 1986
MILWAUKEE MARRIOTT, Brookfield Wisconsin

The program will include topics such as:

Maximizing After Tax Income
Analysis of Real Estate Investments and Investor Protections
Qualified Retirement Plans
Structure of Professional Practice
Financial And Estate Planning After 1984 Legislation

This all day seminar also includes lunch and opportunity for one-on-one discussion with the highly qualified faculty. We have received only rave reviews of this seminar in past years and hope you will mark your calendar now for this interesting and worthwhile seminar. Information will be sent to the SMS membership along with registration forms. Please watch for it!

P.O. BOX 1109, MADISON, WI 53701 • PHONE 608/257-6781 OR TOLL-FREE 1-800-362-9080

continued from preceding page

This latest UPDATE issue, the fifth such paper prepared by SMS to offer members indepth analyses of current issues, highlights areas of major change in the new law, including caps on awards, structured payments for awards, attorneys' contingency fees, the process for hearing malpractice claims, physician discipline and peer review, and Patients Compensation Fund operations and fee assessments.

Prepared by Rick Reas, director of the SMS Division of Medical Policy and Practice, and Terry Hottenroth, director of the SMS Division of Public Affairs, the paper offers answers to many physicians' questions concerning the impact of the new law.

The June BLUE BOOK issue of the *Wisconsin Medical Journal* also contained a summary of the new law.■

SMS officer positions open for nomination

The positions of SMS president-elect, speaker of the House of Delegates, treasurer, three delegates, and three alternate delegates to the AMA are open for nomination.

The SMS House of Delegates' Nominating Committee (listed on page 158 of the June BLUE BOOK issue) will meet at 3:45 pm Saturday, October 18, at the Midway Motor Lodge in Brookfield to consider nominees.

The names of nominees and brief biographical sketches should be submitted to the chairman, Rolf S Lulloff, MD of Green Bay, c/o House Nominating Committee, State Medical Society of Wisconsin, PO Box 1109, Madison, Wis 53701.■

Seminar offered on personal financial planning

SMS Services, Inc recently sent members information and registration materials for its 1986 Personal Financial Planning Seminar for physicians and their spouses.

The seminar, offered in cooperation with Reinhart, Boerner, Van Deuren, Norris & Rieselbach, SC, attorneys, will be held Wednesday, October 8, at the Milwaukee Marriott, Brookfield.

This may be the most important seminar SMS Services has ever sponsored on personal financial planning, LeRoy A Johnson, executive vice president of SMS Services, stated.

Attorneys will be available to answer participants' questions about the 1986 Tax Reform Act which is expected to pass before the end of the year.

This popular one-day seminar includes lunch and the opportunity for one-on-one discussion with highly qualified faculty members, Mr Johnson added.■

Physicians needed for Mediation Panels

Physicians in every specialty from all areas of the state are needed to serve on the new Medical Mediations Panels. The recently-passed medical malpractice reform bill requires litigants to participate in nonbinding mediation.

The mediation will be conducted by panels consisting of one physician, one attorney, and one public member. Panelists will receive compensation of $150 per mediation session. Each session is expected to take one to two hours, and physicians can choose the number of cases they would like to mediate. Physicians interested in serving as mediators should contact the Medical Mediation Panels at (608) 266-7711.■

County Societies

DODGE: Members of the Dodge County Medical Society heard John P Mullooly, MD, Wauwatosa (above, left), president of the State Medical Society of Wisconsin, speak regarding the malpractice problems and liability insurance at their monthly meeting held in April. Also present were Daniel L Erickson, MD, Horicon (center), president of the Dodge County Medical Society, and John K Scott, MD, Madison (right), immediate past president of the State Medical Society. (Photo courtesy of BEAVER DAM CITIZEN)

RUSK: The Rusk County Medical Society will meet Thursday, September 11, at Club 8 Supper Club. Dr Henry Smith, nephrologist from the University of Minnesota, will speak on "ACE Inhibitors." Mr Gene Steidinger, an assistant professor of business at Mt Scenario College, Ladysmith, will speak on "Stocks, Bonds, and the 'Wall Street Journal.' "■

Pace-setting SMS legislation receives national exposure

A state legal system which forces the mentally ill to become dangerous before they qualify for treatment unintentionally promotes a form of cruelty, Darold A Treffert, MD, SMS Board of Directors chairman, believes. Doctor Treffert, executive director of the Fond du Lac County Health Care Center, appeared July 8 on ABC's "Nightline" news program examining deinstitutionalization of the mentally ill.

Representing SMS, Doctor Treffert described Wisconsin's bellwether efforts to enact a "fifth standard" law which allows the state to humanely intervene before the mentally ill deteriorate to the point of becoming dangerous to themselves or others. The proposed law, largely the result of a partnership forged between the physicians and families of the mentally ill, died in legislative committee this year, but may be introduced by SMS again in January.

Enforcement of the law could possibly have prevented several instances of violence committed by severely ill persons in Wisconsin this year, Doctor Treffert, a leading advocate of the proposed legislation, said. Although the SMS bill had 42 cosponsors, civil libertarians managed to quash it. A special committee of Wisconsin's Legislative Council is studying several mental health issues, including involuntary civil commitment, and may introduce legislation of its own in 1987. Some states, however, notably Kansas and Washington, have moved ahead of Wisconsin in enacting their own laws to protect the obviously mentally ill before they become dangerous, Doctor Treffert added.

Present law in Wisconsin, as in most states, sets three general standards for civil commitment: danger to self, danger to others, and gravely disabled. In addition, Wisconsin has a fourth standard that establishes another definition of "gravely disabled." A gap in the law prevents mentally ill people from being involuntarily committed for treatment until they actually commit a crime or present a clear threat to themselves or others. The proposed law would correct that gap by establishing a new commitment standard in addition to dangerousness for severely ill patients unable to make an informed decision about treatment.■

SMS criticizes "standards" for perinatal care

SMS has strenuously objected to a document from the Wisconsin Department of Health and Social Services purporting to identify "a minimum level of maternal and child health services which should be available to all citizens." The Department's Division of Health has agreed, as a result of SMS objections, to change the name of the document from "Standards and Guidelines for Perinatal Care," to "Guidelines for Perinatal Care," but has maintained the integrity of the report concerning other SMS protests.

SMS said the document insults the medical and nursing professions and reads like "comic book versions of literary classics . . . poor parodies of the real item." The DHSS has replied that the document is patient-focused but also "provides direction and guidance" to all healthcare providers, including physicians, nutritionists, and social workers.

The Department also said that only 4 of 19 physicians submitting written comments have complained about the document's usefulness. "The preponderance of positive feedback . . . accurately reflects the opinion of most healthcare providers throughout the state" about the document, state policymakers said. SMS contends, however, that the dearth of physician comment is due to the fact that few physicians are members of the committee which developed the guidelines. The document "represents a shunning of participation in a poorly-conceived and badly-executed effort," SMS said.

The Society will continue to monitor development of the guidelines and seek greater physician participation in this matter.■

Changes in WIPRO contract affect physicians

Changes in preadmission review and quality screen review are two areas in which physicians will be most affected, under the Wisconsin Peer Review Organization's (WIPRO) new contract. The federal Health Care Financing Administration (HCFA) recently renewed its two-year contract with WIPRO for review of Medicare and Medicaid cases in Wisconsin hospitals. The $6.2 million contract for 1986-88 represents a 13% decrease from the amount of the 1984-86 contract.

Major changes affecting Wisconsin physicians in this contract, which became effective July 1, include:

- A substantial reduction in the types of cases requiring preadmission review. Cases which will require preadmission review are:
  1. All admissions proposed for elective permanent cardiac pacemaker implantation and reimplantation procedures (includes

continued next page

continued from preceding page

insertion of generator packs, electrodes, or leads).*

2. All admissions proposed for elective cataract extraction.*
3. All admissions proposed for elective coronary artery bypass graft surgery.*
4. All admissions proposed for elective cholecystectomy.*
5. All admissions proposed for elective ligation and stripping of varicose veins of the lower limb.*

*In limited circumstances, review may occur postadmission but preprocedure.

Review for these admissions will include evaluation of the medical necessity of both the hospital admission and, beginning August 15, the performance of the procedure.

• Requiring full, instead of partial, medical records of every case selected for review. HCFA has developed a generic quality screen review for all reviews performed after July 1, 1986. WIPRO will profile cases that fail generic screens by the individual screen failed, hospital, physician, and DRG.

Some physicians have already encountered serious problems with WIPRO's new screening and sanction process. As a consequence, they have appealed not only to WIPRO but to the State Medical Society. SMS President John P Mullooly, MD, Milwaukee, and SMS Mediation and Peer Review Commission Chairman Charles S Geiger, MD, West Bend, are meeting with WIPRO officials to try to remedy issues of review and due process. SMS members who have similar concerns are urged to immediately contact SMS headquarters, 1-800-362-9080 or 608-257-6781.

All Wisconsin hospitals have been mailed a PRO Notice describing the 1986–88 Medicare contract requirements. For more information, contact WIPRO at its new central office, 2001 West Beltline Highway, Madison, WI 53713, or call 608/274-1940.■

SMS Toll-free
number in Wisconsin
1-800-362-9080

Persons interested in the Impaired Physician Program may call 608/257-6781 or toll-free in Wisconsin: 1-800-362-9080 and explain their concern to Mr John LaBissoniere or Mr H B Maroney of the State Medical Society staff. The caller's identity will be kept in complete confidence.

ANNOUNCING

A combined effort to improve the quality of life.

Qualified, competent orthotists and prosthetists have been the trademark of Acme Laboratories since its beginning in 1950. Now, with the acquisition by Acme of one of the most respected and oldest names in the business, the House of Bidwell, the trademark has only been strengthened.

Professional patient care, human understanding, custom orthoses or prostheses, high standards, quality service. We also accept all insurance, including Medicare and Medicaid.

Acme Laboratories, and now the House of Bidwell – where quality of life is our main concern.

Acme Laboratories, Inc. | House of Bidwell

IMPROVING THE QUALITY OF LIFE

Acme Laboratories, Inc Main Office
10702 W Burleigh St
Milwaukee, WI 53222
(414)259-1090

Acme Laboratories, Inc.
525 E Division St
Fond du Lac, WI 54935
(414) 923-6676

House of Bidwell, Inc.
7954 W Harwood Ave
Milwaukee, WI 53213
(414)774-6250

Green Bay Orthopedic Division of Acme
428 S Adams St
Green Bay, WI 54301
(414)435-1461

Madison Prosthetic-Orthotic Division of Acme
7817 Mineral Point Road
Madison, WI 53717
(608)833-9660

DHSS Report: Infant deaths down, teenage suicides up

The infant mortality rate in Wisconsin, a sensitive indicator of health in the state, declined from 14.9 deaths per 1,000 live births in 1972 to 9.9 in 1984. Much of the decline, however, occurred among infants born to women age 30 and above, while virtually no decline in infant mortality occurred among mothers 19 years or younger.

These trends in maternal and child health statistics are documented in a report released last month by the Wisconsin Department of Health and Social Services. The declining infant mortality rate reached a low in 1982 of 9.4 deaths per 1,000 live births and has increased during the past two years. The decline was steady for white babies, but erratic among black babies.

Other trends identified in the report include:

- a four-fold increase in the percentage of live births by Cesarean section during the past 16 years, from 4.1% in 1968 to 16.9% in 1984.
- an increase in the percentage of live births to mothers who began prenatal care during the first trimester of pregnancy—from 73.5% in 1968 to 83.8% in 1984. However, the proportion who had no prenatal care remained fairly stable, fluctuating between 0.2 to 1.2%.
- since 1968, a decrease in the proportion of babies with low birth weight (2,500 grams or less) among white babies, but stabilization among black babies in all birth weight groups.
- a four-fold increase in fertility rates for unmarried women, from 5.9 births per 1,000 unmarried women in 1950 to 21.3 births in 1980. Although rates for women age 20 and older declined from 1970–1980, a large increase occurred in the 15–19 age group.
- a staggering leap in deaths among 10 to 19 year olds due to suicide. The number of deaths per 100,000 estimated population jumped from 1.6 in 1968 to 7.6 in 1984. For all of these years, three to eight times more males than females committed suicide.

For more information about the Trends in Maternal and Child Health Statistics Report, contact the Center for Health Statistics at DHSS, 608/266-7213.■

NEWS HIGHLIGHTS

*Physician members of the State Medical Society of Wisconsin

Two of Madison's oldest health service providers to merge

The boards of Methodist Health Services, Inc, and General Health Services, Inc, and the boards of Methodist Hospital and Madison General Hospital in July agreed to merge at both the parent and hospital levels. The exact legal structure will be determined in the next few months, pending further legal and financial study.

The new parent corporation will consist of four major operating divisions including hospital services, senior services, diversified enterprises and foundations. Gordon N Johnsen, chief executive officer of General Health Services, will serve as the chairman of the new parent organization's board. William E Johnson Jr, president of Methodist Health Services, will be the president and chief executive officer of the new organization. Terri L Potter, president of Madison General Hospital, will be the chief operating officer of the new organization and president of the Hospital Services Division.

In the next five months, a task force, comprised of individuals from both organizations, will develop implementation guidelines for integrating the two organizations. Legal consolidation of the two organizations is scheduled for January 1, 1987. A new corporate name and logo for the organization will be chosen by the first of the year.

The new parent organization, with its complement of subsidiaries, will have revenues in excess of $100 million, will be one of the largest employers in Dane County, and will have a core medical staff of over 400 physicians, it has been reported.■

Group Health Cooperative of South Central Wisconsin, Inc, Madison, recently was notified that it had been awarded the certificate of accreditation by the Accreditation Association for Ambulatory Health Care (AAAHC). The award means that Group Health Cooperative meets or exceeds the standards for quality of healthcare set by the Chicago-based national accrediting organization.

The American Hospital Association's House of Delegates elected Eugene W Arnett as chairman-elect during its convention in Toronto, Canada, in early August. Mr Arnett, president of Memorial Hospital of Taylor County, Inc, a 164-bed rural hospital and nursing home in Medford, will become chairman in 1988.■

Valerius V Quandt, MD,* Hartford, has retired from his medical practice of 38 years. He graduated from the University of Wisconsin Medical School, Madison, and served in the United States Army Medical Corps from 1945–1948 when he opened his medical practice in Hartford. He had served as health officer for the city of Hartford and as an FAA examiner, and a senior examiner. Doctor Quandt plans to devote his retirement time to heading up the volunteer group for the Hartford Heritage Collections, an automotive-industrial museum in Hartford.

John W Chandler, MD

John M Nelson, MD

John M Nelson, MD, former medical director at Madison General Hospital, Madison, recently was named director of Medical and Educational Affairs at the Washington Hospital Center, DC. He graduated from Western Reserve Medical School and served his internship at Cleveland Metropolitan Hospital and his residency at the University of Washington. Doctor Nelson's background in clinical research and health systems management uniquely qualifies him to oversee the clinical and educational programs for the Washington area's largest hospital.

John W Chandler, MD, Madison, has been appointed chairman of the Department of Ophthalmology at the University of Wisconsin Medical School, Madison. Doctor Chandler graduated from the University of Wisconsin Medical School, Madison, and completed an internship and residency at the University of Washington School of Medicine, Seattle. He also served as a corneal fellow at the University of Florida College of Medicine. Since 1973, Doctor Chandler had served on the faculty of the ophthalmology department at the University of Washington School of Medicine and was director of the Ophthalmic Research Laboratory and Eye Institute at Swedish Hospital Medical Center, Seattle. He succeeds Matthew D Davis, MD,* who had been chairman of the department for 26 years. Doctor Davis left the position to spend more time conducting research.

Brian W Fox, MD, Racine, recently became associated with the Racine Medical Clinic in the Department of Obstetrics/Gynecology. He is a graduate from Wayne State University School of Medicine and completed his internship and residency at Blodgett Memorial Medical Center, Grand Rapids, MI.

Steven G Umhoefer, MD, Manitowoc, recently joined the emergency services staff of Holy Family Medical Center in Manitowoc. Doctor Umhoefer graduated from the University of Wisconsin Medical School, Madison, and served his residency in family practice at the Appleton Medical Center. Doctor Umhoefer joined MDs Thomas J Moskalewicz and Thomas J Firestone.

Jessica M Ambelang, MD and **Thomas M Ambelang, MD,*** have joined the medical staff of the Sheboygan Clinic. Doctor Jessica Ambelang graduated from the University of Wisconsin Medical School and served her internship and residency in obstetrics and gynecology at St John's Mercy Medical Center, St Louis, MO. She previously had practiced in Viroqua. Doctor Thomas Ambelang graduated from the University of Wisconsin Medical School, Madison, and had served his internship in St Louis, MO, and his residency was completed at the University of Missouri Truman Medical Centers in Kansas. He formerly was city health officer for Viroqua.

John C Chatel, MD, Sparta, has joined the medical staff at the Tomah Veterans Administration Medical Center. A graduate from Creighton University Medical School, Omaha, NB, Doctor Chatel served his internship at George Washington University Hospital and his residency in psychiatry at George Washington and St Elizabeth's hospitals, both in Washington, DC.

Thomas F Tuttle, MD, Thorp, recently joined Kenneth Carrell, DO at Marshfield Clinic-Stanley Center. Doctor Tuttle graduated from Wayne State University School of Medicine, Detroit, MI, and served his residency at William Beaumont Hospital, Royal Oak, MI. Prior to joining the Clinic, he was medical director and clinician for the Troy Office of Group Health Plan of Southeast Michigan.

Richard Minton, MD,* an internist with the Kurten Medical Group in Racine, has joined Modine Manufacturing Company as a medical consultant and physician in the Occupational Health Department. He is a graduate from Marquette Medical School and had been associated with the Kurten Medical Group since 1954.

Herbert F Sandmire, MD,* Green Bay, received the first "Annual Clinical Teaching Award," presented by the graduating Family Practice Resident Physicians at the University of Wisconsin Medical Center. The award is made in recognition of valuable contributions to the education of resident physicians.

Fraser Guy, MD, Marshfield, recently joined the Marshfield Clinic. Doctor Guy graduated from the University of Virginia School of Medicine. Following his internship, he served in the US Naval Medical Corps. Doctor Guy completed residency in psychiatry at the University of Rochester Medical Center-Strong Memorial Hospital in Rochester, NY. Prior to coming to Marshfield, he was clinical assistant professor of behavioral medicine at the University of Virginia School of Medicine in Charlottesville.

Eric K Anderson, MD,* Monroe, has been given the first annual "Physician of the Year Award," by the employees of St Clare Hospital. Doctor Anderson, a member of the Medical Center of Monroe, was nominated and selected for the honor on the basis of his delivery of patient care and his relationships with other health care professionals. James Beyers, president of St Clare Hospital, said "Doctor Anderson earned the respect of those who work with him and those he serves." John Irvin, MD,* senior physician at the Medical Center, commented, "We're delighted with the recognition that Doctor Anderson has received. I think he deserves it. He has a real empathy for his patients, and his patients sense that." Doctor Anderson graduated from the University of Illinois in Rockford, and completed his residency in family practice at St Marys Hospital Medical Center in Madison. He has been on the medical staff of St Clare Hospital since 1984.

John B Wyman, MD,* Marshfield, has been elected to a three-year term on the Board of Directors of the University of Wisconsin Medical Alumni Association. A Marshfield Clinic gastroenterologist since 1967, Doctor Wyman is a UW clinical associate professor of medicine and has had numerous articles published in professional journals.

Bruce F Dennison, MD, Sheboygan, has joined the medical staff of the Sheboygan Clinic in the Department of Otolaryngology. He graduated from the Medical College of Wisconsin in Milwaukee, and served his internship and residency there in the Department of Otolaryngology. He is associated with MDs Paschal A Sciarra* and Paul M Fleming* at the Clinic.

Victor S Falk, MD,* Edgerton, assumed the role of editor of the Wisconsin Medical Alumni *Quarterly* last spring. Doctor Falk is resigning as medical editor of the *Wisconsin Medical Journal* at the end of 1986 after 33 years on the Editorial Board and 25 years as Medical Editor.

David R Mertens, MD, recently completed a fellowship of hematology-oncology at the Medical College of Wisconsin, Milwaukee, and has joined the Marinette-Menominee Clinic. Doctor Mertens graduated from the University of Wisconsin Medical School, Madison, and served his internal medicine residency at the Marshfield Clinic. Doctor Mertens practiced at the Boren Clinic prior to completing his fellowship.

Frank E Gloss, MD,* Burlington, recently became associated with Michael Dussault, MD in the specialty of orthopedic surgery at the Burlington Clinic. Doctor Gloss graduated from the University of Wisconsin Medical School, Madison, and completed his internship at St Luke's Hospital in Milwaukee. His residency was completed at Michael Reese Hospital, Chicago. He is Board certified by the American Board of Orthopedic Surgery.■

AMA Physician's Recognition Award Recipients

LISTED BELOW are those physicians in Wisconsin who have earned the AMA Physician's Recognition Award in recent months. The State Medical Society of Wisconsin congratulates these physicians who have distinguished themselves and their profession by their commitment to continuing education:

JUNE 1986

*Albert, Philip R, Wausau
*Avecilla, Constante S, Marshfield
*Bachir, Joseph S, Ladysmith
*Bayron, Harry, Marshfield
*Bhala, Ram P, Milwaukee
*Bjarnason, David F, Marshfield
*Bolger, John T, Waukesha
*Brink, Bruce E, Marshfield
Carrell, Kenneth R, Stanley
*Chang, Sheng-Hsiung, Marshfield
*Charipar, Ron M, Ladysmith
Christianson, Eric Ellis, Milwaukee
Cowgill, Lale D, Marshfield
*Dart, Richard A, Marshfield
*De Mott, Robert K, Ladysmith
*Ejercito, Victor S, Marshfield
*Fye, Wallace B, Marshfield
*Gribble, Robert K, Marshfield
*Guzowski, Frank S, Marshfield
*Hansen, Raymond L Marshfield
*Hathaway, Bruce Neerings, Marshfield
*Hill, George L, Marshfield
*Hinke, Thomas D, Marshfield
Jaeger, Michael J, Milwaukee
*Jenk, Lloyd F, Milwaukee
*Jerzak, James T, Green Bay
Koebert, Robert F, Milwaukee
*Kolts, Robert L, Marshfield
*Kryda, Michael J, Marshfield
*Luckey, William T, River Hills
*Maby, Sharon L, Marshfield
Mc Kusker, Shauna K, Middleton
*Mehr, Michael P, Marshfield
*Miller, Richard W, Marshfield
*Miller, William C, Wausau
*Nikolai, Thomas F, Marshfield
*Opitz, James C, Marshfield
*Ousley, Joseph L, Marshfield
*Parent, Kevin, Marshfield
*Przybylinski, John P, Marshfield
*Quinn, Daniel L, Marshfield
*Rater, Cornelius J, Milwaukee
*Ruggles, Kevin H, Marshfield
*Rupel, John W, Marshfield
*Rushing, Daniel A, Marshfield
*Russ, Homer H, Marshfield
*Schorr, William F, Marshfield
Schreiber, Donald J, Marshfield
*Shaw, Timothy J, Manitowoc
*Silberman, Teresa, Marshfield
*Steingraeber, Paul H, La Crosse
*Stenberg, Jon R, Eau Claire
Treuhaft, Paul S, Marshfield
*Turney, Susan K, Marshfield
*Twiggs, John T, Marshfield
*Ulmer, Richard H, Marshfield
*Voss, Dieter M, Marshfield
*Wagner, Stephen F, Marshfield
*Wood, Michael T, Marshfield■

Members of the State Medical Society of Wisconsin

We're Available PRN

We named our toll-free phone number PRN for a reason. We're here when you need us. Fast and easy.

It only takes one phone call to PRN to have access to Medical College of Wisconsin (MCW) specialists and services 24 hours a day. And PRN will do all the work for you.

When you need a specialist for a complex patient case, PRN can select the right physician from the Medical College's 300 full-time faculty practicing in more than 40 specialties and subspecialties. PRN can connect you by phone with the faculty physician, and, if you wish, follow through and make inpatient or outpatient arrangements for your patient.

When you need patient or medical information from an MCW specialist, PRN will get it for you.

Or if you or your patient need assistance with travel arrangements, accommodations, or anything else related to a trip to our campus, PRN can help with that, too.

Our physicians and services are easy to reach. The Medical College of Wisconsin is conveniently located just off I-94 in suburban Milwaukee. We're on the campus of the Milwaukee Regional Medical Center, a comprehensive academic medical center encompassing three tertiary care hospitals and three specialty institutions.

Just Call

Toll-Free: 1-800-472-3660
From Milwaukee: 259-3660

One-phone-call access to
Medical College of Wisconsin faculty specialists

PRN
PHYSICIAN RESOURCE NETWORK™

Three pathologists from Wisconsin recently took part in a media training seminar conducted by the College of American Pathologists. Stephen D Hathway, MD,* Green Bay; Kennedy W Gilchrist, MD, Madison; and Thomas C Nolasco Jr, MD* of Brookfield, met in Milwaukee to receive intensive, hands-on instruction on media interview techniques. CAP faculty members ran them through a full day of classroom exercises to prepare them for future encounters with the media. Mock interviews were conducted and videotaped, giving them a taste of critiquing, facing a hostile interviewer, learning to communicate specific objectives, and using effective body language. They also were instructed in the process of obtaining placements with local television, radio, and print media outlets.

Wisconsin Academy of Family Physicians at its 38th Annual Meeting held in Eau Claire, June 11–14, elected David E Westgard, MD,* La Crosse as president-elect for 1986–87. He will be installed as president at the 1987 Annual Meeting, succeeding James L Esswein, MD,* of Cameron. Also at the meeting Donald J Heyrman, MD,* Menomonee Falls, was chosen the "1986 Family Physician of the Year." Doctor Heyrman was described as "one of the most visible of family physicians in the state," having served as president of the WAFP, president of the Marquette-MCW Medical Alumni Association, a former chief-of-staff of Menomonee Falls Community Hospital, and president of the multispecialty clinic he formed in 1956—the Falls Medical Group. He is an associate clinical professor of family medicine at MCW, and for 12 years chaired the Academy's Residency Support Committee which assists the 12 Family Practice Residency Programs in the state. He also has served as president of the Milwaukee Catholic Physicians Guild.

Thomas H Peterson, MD,* Wausau, was selected "Family Practice Educator of the Year." Doctor Peterson is past chairman of the Family Practice Residency Program in Wausau. Roger S Gray, MD,* Evansville, was chosen "Geriatrician of the Year" for extraordinary care he provides to the aged and elderly in and around his home community of Evansville.

Other officers elected at the annual meeting include: MDs Arne T Lagus,* St Croix Falls, secretary-treasurer; Curtis W Bush,* Beaver Dam, speaker; and John W Beasley,* Madison, vice-speaker. Newly elected to the Board of Directors are MDs Gregory L Darrow,* Janesville; George L Gay, Cambridge; Richard A Ellingstad,* Burlington; Richard Martin, Oregon (the Family Practice Resident Member); and Ms Margaret Mary Herzog, Elm Grove (the Medical Student Member).

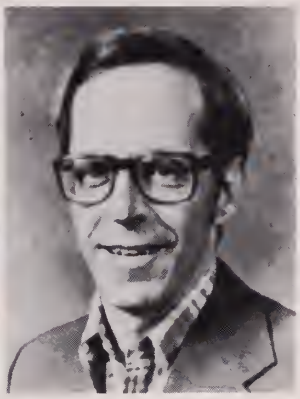
Members at the meeting passed several policy statements. Among them are the following: The Academy opposes the mandatory use of generic drugs, which is being proposed by some government agencies and third-party payers in an effort to control costs. The Academy feels that additional studies must be done on quality control of generic drugs and their impact on patient care. The Academy recommends that smoking be prohibited in all Wisconsin hospitals and medical clinics by both employees and patients. The Delegates also urged all persons to refrain from using smokeless tobacco because of the many documented unhealthy consequences. The Academy is urging its members to "publicly announce a willingness to

continued next page

COLLEGE OF AMERICAN PATHOLOGISTS' faculty Lynn Pierce (second from left) conducts a mock interview in Milwaukee with three newly-trained CAP spokespersons. They are (left to right) MDs Stephen D Hathway, Green Bay; Kennedy W Gilchrist, Madison; and Thomas C Nolasco Jr, Brookfield.

David E Westgard, MD

Donald J Heyrman, MD


James L Esswein, MD

provide health care, advice, screening and referral for patients and their families at risk for the Acquired Immune Deficiency Syndrome (AIDS) and related illnesses." The resolution states the Family Physicians are in a unique public position to educate their patients and the public regarding AIDS, and Family Physicians are the first physicians consulted by worried persons at risk for AIDS. It also states that good scientific evidence now indicates casual contact by health providers, and families of AIDS patients, does not transmit the virus known to cause the syndrome.

The Academy will actively support legislation to require the use of seat belts, or other effective passive restraints by occupants of all automobiles and new school buses.■

BLUE BOOK UPDATE

On page 130 of the June "Blue Book" issue, under the SMS Services, Inc listing of the 1986 Board of Directors, the following MDs have been reappointed to three-year terms: William P Crowley Jr, Madison; Jerome W Fons, Cudahy; and Allen O Tuftee, Beloit. Executive Vice President of SMS Services, Inc LeRoy A Johnson, Madison, also has been appointed to fill the remaining term of Richard W Edwards, MD, Richland Center, who vacated his director seat to assume duties as chairman of the board of the new Physicians Insurance Company of Wisconsin.

On page 140 under the Wisconsin Academy of Family Physicians specialty society, James L Esswein, MD, Cameron, is now president; David E Westgard, MD, La Crosse, president-elect; and Arne T Lagus, MD, St Croix Falls, secretary-treasurer.

On page 111 under corporate members of the CESF, Guy A O'Connor, MD is the newly appointed member for Marinette-Florence County Medical Society with a term expiring in 1989.

On page 131 under the Physicians Alliance Commission, Charles E Pechous, MD, Kenosha, has resigned. Also on page 133 Doctor Pechous has resigned from the Health Care for Uninsured/Indigent in Wisconsin (ad hoc), and on page 142 he has resigned from the WISPAC Board of Directors. David R Zeman, MD, Racine, has been appointed to replace Doctor Pechous on the WISPAC Board of Directors.

On page 139 under the surgery section, P Richard Sholl, MD, PO Box 551, Janesville, WI 53547, is the Alternate Delegate (AD).

On page 146 of the June BLUE BOOK issue under the Medical Examining Board, the following changes have been made: Douglas G Devan, MD, Kenosha, 1988, replaces Susan F Behrens, MD, Beloit; Philip R Hamilton, MD, Milwaukee, 1989, replaces William J Hisgen, MD, Madison; and Arlen R Delp, DO, New Berlin, 1989, replaces Patricia R Raftery, DO, of Sparta.

On page 140 of the June BLUE BOOK issue under the Presidents and Secretaries, Wisconsin Specialty Societies, the following changes have been made:

Wisconsin Academy of Family Physicians
(June 1987)
P—James L Esswein, MD
1001 Main St
Cameron, WI 54822
S—Arne T Lagus, MD
208 South Adams St
St Croix Falls, WI 54024.

On page 138 under the section on *Family Physicians,* the new Chairman is:
C—James L Esswein, MD
1001 Main St
Cameron, WI 54822.■

We know you.
We've talked with you.
We have a continuing commitment to serve you.

For professional liability insurance, the stakes are too high to depend on anyone else.

That's why the State Medical Society has endorsed a professional liability plan which has been developed especially for Wisconsin physicians.

Available only to members of the SMS—and offered through SMS Services, Inc.—this medical malpractice policy has superior features including:

- Consent of the physician is required before settlement of any claim.
- Availability of legal counsel, experienced in defendant medical liability.
- All members of claims and underwriting committees are Wisconsin physicians.
- Occurrence coverage provided for claims arising during the policy period, even if claim is reported at a later time.

For the best in professional liability coverage, contact SMS Services, Inc. at (608) 257-6781 or toll-free 1-800-362-9080

STATE MEDICAL SOCIETY OF WISCONSIN
MEDICINA NUSQUAM NON EST

Endorsed by the
State Medical Society
of Wisconsin

We know how vital it is to safeguard the present... and to protect the future.

Underwritten by:

THE PROFESSIONALS
INSURANCE COMPANY

A respected leader in coverage for preferred markets.

Before prescribing, see complete prescribing information in SK&F CO. literature or *PDR*. The following is a brief summary.

* **WARNING**
This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

Contraindications: Concomitant use with other potassium-sparing agents such as spironolactone or amiloride. Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. **Associated widened QRS complex or arrhythmia requires prompt additional therapy.** Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available. Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma. Possible exacerbation or activation of systemic lupus erythematosus has been reported with thiazide diuretics.

Precautions: The bioavailability of the hydrochlorothiazide component of 'Dyazide' is about 50% of the bioavailability of the single entity. Theoretically, a patient transferred from the single entities of triamterene and hydrochlorothiazide may show an increase in blood pressure or fluid retention. Similarly, it is also possible that the lesser hydrochlorothiazide bioavailability could lead to increased serum potassium levels. However, extensive clinical experience with 'Dyazide' suggests that these conditions have not been commonly observed in clinical practice. Angiotensin-converting enzyme (ACE) inhibitors can elevate serum potassium; use with caution with 'Dyazide'. Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids, and during concurrent use with amphotericin B or corticosteroids or corticotropin [ACTH]). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Cumulative effects of the drug may develop in patients with impaired renal function. Thiazides should be used with caution in patients with impaired hepatic function. They can precipitate coma in patients with severe liver disease. Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic and hemolytic anemia have been reported with thiazides. Thiazides may cause manifestation of latent diabetes mellitus. The effects of oral anticoagulants may be decreased when used concurrently with hydrochlorothiazide; dosage adjustments may be necessary. Clinically insignificant reductions in arterial responsiveness to norepinephrine have been reported. Thiazides have also been shown to increase the paralyzing effect of nondepolarizing muscle relaxants such as tubocurarine. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. Triamterene has been found in renal stones in association with the other usual calculus components. Therefore, 'Dyazide' should be used with caution in patients with histories of stone formation. A few occurrences of acute renal failure have been reported in patients on 'Dyazide' when treated with indomethacin. Therefore, caution is advised in administering nonsteroidal anti-inflammatory agents with 'Dyazide'. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine. Hypokalemia is uncommon with 'Dyazide', but should it develop, corrective measures should be taken such as potassium supplementation or increased dietary intake of potassium-rich foods. Corrective measures should be instituted cautiously and serum potassium levels determined. Discontinue corrective measures and 'Dyazide' should laboratory values reveal elevated serum potassium. Chloride deficit may occur as well as dilutional hyponatremia. Concurrent use with chlorpropamide may increase the risk of severe hyponatremia. Serum PBI levels may decrease without signs of thyroid disturbance. Calcium excretion is decreased by thiazides. 'Dyazide' should be withdrawn before conducting tests for parathyroid function. Thiazides may add to or potentiate the action of other antihypertensive drugs. Diuretics reduce renal clearance of lithium and increase the risk of lithium toxicity.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances; postural hypotension (may be aggravated by alcohol, barbiturates, or narcotics). Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and respiratory distress including pneumonitis and pulmonary edema, transient blurred vision, sialadenitis, and vertigo have occurred with thiazides alone. Triamterene has been found in renal stones in association with other usual calculus components. Rare incidents of acute interstitial nephritis have been reported. Impotence has been reported in a few patients on 'Dyazide', although a causal relationship has not been established.

Supplied: 'Dyazide' is supplied as a red and white capsule, in bottles of 1000 capsules; Single Unit Packages (unit-dose) of 100 (intended for institutional use only); in Patient-Pak™ unit-of-use bottles of 100.

BRS-DZ-L42

In Hypertension*... When You Need to Conserve K^+

Remember the Unique Red and White Capsule: Your Assurance of SK&F Quality

Serum K^+ and BUN should be checked periodically (see Warnings and Precautions).

Potassium-Sparing

DYAZIDE®

25 mg Hydrochlorothiazide/**50 mg** Triamterene/SKF

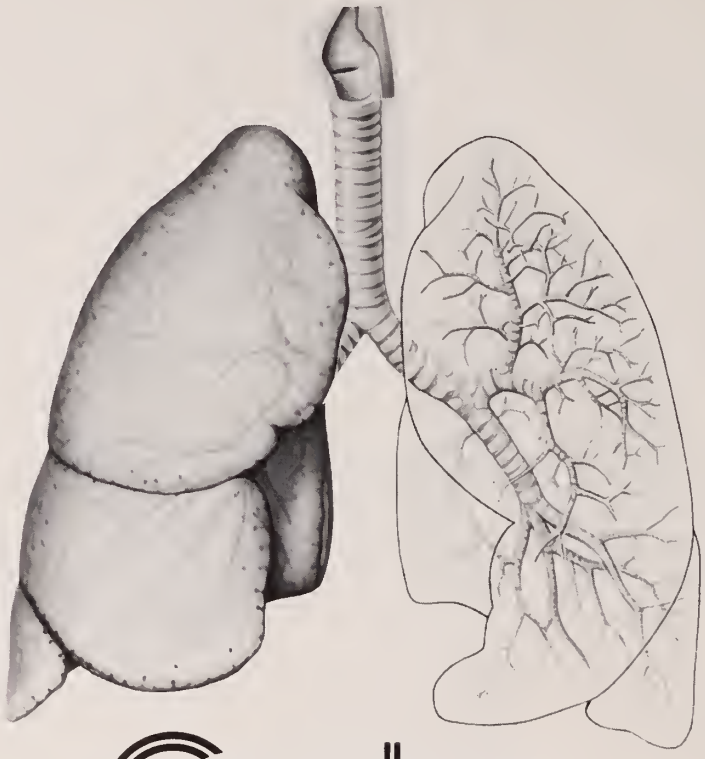
Over 20 Years of Confidence

The unique red and white Dyazide® capsule: Your assurance of SK&F quality.

a product of
SK&F CO.
Carolina, P.R. 00630

© SK&F Co., 1983

Consider the causative organisms...



Ceclor®
cefaclor

250-mg Pulvules® t.i.d. offers effectiveness against the major causes of bacterial bronchitis

Haemophilus influenzae, H influenzae, Streptococcus pneumoniae, Streptococcus pyogenes
(ampicillin-susceptible) (ampicillin-resistant)

Note: Ceclor® is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

Ceclor® (cefaclor)

Summary. Consult the package literature for prescribing information.

Indications: Lower respiratory infections, including pneumonia, caused by susceptible strains of *Streptococcus pneumoniae, Haemophilus influenzae,* and *S pyogenes* (group A beta-hemolytic streptococci).

Contraindications: Known allergy to cephalosporins.

Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:
- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of nonsusceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- In renal impairment, safe dosage of Ceclor may be lower than that usually recommended. Ceclor should be administered with caution in such patients.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:
- Gastrointestinal (mostly diarrhea): 2.5%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, erythema multiforme, serum-sickness-like reactions): 1.5%; usually subside within a few days after cessation of therapy. These reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%.

Abnormalities in laboratory results of uncertain etiology
- Slight elevations in hepatic enzymes.
- Transient fluctuations in leukocyte count (especially in infants and children)
- Abnormal urinalysis; elevations in BUN or serum creatinine
- Positive direct Coombs' test
- False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly)

© 1986, ELI LILLY AND COMPANY [060485LR]

Lilly

Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285

Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630

600332

CES Foundation
of the State Medical Society of Wisconsin

The Charitable, Educational and Scientific Foundation of the State Medical Society of Wisconsin recognizes the generosity of the following individuals and organizations who have made contributions during the month of March 1986.

Special Gifts

Marathon County Medical Society Auxiliary

Building and Equipment

Donald Calvy, MD

Museum Endowment Fund

Trempealeau/Jackson/Buffalo County Medical Society

Harrington-Wright Scholarship Fund

Racine County Medical Society Auxiliary
Winnebago County Medical Society Auxiliary

General Student Loan Fund

Richard and Marcella Herfel

Charles Landis Memorial Fund

State Medical Society of Wisconsin

Barbara Scott Maroney Fund for Research on Diabetes

Kristin L Bjurstrom
Ben and Ev Blum
Ben and Betty Craig
Ken and Kathy Disch
Dr and Mrs Richard W Edwards
Timothy T Flaherty, MD
Maxine and Joe Gilbert
Jim and Mary Lou Gower
Al and Delores Haas
Noreen and Al Krueger
Mary Lou and John LaBissoniere
Joan Pyre
Chuck and Diane Stumpf
Dr and Mrs Richard Ulmer
Diane and Bill Upton

Memorials

Bruce Barrett
Mary Lou and John LaBissoniere
Kristin L Bjurstrom
Ben and Ev Blum
Ben and Betty Lee Craig
Ken and Kathy Disch
Nancy Lu Edwards
Dr and Mrs Richard W Edwards
Timothy T Flaherty, MD
Maxine and Joe Gilbert
Jim and Mary Lou Gower
Grant County Medical Society Auxiliary
Al and Delores Haas
Richard and Marcella Herfel
Noreen and Alan Krueger
Joan Pyre
Racine County Medical Society Auxiliary
Chuck and Diane Stumpf
Edith Tuxford
Dr and Mrs Richard Ulmer
Diane and Bill Upton

Memorialized

Emmert Betke
Jerome Brooks, MD
Nellie Gilbert
Rodney Kennedy
Harry B Maroney
Nellie Newburg
Robert Ortwein, MD
Kathleen Randall

Voluntary Contributions

Arthur E Angove, MD
Richard E Appen, MD
James E Auer, MD
Raymond G Bachhuber, MD
Carroll A Bauer, MD
Kenneth L Bauman, MD
Richard C Bechtel, Jr, MD
Norman O Becker, MD
Mark A Beilke, MD
Thomas D Belson, MD
James C Bloom, MD
Robert G Brucker, MD
Richard R Byrne, MD
Donald W Calvy, MD
John F Cary, MD
Paul A Caviale, MD
William W Chandler, MD
Norman E Cohen, MD
Ronald J Darling, MD
William A Darling, MD
Donald P Davis, MD
Frederick J Davis, MD
Jack H Deckard, MD
John DeGiovanni, MD
Wolfgang O Dietsche, MD
C Thomas Dow, MD
Jerome J Dowling, MD
Thomas J Doyle, MD
David M Ebben, MD
Paul R Ebling, MD
Charles R Eichenberger, MD
Rakki G Elangovan, MD
Edward G Eschenbaum, MD
John B Flannery, MD
William E Funcke, MD
Piero G Gasparri, MD
David M Glassner, MD
Orvin G Glesne, MD
Lucille B Glicklich, MD
Albert P Graham, MD
Leo E Green, MD
Scott M Green, MD
Vernon M Griffin, MD
David C Grout, MD
Thorolf E Gundersen, MD
John M Guthrie, MD
Harold W Harding, MD
Robert D Heinen, MD
Glenn C Hillery, MD
John S Honish, MD
Dorothy J Hayne, MD
Lloyd F Jenk, MD
Alfhild I E Jensen, MD
John M Johnson, MD
Olli F Kaarakka, MD
Edward J Kapustka, MD
Mack A Karnes, MD
Robert Kastelic, MD
Keith M Keane, MD
Christina C Keppel, MD
Richard A Kessler, MD
Thomas J Koewler, MD
Dennis J Kontra, MD
Bruce A Kraus, MD
Raymond V Kuhn, MD
Joseph F Kuzma, MD
Ronald H Lange, MD
Walter Lewinnek, MD
Jack M Lockhart, MD
James J Logan, MD
Lloyd P Maasch, MD
Jesus D Macachor, MD
Larry J Malewiski, MD
Marathon County Medical Auxiliary
Carroll M Martin, MD
James P McGinnis, MD
David H McKenna, MD
Peter J Melcher, MD
Ann Bartos Merkow, MD
Charles H Miller, MD
Lawrence H Miller, MD
Dwain E Mings, MD
Clarence B Moen, MD
Joseph F Mnuk, MD
Walter D Moritz, MD
Gilbert F Mueller, MD
David L Nelsen, MD
Kermit L Newcomer, MD
Mei Fong Ngui, MD
Gilbert J Nock, Jr, MD
Dorothy H W Oakley, MD
Ewald H Pawsat, MD
Russell S Pelton, MD
Thomas K Perry, MD
Henry A Peters, MD
Stanley E Peterson, MD
William J Pier, Jr, MD
Douglas J Raether, MD
Robert M Railey, MD
Erling O Ravn, MD
Rick R Reding, MD
Ted O Reinke, MD
Albert F Rogers, MD
Wilbur E Rosenkranz, MD
Owen Royce, Jr, MD
Herbert F Sandmire, MD
John L Satory, MD
Robert T Schmidt, Jr, MD
Charles M Schroeder, MD
Myron Schuster, MD
Walter R Schwartz, MD
Robert J Scott, MD
Frederick G Sehring, MD
Larry R Severeid, MD
Edwin O Sheldon, Jr, MD
Sigurd E Sivertson, MD
Warren K Simmons, MD
Jonathan Slomowitz, MD
Stephen V Somerville, MD
Romeo C Soriano, MD
Robert E Stader, MD
Phillip L Stein, MD
Robert A Straughn, MD
P Daniel Suberviola, MD
Alan L Taber, MD
Arthur C Taylor, MD
Jack L Teasley, MD
Nina Templeton, MD
Thomas W Templeton, MD
Ronald G Thune, MD
Joseph E Trader, MD
Darold A Treffert, MD
Goro Tsuchiya, MD
Henry F Twelmeyer, MD
Donald P Ullrich, MD
W Gregory Von Roenn, MD
Frank A Walker, MD
William M Wanamaker, MD
Herbert C White, MD
Thomas H Williams, MD
D Maclean Willson, MD
Edward R Winga, MD
Raymond W Witt, MD
Richard C Zimmerman, MD ■

Rob Roy Roberts, MD, 90, Onalaska, died May 26, 1986 in Onalaska. Born June 24, 1895 in Ft Atkinson, Doctor Roberts graduated from Rush Medical College in 1923 and served his internship at Rochester General Hospital, Rochester, NY. Doctor Roberts began his medical practice in Beaver Dam in 1923 and retired in 1967. He was Chief of Staff of the Lutheran Deaconness and St Joseph's hospitals in Beaver Dam. He was on the Board of Directors of Wausau North Hospital until 1975, and performed the first successful open heart surgery in New York in 1923. He was a member of the Dodge County Medical Society, the "Fifty Year Club" of the State Medical Society of Wisconsin, and a member of the American Medical Association. Surviving are his son, Rob Roy, Onalaska; and two daughters, Dorothy Jane Whitney, West Port, WA and Sally Lou Duman of Fredonia, WI.

Alf H Gundersen, MD, 87, La Crosse, former president of the Gundersen Clinic and a pioneer in the use of transurethral resection, died June 1, 1986 in La Crosse. Born Dec 10, 1898 in La Crosse, Doctor Gundersen graduated from Harvard Medical School in 1923 after serving the United States Army during World War I. His internship and residency in surgery was completed at Roosevelt Hospital in New York. In 1926 Doctor Gundersen established the Gundersen Clinic's division of urological services. He served from 1942 through 1943 as a major in the United States Army during World War II. Doctor Gundersen served for 25 years on the La Crosse Lutheran Hospital Board of Trustees and also served as president of the Gundersen Clinic, Ltd, from 1964 through 1971. After his retirement, Doctor Gundersen served for six years as president of the Gundersen Medical Foundation Board of Directors. He was a founding member of the Wisconsin Urological Society, and also was a member of the North Central Section of the American Urological Association, the International Urological Association, the American College of Surgeons, and the International Surgical Association. He was a member of the La Crosse County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow, Carroll; a son, A Erik, a cardiac surgeon at the Clinic; two daughters, Signe Schroeder, La Crosse, and Margaret Kulleseid of Garrison, NY.

Richard James Mayer, MD, 64, Racine, died June 8, 1986 in Racine. Born Dec 1, 1921 in Milwaukee, Doctor Mayer graduated from Marquette University School of Medicine in 1946 and served his internship at St Mary's Hospital, Milwaukee. His residency in internal medicine was completed at the Veterans Administration Hospital in Wood. He was a member of Racine County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association.

Stanley B Marshall, MD, 80, Hollandale, died July 14, 1986 in Hollandale. Born on July 6, 1906 in Blanchardville, Doctor Marshall graduated from Loyola Medical School in Chicago and served his internship at St Marys Hospital Medical Center in Madison. He practiced medicine in the Dodgeville and Hollandale areas from 1933 until his retirement in 1978. He was a member of the Iowa County Medical Society, the "Fifty-Year Club" of the State Medical Society, and a member of the American Medical Association. Surviving are a son, Stanley, San Antonio, TX, and a daughter, Mrs Moya Narveson of Albertville, AL.■

Burn-patient infection reduced by environmental enclosures

The incidence of infection among burn patients was reduced by half when patients were placed in an intensive care unit with separate bed enclosures, researchers report in the January 1986 *Archives of Surgery.* LTC Khan Z. Shirani, MC, USA, and colleagues from Fort Sam Houston, Texas, say they placed one cohort of 173 burn patients in a traditional intensive care unit while a second group of 213 was placed in a unit with bed enclosures. "The incidence of infected patients was reduced from 58.1 percent in the early cohort to 30.4 percent in the late cohort," they say. "The overall proportion of patients with bacteremia was reduced from 20.1 percent to 9.4 percent," they add. ■

Pediatric programs ignore TV effect on children

The vast majority of pediatric training programs do not educate future pediatricians about the impact of television on children, nor do the programs encourage physicians to discuss TV viewing habits with parents, according to a study in the January 1986 *American Journal of Diseases of Children.* Richard D. Smith, MD, and colleagues from Brockton (Mass.) Hospital surveyed 144 programs. Of the 120 responding, more than half said they offered annual lectures on television viewing, but virtually none had specific programs for pediatricians. The researchers say pediatricians should take an active role in sensitizing parents and children to the fact that most children watch television up to 50 hours per week. Some altering of viewing patterns may be in order, the researchers suggest. ■

PHYSICIANS EXCHANGE

Family Practice specialist. Marshfield Clinic Department of Family Medicine is seeking a BE/BC family practitioner to replace a retiring colleague. The physician joining this six-member department will enjoy the support of one of the nation's largest multispecialty groups, share the philosophy of family-oriented care with a preventive focus, and enjoy full hospital privileges but without the distractions of OB or surgical responsibilities. Marshfield Clinic offers an excellent salary plus extensive fringe benefits. Please send curriculum vitae to: John Folz, Assistant Director, Marshfield Clinic Marshfield, WI 54449 or call collect at 715/387-5181. 8-10/86

Wisconsin (East Central). Wanted full-time physician for established urgent care center affiliated with regional hospital. Board eligibility or certification in primary specialty required. Competitive salary; 45 hours per week; family-oriented progressive community. Quality school system, cultural advantages, university, abundant outside recreational opportunities. Send CV to: John Kestly, St Elizabeth Hospital, 1506 S Oneida St, Appleton, WI 54915. p8/86

Dream opportunity for a pediatrician or family practitioner. Available immediately a well-established pediatric practice grossing $130,000/year with overhead of 45%. Cost only $1500 a month. This covers paying for 1700 sq ft of luxurious office space and the practice. Located in Wisconsin on beautiful Lake Winnebago three hours' drive from Chicago. If interested, please call 414/233-4835. p8/86

Family Practitioner with special interest in OB and pediatrics, or OB/GYN, BC or BE to join small multispecialty group in North Central Wisconsin. Send CV to Merrill Medical Associates, SC, 716 East 2nd St, Merrill WI 54452; ph 715/536-2463. 8-10/86

Appleton, Wisconsin seeking physicians for weekend coverage at family practice clinic affiliated with local hospital. Flexible hours and attractive compensation. Submit resume to Emergency Consultants, Inc, 2240 South Airport Road, Room 36, Traverse City, MI 49684; 1-800/253-1795 or in Michigan 1-800/632-3496. p8/86

Wanted—Board qualified—board certified obstetrician-gynecologist as an associate. Modern well equipped facility. Excellent starting salary and benefits including profit sharing plan. Please contact Elizabeth Allen Steffen, MD, 734 Lake Ave, Racine, Wis 54303. 9tfn/83

Family Practitioner wanted for branch offices of Park Nicollet Medical Center. Northern or southern suburbs of Minneapolis. Growing active practice. Full range of benefits. Contact Milton Hanson, MD, Park Nicollet Medical Center, 5000 W 39th St, Minneapolis, MN 55416; ph 612/931-2922. p8-10/86

Physicians needed. Over 400 opportunities nationwide!! Call 612/786-1929 or send CV to: Earl Czech, North Central Staff Services, Inc, 4175 Lovell Rd, #108, Circle Pines, MN 55014. p8/86

Family Practice opportunity. Northwest Medical Center, Spooner, has an opening for a family practice of internal medicine BC/BE physician to join 6 BC FPs and one general surgeon. Northern Wisconsin lake country, ideal rural living. Contact J Chamberlain, Adm, Northwest Medical Center, 707 Ash St, Spooner, WI 54801; ph 715/635-2151. p8-12/86;1/87

Family Practitioner. BC/BE to join busy primary care clinic of 6 physicians in Green Bay, WI. Contact Dr Kenneth Hujet, 1745 Dousman St, Green Bay, WI 54303; ph 414/494-9661. p8-12/86

OB/GYNs. We represent clients in Illinois, Iowa, Michigan, Montana, North Dakota, and Wisconsin. Opportunities with multispecialty groups, partnerships, and solo fee-for-service positions are available. For detailed information, please send your CV or call: Jim Huber, Fox Hill Associates, 250 Regency Ct, Waukesha, WI 53186; ph 414/785-6500 (collect). p8/86

Pediatrician. Excellent opportunity to join four pediatricians in a very active practice. Growing community, excellent hospital with teaching opportunities available. Close to Milwaukee. Contact: John R Guy, MD, 1111 Delafield St, Waukesha, WI 53188; ph 414/542-2536. 7-9/86

Wisconsin: Pediatric Allergist and General Pediatrician to join multispecialty clinic that includes three general pediatricians, pediatric hematologist/oncologist, and four neonatologists in city of 150,000. Send CV to Dept 583 in care of the Journal. p7-9/86

Family Practice opening for residency-trained physician to join established family practitioner in Stevens Point. Competitive first-year salary with excellent fringe benefits. 100-bed hospital with a fully-staffed ER and specialty backup. Good school system. Cultural and recreational opportunities abound. Please send CV to Dept 580 in care of the Journal. 5-8/86

Internal Medicine. Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 2tfn/86

Family Practitioner. The Midelfort Clinic, a 70-physician multispecialty group practice with a growing HMO, is seeking family practice physicians for several locations:

a. Its main facilities in Eau Claire, Wis, a University city of 50,000.
b. At a new satellite facility in Chippewa Falls, Wis, a progressive community of 15,000.
c. At its satellite facility in Barron, Wis, in a modern office adjacent to the hospital where call will be shared with seven other clinic family physicians.

All offer excellent practice opportunities, attractive salary and fringes. Contact: Donald R Griffith, MD, Medical Director, Midelfort Clinic, Ltd, 733 W Clairemont Ave, PO Box 1510, Eau Claire, WI 54702-1510; ph 715/839-5222. 6-8/86

Need immediately, replacement for established family doctor in rural practice in northwestern Wisconsin. Contact Dept 586 in care of the Journal. 8/86

Immediate opportunities for emergency medicine physicians who possess excellent clinical and communication skills. Position available in a popular Wisconsin area bordering Illinois. Please contact: Nora Geschery, Medical Emergency Service Associates (MESA), SC, 15 S McHenry Road, Buffalo Grove, IL 60089 or call collect 312/459-7305. 8-9/86

Family Practitioner/GP Locum available for work July, Aug, Sept, Dec, Jan, Mar, and April. Fellow AAFP; licensed WI, MN, SD, ND, CO, UT, MT. Contact Dr Olin, 21450 Excelsior Blvd, Excelsior, MN 55331; ph 612/474-1050. p7-8/86

RATES: 50¢ per word, with a minimum charge of $20.00 per ad. BOXED AD RATES: $25.00 per column inch. *All ads must be prepaid.*

DEADLINE: Copy must be received by the 15th of the month preceding month of issue; e.g., copy for the August issue is due July 15. Send copy to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 800/362-9080.

PHYSICIANS EXCHANGE

continued

Radiologist needed to join the Wausau Medical Center. Seeking a general radiologist with strong neuroradiology background. New facility situated across the street from new hospital. Full partnership in two years. Easy access to lakes, woods, and mountains. Write including CV to D K Aughenbaugh, MD, Medical Director, Wausau Medical Center, 2727 Plaza Dr, Wausau, WI 54401. 6-8/86

Excellent opportunity for a Board-certified or eligible **internist** with a subspecialty in **critical care medicine** to practice in conjunction with an 8-member Internal Medicine Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Family Practice position opening late 1986. Aggressive corporate medical group. Located in a beautiful northwestern Wisconsin lake area. Part-time, semi-retired, and full-time. Potential ownership optional. Send CV to Dr Thomas Fenger, American Healthcare Corporation, 12 W Marshall St, Rice Lake, WI 54868. p7-8/86

Internist with or without subspecialty. Excellent opportunity for BC/BE physician to join eleven-member department of a 35-physician multispecialty group. Our 35,000 population college community has excellent school systems and good proximity to a variety of cultural and life-style amenities. First year guarantee, full benefit package and a very favorable ownership situation exist. Contact: James F Ruethling, Administrator, Beloit Clinic, SC, 1905 Huebbe Parkway, Beloit, WI 53511; ph 608/364-2200. p6-9/86

NEW PHYSICIANS FOR WISCONSIN IS SEEKING
PRIMARY CARE SPECIALISTS
GENERAL SURGEONS
ORTHOPEDIC SURGEONS
Laurie A Glowac, Administrator
810 University Bay Drive
Madison, WI 53705
608/263-4095
7-12/86;1-6/87

Family Practitioner. River Valley Medical Center is seeking two family practice Board eligible/certified physicians for its multispecialty group of 16 physicians in Northwest Wisconsin. Excellent starting salary and comprehensive fringe benefit package the first year with full group membership after one year. Attached to a progressive 90-bed hospital. We are within 45 minutes of the St Paul-Minneapolis area. Please contact Dr Carl Hansen, Recruitment Chairman or Tom Halverson, Clinic Manager, 208 Adams St, South, St Croix Falls, WI 54024; ph 715/483-3221.

Family Practice: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary gaurantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Central Minnesota Internist seeking Board certified/eligible internist. Beautiful resort and retirement area. Community offers new 150-bed hospital with all specialties. Clinic offices in newer professional building. First year competitive salary and benefits with early buy in. Contact: Michael O Musty, MD, Brainerd Internal Medicine, Ltd, 1903 South Sixth St, Brainerd, MN 54601; ph 218/828-4082. 6-8/86

Physicians needed full or part-time to perform light physicals. Milwaukee area. Professional liability provided. Phone 414/344-2100, Ms Jenkins. 10tfn/84

Tomah—Psychiatrists. Seeking interested qualified applicants for current and future vacancies. MD, Board eligible or Board certified in psychiatry. 800-bed medical center, primary and extended care, medical and psychiatric services. Rehabilitation, PTSD and alcohol specialty units. City of 7,500 in pleasant rural setting; clean air; outstanding recreational area. Convenient Interstate travel to Madison, Milwaukee, Minneapolis, and Chicago. Salary dependent upon qualifications, up to $68,000 plus bonus. Write or call collect B H Glover, MD, Chief, Psychiatry Service, Veterans Administration Medical Center, Tomah, WI 54660; 608/372-3971, ext 584. An Equal Opportunity Affirmative Action Employer. 8-10/86

Pediatrician. BE/BC to join five pediatrician department in 16-physician multispecialty group practice. Wisconsin community of 100,000 with attractive cultural, educational and recreational opportunities. Income guarantee and attractive fringe benefit package. Send CV to Search Director, Beaumont Clinic, Ltd, 1821 S Webster Ave, Green Bay, WI 54301. p7-9/86

Internist wanted to join 12-man internal medicine group. Well-equipped clinic, modern lab and x-ray facility. Located in Milwaukee, Wisconsin. Guaranteed salary plus incentive. Excellent fringe benefits. Contact Dept 584 in care of the Journal. p7-8/86

Excellent opportunity for a Board certified or eligible **ob/gyn** to practice in conjunction with a 4-member OB/GYN Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Rheumatologist-General Internist, BC/BE. Immediate opportunity to join multispecialty group of 38 MDs in community of 50,000 on shores of Lake Michigan 50 miles north of Milwaukee. Drawing area of 100,000 plus. Attractive income arrangements, association membership possible after one year, pension, profit sharing, extensive fringe benefits. Excellent all-season indoor and outdoor recreation facilities. Teaching appointments possible and educational opportunities accessible. Contact Dept 581 in care of the Journal. 6tfn/86

Madison, Wisconsin. Physicians with appropriate experience are needed to staff two urgent care clinics in Madison. Competitive compensation and flexible scheduling. Contact P Beckfield, MD, 707 S Mills St, Madison, WI 53715; ph 608/845-6095. 8-10/86

Family Practice, Internal Medicine, Urology, & ENT. Practice medicine in beautiful northern Wisconsin with established medical group. Call or write: Lakeland Medical Associates, Ltd, Attn: R J Sloan, MD, President, PO Box 549, Woodruff, WI 54568; ph 715/356-3292. 7-9/86

PHYSICIANS EXCHANGE

continued

OB/GYN. Progressive Milwaukee OB/GYN group is seeking one or two Board Certified/Eligible OB/GYNs to join 5-member practice. All aspects of OB/GYN —infertility, colposcopy, hysteroscopy, etc. Teaching opportunity available. Generous guaranteed salary with potential for partnership. Numerous fringe benefits. Send curriculum vitae to: Recruitment Director, 3201 S 16th St, Suite 2008, Milwaukee, WI 53215. p7-8/86

West Bend, Wisconsin, General Clinic, a (21) physician multispecialty group, is seeking physicians in the specialties of Family Practice, OB/GYN, and Pediatrics. First-year salary guaranteed. Corporate membership possible after one year. Excellent fringe benefits. Located in scenic, recreational area with close proximity to Milwaukee. Please contact Hans W Schmelzling, Administrator, General Clinic, 279 S 17th Ave, West Bend, WI 53095; ph 414/338-1123. 6tfn/85;c6tfn/86

Excellent opportunity for a Board-certified or eligible **internist** to practice in conjunction with an 8-member Internal Medicine Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Directorship position available at 100-bed hospital located in Wisconsin Dells resort area. Physicians enjoy independent contractor status, paid malpractice, competitive compensation, CME allotment, help with relocation expenses, and a group health plan is available. For detailed information, contact Dr Charles Vanhook at 608/356-5561 or Acute Care America at 1-800/231-0342. 6-8/86

Pediatrics/Neonatology: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus: excellent fringe benefits, and early ownership. Neonatology skills needed for Level II Nursery. Please send curriculum vitae to R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Position for OB/GYN opening late 1986. Beautiful northwestern Wisconsin lake area. Potential ownership. Send CV to Dr Thomas Fenger, American Healthcare Corporation, 12 W Marshall St, Rice Lake, WI 54868. p7-8/86

Madison-Family Practitioner, Board certified, for ambulatory care center. Very competitive package. Send CV to MedicEast, 2810 E Washington Ave, Madison, WI 53714, attn: Bonnie Larson or call 608/244-1213. p6-8/86

Racine. Residency trained or experienced emergency physician for opening summer of '86. Send CV to Director, Emergency Department, Saint Mary's Medical Center, 3801 Spring, Racine, WI 53405. 5-10/86

PHYSICIAN IN ADDICTIVE DISEASE

Wisconsin's first and largest provider of chemical dependency treatment programs is seeking a physician to assume full medical responsibility for a 20-bed detoxification and rehabilitation unit and two outpatient clinics located on the shores of Lake Michigan, 35 miles north of Milwaukee.

Recovering person preferred but not required. Initial and ongoing training in Addictive Disease provided.

Compensation package includes guaranteed salary, comprehensive benefits, and malpractice insurance.

SEND CURRICULUM VITAE TO:
Frank Coogan, Vice President
De Paul Health Systems
4143 South 13th Street
Milwaukee, WI 53221

FAMILY PHYSICIANS

The Duluth Clinic, Ltd., a 125 physician multispecialty comprehensive regional medical center, is actively seeking two or three family physicians for one of its metropolitan satellite facilities. State of the art diagnostic equipment, surgical and hospital facilities are available.

Qualifications required include board certification or eligibility in family practice.

Metropolitan area includes 125,000 people. Ample outdoor recreational and cultural opportunities readily available. Please respond with complete curriculum vitae to:

Stan E. Salzman
Executive Director
The Duluth Clinic, Ltd.
400 East Third Street
Duluth, Minnesota 55805

The Duluth Clinic, Ltd.

An equal opportunity employer

MEDICAL FACILITIES

General and surgical solo practice for sale. Gross in excess of $300,000. Growing desirable midwestern university city with population 25,000. One very well-equipped hospital in county of 60,000 a few blocks away. Owner will remain to introduce. Contact Dept 563 in care of the Journal. 9tfn/85

MISCELLANEOUS

HOLTER MONITOR
Quality Scanning for reel or cassette type recorders by qualified technicians and certified cardiologists' interpretations, scan price $35.00 with UPS speedy delivery. Recorders loaned, leased, or purchase new dual-channel Holter recorders, $995.00, with one-year warranty. For more information call Advance Medical and Research Center 1-800/552-6753. 11tfn/85

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

WISCONSIN

SEPTEMBER 5, 1986: *Cancer Care in the Community—Past, Present, Future,* Marshfield. Info: Marshfield Clinic Medical Education Office, 1000 North Oak Ave, Marshfield, WI 54449; ph 715/387-5207. p7-8/86

SEPTEMBER 5–7, 1986: Wisconsin Anesthesiologists, The Abbey, Lake Geneva. g12/85;1-8/86

SEPTEMBER 5, 1986: *Infections of Public Health Interest in Wisconsin,* Union South, University of Wisconsin, Madison. Sponsored by State Laboratory of Hygiene, Madison. Faculty: David Addiss, MD, Medical Epidemiologist, Wisconsin Division of Health, Madison; Donn J D'Alessio, MD, Chairman, Dept of Preventive Medicine, UW-Madison; Marjorie Hurie, MS, Nurse Epidemiologist, City of Madison Health Dept, Madison; Stanley L Inhorn, MD, Medical Director, State Laboratory of Hygiene, Madison; Jeffrey M Jones, MD, Assistant Chief, Infectious Diseases, VA Hospital, Madison; Dennis G Maki, MD, Chief, Infectious Diseases, UW Hospital and Clinics, UW-Madison, and James Vergeront, MD, Medical Epidemiologist, Wisconsin Division of Health, Madison. Topics: Pertussis in Wisconsin (Addiss), Madison Measles Outbreak (Hurie), Chlamydia (Inhorn), Blastomycosis: Epidemiological Investigations (Vergeront), Inflammatory Heart Disease (D'Alessio), Diagnosis of Pneumonitis in the Compromised Host Using Bronchial Alveolar Lavage (Jones), AIDS—1986 (Maki). AMA Category I credit and CEUs—7 hours. Registration fee $10. Contact: Margaret A Hutchinson, State Laboratory of Hygiene, 465 Henry Mall, Madison, Wis 53706; phone: 608/262-3650. g8/86

SEPTEMBER 11-13, 1986: Wisconsin Society of Internal Medicine/American College of Physicians Annual Meeting, the Edgewater Hotel, Madison. Info: Wisconsin Society of Internal Medicine, 611 E Wells St, Milwaukee, WI 53202; ph 414/276-6445. Contact: Sandra M Koehler, Executive Director. 6-8/86

SEPTEMBER 19–20, 1986: Wisconsin Surgical Society, St Marys Hospital/Edgewater, Madison. g7-8/86

OCTOBER 30-31, 1986: Advanced Trauma Life Support (ATLS) provider course for physicians. Gundersen Clinic/La Crosse Lutheran Hospital. Contact: Darlene Kleba, Trauma & Emergency Center, La Crosse Lutheran Hospital, La Crosse, WI 54601; ph 608/785-0530, ext 3508. 6-8/86

OCTOBER 31–NOVEMBER 1, 1986: *Child and Adolescent Depression and Suicide,* Sheraton Inn and Convention Center, Madison. Fee: $195/physicians; $95/health care professionals. Info: Dorothy B Davidson, PhD, Center for Affective Disorders, University of Wisconsin, 600 Highland Ave, B6/255, Madison, WI 53792; ph 608/263-9751. 7-9/86

NOVEMBER 8–9, 1986: Wisconsin Allergy Society, Paper Valley, Appleton.

DECEMBER 6, 1986: Wisconsin Chapter: American College of Surgeons, Milwaukee.

Wisconsin Specialty Society Meetings 1986

- Wisconsin Society of Anesthesiologists, Sept 5-7, 1986, The Abbey, Lake Geneva
- Wisconsin Society of Internal Medicine, Sept 11-13, 1986, The Edgewater Hotel, Madison
- American College of Physicians: Wisconsin Chapter, Sept 11-13, 1986, Edgewater, Madison
- Wisconsin Surgical Society, Sept 19-20, 1986, St Mary's Hospital, Madison
- Wisconsin Radiological Society, Oct 3-4, 1986, The Concourse Hotel, Madison
- Wisconsin Neurological Society, Oct 10-11, 1986, The Heidel House, Green Lake
- Wisconsin Chapter of the American College of Emergency Physicians, Oct 23-24, 1986, Pfister, Milwaukee
- Wisconsin Allergy Society, Nov 8-9, 1986, Paper Valley, Appleton
- Wisconsin Chapter: American College of Surgeons, Milwaukee

OTHERS

SEPTEMBER 8-19, 1986 (Minnesota): *Fourth Annual Occupational Health & Safety Institute,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-8/86

SEPTEMBER 19-20, 1986 (Minnesota): *Pediatric Update,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey

THIS LISTING is compiled by the State Medical Society of Wisconsin in cooperation with others who wish to maintain a centralized schedule of meetings and courses of interest to Wisconsin physicians and to avoid scheduling programs in conflict with others. Hospitals, Clinics, Specialty Societies, and Medical Schools are particularly invited to utilize this listing service. There is a nominal charge for listing of Continuing Medical Education courses at the following rates: 50¢ per word, with a minimum charge of $20.00 per listing.

BOXED LISTINGS: $25.00 per column inch. Listings of other scientific meetings will be included at the discretion of the editors.

COPY DEADLINE for listings is 15th of the month preceding the month of publication; e.g., copy for the August issue is due by July 15. Address communications to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 800/362-9080.

FOR LISTING of other meetings see the January 4, 1985 issue of the *Journal of the American Medical Association:* Continuing Education Opportunities for Physicians for period January 1985 through December 1985.

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

continued

Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-8/86

OCTOBER 23-24, 1986 (Minnesota): *Emergency Medicine for Primary Care Physicians,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-9/86

NOVEMBER 10-13, 1986 (California): *Primary Care Update,* the 71st Scientific Assembly of Interstate Postgraduate Medical Association. Accredited by ACCME and eligible for 24 hours of Category 1 and 4 hours of Category 5 credits of the AMA/PRA. Acceptable for 24 prescribed hours' credit by American Academy of Family Physicians and 24 hours by the College of Family Physicians of Canada. Info: IPMANA, PO Box 1109, Madison, WI 53701. g8-10/86

ADVERTISERS

Acme Laboratories/ House of Bidwell 43
Advanced Technology Associates, Inc 29
Medical Computer Systems
American Physicians Life 4
Army Medicine 7
DePaul Health Systems 57
Dista Products Co (Div of Eli Lilly & Co) 52
Ceclor®
Duluth Clinic Ltd, The 57
Gaarder Miller Milwaukee Ltd 7
Glaxo Inc 31, 32, 33, 34
Zantac®
HealthCare Communications 37
MediMac™
Marion Laboratories 13, 14
Cardizem®
Medical College of Wisconsin 47
Physician Resource Network
Medical Protective Company 30
PBBS Equipment 10
PrimeCare 38
Professionals Insurance Company, The 50
Roche Laboratories ..... 61, BC
Dalmane®
SK&F Company 11, 51
Dyazide®
S&L Signal Company 7
SMS Services, Inc 40
Upjohn Company, The 12
Motrin® ■

AMA

DECEMBER 7-10, 1986: Interim AMA House of Delegates, Las Vegas, NV.

JUNE 21-25, 1987: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 6-9, 1987: Interim AMA House of Delegates, Atlanta, GA.

JUNE 26-30, 1988: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 4-7, 1988: Interim House of Delegates, Dallas, TX. ■

This space available
BOXED: $37.50
(1½ column inches)

CONTINUING MEDICAL EDUCATION
SCHOOL OF MEDICINE
UNIVERSITY OF WISCONSIN
MADISON, WISCONSIN

Schedule of Conferences/ Workshops—1986

Sept 5-6: *Second University of Wisconsin Clinical Neuro-Ophthalmology Symposium,* The Wisconsin Center, Madison

Sept 11-12: *Sixth Annual Current Emergency Care Problems,* The Sheraton Inn and Conference Center, Madison, AAFP prescribed credit

Sept 22-23: *Pediatric Pulmonary Center Conference: Pediatric Pulmonary Disease—Transitions into the Future,* The Sheraton Inn and Conference Center, Madison

Sept 25-26: *The Eleventh Annual Nuclear Cardiology Symposium,* The Red Carpet Hotel, Milwaukee

Sept 26: *Plastic Surgery in Primary Care,* University of Wisconsin Clinical Science Center, Madison, AAFP credit pending

Sept 26-27: *Fourth Annual Neurology Conference—Diagnosis and Treatment of Pain,* The Wisconsin Center, Madison, AAFP prescribed credit

Oct 2-3: *Update in Allergy and Clinical Immunology III—1986,* University of Wisconsin Clinical Science Center, Madison, AAFP prescribed credit

Oct 10-11: *Application of Clinical Pharmacology to Daily Practice,* University of Wisconsin Clinical Science Center, Madison, AAFP prescribed credit

Oct 17-18: *Neuroradiology 1986,* The Edgewater Hotel, Madison

Oct 17-18: *Fluorescein Angiography Workshop,* The InnTowner Hotel, Madison

Oct 23-24: *Surgical Treatment of Urinary Incontinence,* The Concourse Hotel, Madison

Oct 23-25: *Nosomial Infection,* Inn on the Park, Madison

Oct 24-25: *Seminars in Pediatrics,* University of Wisconsin Clinical Science Center, Madison, AAFP prescribed credit

Oct 31-Nov 1: *Child and Adolescent Depression and Suicide,* The Sheraton Inn and Conference Center, Madison, AAFP prescribed credit

Nov 7-8: *Focus on Rheumatology—1986,* University of Wisconsin Clinical Science Center, Madison, AAFP prescribed credit

Nov 7-8: *General Thoracic Surgery,* The Radisson Inn, Madison

Nov 13-14: *Aging and Illness in Primary Care—The Fifth Symposium on Clinical Problems and the Future of Health Care of the Elderly,* The Radisson Inn, Madison, AAFP credit pending

Nov 14-15: *Perspectives in Diabetes Mellitus 1986,* University of Wisconsin Clinical Science Center, Madison, AAFP credit pending

All courses qualify for AMA Category I credit.

Info: Sarah Aslakson, Program Coordinator, Continuing Medical Education, 610 Walnut St, Room 465A, Madison, WI 53705; ph 608/263-2856. 8/86

NEWS YOU CAN USE

STATE CHANGES INSURANCE POLICY RULE. A little-publicized change in the state's insurance regulations affects insurance coverage of dependent children in families in which both spouses have health insurance plans. Effective July 1, the parent with the earlier birthdate in the year, regardless of birthyear, will be considered to have the primary policy for coverage of dependent children. Consequently, bills submitted to insurance carriers will be paid from the policy of the parent with the earlier birthdate, and the unpaid balance can then be submitted to the carrier of the secondary policy. Before July 1, the father's or husband's policy was automatically considered the primary policy and his carrier received first billing. The changes result from some administrative rule revisions in the state insurance code by agreement of the National Association of Insurance Commissioners. SMS is seeking more information on how insurance carriers will be implementing this change. However, physicians should anticipate the need to obtain the birthdates of parents for use in billing records.■

FUND ASSESSMENTS REFLECT LEGISLATIVE CHANGES. Wisconsin physicians have 30 days from the date of billing to make a payment on their annual Patients Compensation Fund fee assessment. Fee assessments, which reflect changes made by the new medical liability law known as 1985 Wisconsin Act 340, were mailed to all state physicians in mid-July. For the first time, physicians have three options for fee payment. Fees may be paid on an annual, semiannual, or quarterly basis. Semiannual and quarterly payments will include an annual interest charge on the unpaid balance of 8.3%. This year, fee assessments also include a flat $40 nonrefundable charge for all rating classes to cover panel expenses. The new legislation has condensed the former nine-class system into four classes and limits the amount the Fund can collect annually. This year's fee assessments will reflect the lower rates for physicians set by the Fund's board of governors. As a result, the Fund will assess Wisconsin physicians $31.5 million in 1986–87, four percent less than last year. Before enactment of the legislation, the Fund board had proposed a $44 million assessment, or a 34% hike in the rates physicians would pay. Depending upon classification, rates will range from an assessment of $1,939 for Class 1 physicians to $11,634 for Class 4 physicians.■

VEHICLE FEE PROPOSED FOR SAFETY PROGRAM. Imposing a $1 fee on motor vehicle registration in Wisconsin to establish an injury prevention and control program was endorsed in principle June 20 by the Wisconsin Health Policy Council. The $2.8 million generated by the fee would be used to develop and implement a comprehensive injury prevention program, promote child passenger safety, establish a major injury data collection system, and support local injury control projects. The Council said the program, dubbed "One for Life," will counteract the "staggering effect of trauma on people and the healthcare system." The idea may be headed for legislative action in 1987.■

SMS MONITORING PROJECT WANTS YOUR COMMENTS. SMS continues to solicit written comments from members in an effort to document concerns with third-party payors such as health insurance agencies, governmental regulatory bodies, or HMOs. The Society initiated the monitoring system in March to identify trends and patterns in delay or denial of access, stay or service. SMS would also like to hear about physician problems with care quality and access arising out of WIPRO actions. The system is ***not designed to resolve individual problems*** with healthcare bodies, but a report on comments received will be reviewed for possible action by the SMS Board of Directors. Send written comments to Monitoring System Project at SMS headquarters.■

WORKSHOP OFFERED ON FETAL ALCOHOL SYNDROME. The Wisconsin Fetal Alcohol Syndrome Workgroup will sponsor a program at Madison's Yahara Center October 15–17 for those interested in updating their information about the fetal effects of maternal alcohol abuse and fetal alcohol syndrome. The program has been developed for professionals in nursing, social work, alcohol and other drug abuse education, who train colleagues or communities in Wisconsin. The three-day program, supported with funding from the March of Dimes, PICADA, the Wisconsin Association on Alcohol and Other Drug Abuse (WAAODA), and the Statewide Genetics Services Network, will be presented by an interdisciplinary team including representatives from the fields of alcohol and other drug abuse and medical genetics. Lecture, discussion, case studies, media, and small group activities will present information to improve skills in planning presentations.

Brochures describing the program and registration details will be available in August. For further information, please contact: Raymond Kessel, Coordinator SGSN at (608) 263-6355, Martha Nicholson, PICADA at (608) 255-0819, or Sharon Huggins, WAAODA at (608) 273-8616.■

EXCERPTS FROM A SYMPOSIUM
"THE TREATMENT OF SLEEP DISORDERS"[8]

"...highly effective for both sleep induction and sleep maintenance"

Sleep Laboratory Investigator
Pennsylvania

"...onset of action is rapid...provides sleep with no rebound effect to agitate the patient the following day"

Psychiatrist
California

"...appears to have the best safety record of any of the benzodiazepines"

Psychiatrist
California

After 15 years, the experts still concur about the continuing value of Dalmane (flurazepam HCl/Roche). It provides sleep that satisfies patients... and the wide margin of safety that satisfies you.

The recommended dose in elderly or debilitated patients is 15 mg. Contraindicated in pregnancy.

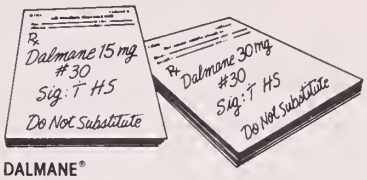
DALMANE®

brand of
flurazepam HCl/Roche ℞

sleep that satisfies

15-mg/30-mg
capsules

References: **1.** Kales J, *et al: Clin Pharmacal Ther 12*:691-697, Jul-Aug 1971. **2.** Kales A, *et al: Clin Pharmacal Ther 18*:356-363, Sep 1975. **3.** Kales A, *et al: Clin Pharmacal Ther 19*:576-583, May 1976. **4.** Kales A, *et al: Clin Pharmacal Ther 32*:781-788, Dec 1982. **5.** Frost JD Jr, DeLucchi MR: *J Am Geriatr Sac 27*:541-546, Dec 1979. **6.** Dement WC, *et al: Behav Med*, pp. 25-31, Oct 1978. **7.** Kales A, Kales JD: *J Clin Psychapharmacal 3*:140-150, Apr 1983. **8.** Tennant FS, *et al:* Symposium on the Treatment of Sleep Disorders, Teleconference, Oct 16, 1984. **9.** Greenblatt DJ, Allen MD, Shader RI: *Clin Pharmacal Ther 21*:355-361, Mar 1977.



DALMANE®
brand of
flurazepam HCl/Roche ℞

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening, in patients with recurring insomnia or poor sleeping habits, in acute or chronic medical situations requiring restful sleep. Objective sleep laboratory data have shown effectiveness for at least 28 consecutive nights of administration. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended. Repeated therapy should only be undertaken with appropriate patient evaluation.

Contraindications: Known hypersensitivity to flurazepam HCl; pregnancy. Benzodiazepines may cause fetal damage when administered during pregnancy. Several studies suggest an increased risk of congenital malformations associated with benzodiazepine use during the first trimester. Warn patients of the potential risks to the fetus should the possibility of becoming pregnant exist while receiving flurazepam. Instruct patients to discontinue drug prior to becoming pregnant. Consider the possibility of pregnancy prior to instituting therapy.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. An additive effect may occur if alcohol is consumed the day following use for nighttime sedation. This potential may exist for several days following discontinuation. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Potential impairment of performance of such activities may occur the day following ingestion. Not recommended for use in persons under 15 years of age. Withdrawal symptoms rarely reported; abrupt discontinuation should be avoided with gradual tapering of dosage for those patients on medication for a prolonged period of time. Use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated patients, it is recommended that the dosage be limited to 15 mg to reduce risk of oversedation, dizziness, confusion and/or ataxia. Consider potential additive effects with other hypnotics or CNS depressants. Employ usual precautions in severely depressed patients, or in those with latent depression or suicidal tendencies, or in those with impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported: headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins, and alkaline phosphatase; and paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity.

Dosage: Individualize for maximum beneficial effect. *Adults:* 30 mg usual dosage; 15 mg may suffice in some patients. *Elderly or debilitated patients:* 15 mg recommended initially until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.

ROCHE®
Roche Products Inc.
Manati, Puerto Rico 00701

#1 FOR SLEEP

After more than 15 years of use, it's #1 for sleep that satisfies. Patients are satisfied because they fall asleep fast and stay asleep till morning.[1-8] And *you're* satisfied by the exceptionally wide margin of safety.[7-9] As always, caution patients about driving or drinking alcohol.

Please see adjacent page for references and summary of product information.

DALMANE®

brand of

flurazepam HCl/Roche ⓘⓥ

sleep that satisfies

ROCHE®

Copyright © 1986 by Roche Products Inc. All rights reserved.

Official Publication of the State Medical Society of Wisconsin

WISCONSIN MEDICAL JOURNAL

LIBRARY OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA
OCT 21 1986

V. 85, no. 9

WIPRO

SMS President John Mullooly, WIPRO President John Kief, and WMJ Medical Editor Victor Falk key in on the growing consternation among Wisconsin physicians regarding WIPRO and the PRO program in the state. (See pages 5, 7, and 10)

BLUE BOOK UPDATE/SPECIAL

• Guideline admission criteria for chemical dependency treatment services. • Criteria for admission to nonhospital medical residential rehabilitation. • New law helps resolve disputes over Worker's Compensation bills. (See pages 13–15)

WISPAC endorses Governor Earl for second term

(See page 40)

WISPAC's candidate endorsement philosophy

(See page 44)

Special H/D session called on liability company

(See page 62)

SEPTEMBER 1986

WISCONSIN MEDICAL JOURNAL

ISSN 0043-6542 / Established 1903

Owned and published by
State Medical Society of Wisconsin

Medical Editor
Victor S Falk MD, Edgerton

Associate Medical Editor
Richard D Sautter MD, Marshfield

Editorial Board
Victor S Falk MD, Edgerton *Chairman*
Melvin F Huth MD, Baraboo
M C F Lindert MD, Milwaukee
Andrew B Crummy Jr MD, Madison
Richard D Sautter MD, Marshfield
Dean M Connors MD, Madison
George W Kindschi MD, Monroe
Charles H Raine MD, Racine
Garrett A Cooper MD, Madison *Emeritus*

Editorial Director
Wayne J Boulanger MD, Milwaukee

Editorial Associates
R Buckland Thomas MD, Monroe
Russell F Lewis MD, Marshfield
Thomas H Cogbill MD, La Crosse
Victor S Falk MD Edgerton
Richard D Sautter MD, Marshfield

Staff
Earl R Thayer, Madison
Secretary-General Manager
State Medical Society of Wisconsin

H B Maroney II, Madison
Assistant Secretary-Corporate Counsel
State Medical Society of Wisconsin

Mrs Mary Angell, Madison
Managing Editor

Mrs Marjorie Stafford, Madison
Publications Assistant

NATIONAL ADVERTISING REPRESENTATIVE: State Medical Journal Advertising Bureau, Inc, 711 South Blvd. Oak Park, Ill 60302. Ph 312 / 383-8800.

LOCAL (WISCONSIN) ADVERTISING. Contact: Mrs Mary Angell, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701 Ph 608 / 257-6781.

SUBSCRIPTION RATES: Members, $12.50 per year (included in dues); nonmembers, $25.00. Single copy: current year, $2.00; previous years, $3.00. SPECIAL RATES: Foreign and Canada, $30 00 Blue Book issue, $8.00. Membership Directory issue, $15.00.

SECOND CLASS POSTAGE PAID at Madison, Wisconsin, and at additional mailing offices

PUBLISHED MONTHLY. "Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917 Authorized August 7, 1918." Address all communications to THE WISCONSIN MEDICAL JOURNAL Street address: 330 East Lakeside Street. Mailing address: Box 1109, Madison, Wis 53701.

POSTMASTER Send address changes to Wisconsin Medical Journal, PO Box 1109, Madison, Wis 53701

COPYRIGHT 1986
State Medical Society of Wisconsin

CONTENTS

September 1986

SPECIAL FEATURES

President's Page

5 WIPRO and you, by *John P Mullooly, MD*, Milwaukee

Editorials

7 WIPRO rides again, by *Victor S Falk, MD*, Edgerton

7 It's only fair, by *Victor S Falk, MD*, Edgerton

7 WISPAC endorsement

Letters

8 Hepatitis screening, by *Paul J Drinka, MD*, Madison and King; *Paul A Pfarr, MD; Monika Botschner, MD; Teresita U Romano, MD;* and *Plaridel P Tordilla, MD*, King

Special

10 Update on WIPRO activities, by *John J Kief, MD*, Fond du Lac

13 BLUE BOOK update
- Guideline admission criteria for chemical dependency treatment services
- Criteria for admission to nonhospital medical residential rehabilitation
- New law helps resolve disputes over Worker's Compensation bills, by *Stephen R Tatarsky*, Madison

Soundings

18 Tranquility, by *Barry Blackwell, MD*, Milwaukee

Socioeconomics

39 Congressional contacts urgently needed on Medicare fee freeze

39 La Crosse Auxiliary helps SMS's political activity

40 WISPAC endorses Governor Earl for second term

40 AMA Long-range planners play role of troubleshooter

42 SMS Board endorses La Crosse physician for AMA post

44 WISPAC COLUMN: WISPAC's candidate endorsement philosophy

45 WISPAC endorses Ann Haney; Second District

News you can use

62 Special Session of SMS H/D called on liability company

Miscellaneous

12 New eye surgery safe, effective for keratoconus (AMA Brief Report)

12 Minimal risks during cardiac rehabilitation (AMA Brief Report)

12 Seasonal depression linked to light, not length of day (AMA Brief Report)

15 BLUE BOOK update

48 AMA Physician's Recognition Award Recipients

WISCONSIN MEDICAL JOURNAL (ISSN 0043-6542) is the official publication of the State Medical Society of Wisconsin, devoted to the interests of the medical profession and health care in Wisconsin. Its affairs are handled by the Editorial Board, subject to policy direction of the Society's Board of Directors. The Managing Editor is responsible for the production, business operation, and coordination of contents as well as the final responsibility of the entire publication. The Editorial Director is responsible for Editorials. Unsigned Editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed Editorials express personal views of the author for which the Society takes no responsibility. Neither the Editors nor the State Medical Society will accept responsibility for statements made or opinions expressed in the pages of the Journal. Indexed in "Index Medicus," "Hospital Literature Index," and "Cambridge Scientific Abstracts."

Vol. 85 No. 9

CONTENTS

STATE MEDICAL SOCIETY OF WISCONSIN

SCIENTIFIC MEDICINE

23 *Pneumocystis carinii* pneumonia complicating intermittent Cushing's syndrome, by *James W Findling, MD; Brian P Buggy, MD; Thomas P Segerson, MD;* and *Hershel Raff, PhD,* Milwaukee

26 Collagenous colitis: Report of a case with autopsy data, by *Dean T Stueland, MD; Kosasih S Gani, MD; George E Magnin, MD;* and *Robert G Norfleet, MD,* Marshfield

27 CLINICAL CANCER: Screening and prevention of colorectal cancer, by *William H Stone, MD,* Racine (Number 9 of a series)

30 Length of hospitalization for transurethral resections, by *Nelson A. Moffat, MD,* Marshfield

ORGANIZATIONAL

35 Regional meetings being held to discuss Auxiliary future

35 SMS Leadership Conference, October 17–18, at Brookfield

36 Membership encouraged for residents, students, and young physicians

36 Spouse physicians dues reduction

36 SMS Young Physicians hold first meeting

36 Reduced Practice or Retired membership

37 Membership facts

42 Membership Directory—Update

DEPARTMENTS

47 PHYSICIAN BRIEFS

48 NEWS HIGHLIGHTS

57 MEDICAL YELLOW PAGES

Physicians exchange

Medical facilities

Miscellaneous

Medical meetings—Continuing medical education

Advertisers ■

THE STATE MEDICAL SOCIETY OF WISCONSIN, created by the Territorial Legislature in 1841, represents over 6600 member physicians in Wisconsin, comprising 55 county medical societies and 26 medical specialty sections. The purpose of the Society is to "bring together the physicians of the State of Wisconsin to advance the science and art of medicine and the better health of the people of Wisconsin, and to secure the enactment and enforcement of just medical laws." The major activities of the Society include continuing medical education, peer review, legislation, community health education, scientific affairs, socioeconomics, health planning, services for physicians, operation of a Charitable, Educational and Scientific Foundation, and publication of the *Wisconsin Medical Journal.*

Officers

PRESIDENT: *John P Mullooly, MD,* Milwaukee
PRESIDENT-ELECT: *Kenneth M Viste Jr MD,* Oshkosh
SECRETARY-GENERAL MANAGER: *Earl R Thayer,* Madison
TREASURER: *John J Foley, MD* Menomonee Falls

Board of Directors

CHAIRMAN: *Darold A Treffert, MD* Fond du Lac
VICE CHAIRMAN: *Roger L von Heimburg, MD,* Green Bay

FIRST DISTRICT
Jerome W Fons Jr, MD, Cudahy
Roger Laubenheimer, MD, Milwaukee
Thomas A Hofbauer, MD, Menomonee Falls
Wayne H Konetzki, MD, Waukesha
H Leslie Ericson, MD, Racine
William L Treacy, MD, Milwaukee
Richard D Fritz, MD, Milwaukee
William J Listwan, MD, West Bend
Glenn H Franke, MD, Milwaukee
Lucille B Glicklich, MD, Milwaukee
Thomas A Reminga, MD, Milwaukee
H Myron Kauffman, MD, Elm Grove

SECOND DISTRICT
J D Kabler, MD, Madison
Cyril M Hetsko, MD, Madison
James J Tydrich, MD, Richland Center
Alwin E Schultz, MD, Madison
Kenneth I Gold, MD, Beloit
John D Wegenke, MD, Madison

THIRD DISTRICT
Pauline M Jackson, MD, La Crosse

FOURTH DISTRICT
William E Raduege, MD, Woodruff
Jung K Park, MD, Wisconsin Rapids
Richard H Ulmer, MD, Marshfield

FIFTH DISTRICT
Darold A Treffert, MD, Fond du Lac
James L Basiliere, MD, Oshkosh
C William Freeby, MD, Appleton

SIXTH DISTRICT
Roger L von Heimburg, MD, Green Bay
Joseph C DiRaimondo, MD, Manitowoc
John E Kraus, MD, Marinette

SEVENTH DISTRICT
Marwood E Wegner, MD, St Croix Falls
Philip J Happe, MD, Eau Claire

EIGHTH DISTRICT
Joseph M Jauquet, MD, Ashland

PRESIDENT: *Doctor Mullooly*
PRESIDENT-ELECT: *Doctor Viste*
PAST PRESIDENT: *John K Scott, MD,* Madison
SPEAKER: *Duane W Taebel, MD,* La Crosse
VICE SPEAKER: *Vernon M Griffin, MD,* Mauston

AMERICAN PHYSICIANS LIFE

Serving All Your Life Insurance Needs.

American Physicians Life's comprehensive and competitively priced line of insurance products is now being offered exclusively through SMS Services Inc., to State Medical Society members.

APL is a majority-owned subsidiary of Physicians Insurance Company of Ohio (PICO) and a sister company of The Professionals Insurance Company, the carrier of the SMS-endorsed Professional Liability Insurance Plan.

APL coverages available to you through SMS Services Inc., and its authorized insurance representatives include:

- Innovative Universal Life coverages
- Low Cost Graded Premium Whole Life plan
- Yearly Renewable and Convertible Term Life protection
- Non-cancellable Disability Income programs
- Single and Flexible Premium Annuities
- Comprehensive Office Overhead Expense protection

Why not contact SMS Services Inc., today to find out how American Physicians Life can solve all your life insurance needs.

CONTACT:

STATE MEDICAL SOCIETY OF WISCONSIN
SMS SERVICES INC.
SUBSIDIARY

SMS SERVICES INC.
330 EAST LAKESIDE STREET
P.O. BOX 1109
MADISON, WISCONSIN 53701
(608) 257-6781 OR TOLL FREE
1-800-362-9080

WIPRO and you

THE QUINTESSENTIAL element in the good physician is clinical judgment. It is a quality that is developed after many years of study and clinical practice. With it, the clinician often cures the patient, but not always as often as he would like. It is a quality of mind, heart, and soul which we all instantly recognize in our colleagues and deeply value.

Incisive clinical judgments cut through the maze of confusing signs and symptoms with a sureness and definitiveness and get to the heart of the problem. It is a quality which many times cannot be explained, but is surely an amalgam of intuition, learning, and experience. It is something we all deeply cherish and value in ourselves and our colleagues in the practice of medicine. I have often compared it to the fresco on the ceiling of the Sistine Chapel in which Michelangelo pictures God extending His finger to the outstretched hand of Adam at the moment of creation.

All of the infinite power of the Creator is focused in His single outstretched index finger giving life to His creature, Man. And so it is with the good physician, at the moment of decision. His clinical judgment brings everything to bear on this patient in a moment of time. All his experience, learning, and skill is minutely focused on this individual patient in an instant. Following this moment, healing begins. It is a value and skill which the medical profession and society highly value and hopefully will nourish, cherish, and enhance. It is a value which is so important that with it, patients improve and without it, they suffer and are deprived of their fragile health. It is an element which is inherent in the individual physician. It cannot be given away to another, cannot be substituted for and is unique, and can only be exercised in a relationship between doctor and patient.

With all this in mind and accepted by the medical profession and society in general, what are we to make of the veritable morass in which the physicians of the nation seem to find themselves today with the current review organizations? Never in the history of the Wisconsin Peer Review Organization (WIPRO) has the State Medical Society received so many complaints from so many irate physicians, patients, and relatives as it has in the past six months. The complaints were serious. Physicians are angry, frustrated, and hostile. WIPRO is often viewed as the enemy, backed by the power and might of an autocratic federal bureaucracy whose sole aim is to save money at any cost. I have personally reviewed many of these complaints and am in sympathy with them.

The State Medical Society traditionally has supported the concept of peer review and specifically, the federally-funded Wisconsin Peer Review Organization. The physicians of this state were instrumental in organizing the review bodies and have and are devoting many voluntary hours to its organizations and its duties. It is the belief that a physician-run organization would give its physicians and patients a fairer shake in this new socioeconomic environment. In light of these recent developments, I met with Dr John Kief, an internist, former SMS Board member, and current president of WIPRO, and Mr Greg Simmons, chief executive officer of WIPRO.

Also in attendance were Mr Adams, the SMS Secretary Designate, other SMS representatives, and grass roots physicians. Complaints were aired and responded to with candor and good humor. We heard of the continuing problems WIPRO has with the Health Care Financing Administration from whom WIPRO gets its marching orders. It became quite obvious that improvement in the "tone" of communication between WIPRO and Wisconsin physicians is necessary. High quality review is also most essential. Lack of clinical experience of the reviewers and rigid adherence to cookbook review manuals have caused problems and point to the need for experienced clinicians to review records. I earnestly encourage our specialty societies to solicit volunteers for positions as WIPRO reviewers from their ranks. For this is the heart of the program. A physician clinically experienced will be able to assess a record better than someone not so experienced. A complex medical case

continued

continued

should not be reviewed by an allergist. A urological or surgical case should not be reviewed by a family practitioner or a dermatologist, and so on.

A companion issue to the shortage of qualified reviewers is reimbursement of these individuals. Currently, WIPRO reimburses reviewers at the rate of $40.00 per hour, not a princely sum by anyone's definition. But as I said earlier, many of the problems and frustrations of the recent past could have been avoided with the presence of quality reviewers. I believe it behooves all Wisconsin physicians to come forward, volunteer, and make an "investment" in quality review. This investment will pay dividends by maintaining true *peer* review, as opposed to review done by an insurance company.

The WIPRO Board must also take a more active part in the administration and formulation of policies. A recent decision, to not use retired physicians as reviewers, should be reevaluated. WIPRO would find a pool of clinicians, with a lifetime of clinical experience, wisdom, and judgment in this group, who could help the program immensely. Particularly is this so with the increasing tendency of physicians to retire early. These physicians have the intellectual acumen and judgment honed in the daily forges of clinical practice. They have the time, inclination, and desire to contribute to this worthy endeavor.

While many of WIPRO's woes may be blamed upon HCFA, a fresh breeze may be blowing across this dismal national scene which I believe will bring surcease to the burdens and a lightening of the load to the beleaguered physician.

Health and Human Services Secretary Otis Bowen, MD, recently convened a series of meetings with groups concerned about the PRO's program direction. With almost one voice, the PROs, hospital groups, physician or organization, and patients said they want more input to HCFA's policy development and program implementation for PROs. PROs should have autonomy to focus reviews on areas or hospitals where they suspect there may be quality or utilization problems. Communication between HCFA and PRO's hospitals and physicians could be vastly improved.

SMS and WIPRO will be working together to resolve many of the problems which have developed in the past six months. Our staffs shall be meeting on a monthly basis and members of the SMS Board will be meeting periodically to monitor the evolving situation.

On a final philosophical note, it would be well for us and society in general to take a long look at this whole question of review and the cost it entails. The underlying concept for review was assurance of quality of medical care. At least that was what the Feds said to sell it to physicians. However, Addis Costello, MD, of blessed memory, warned us that the Feds were only interested in saving money and thought this might be a way to do it.

When one considers the hundreds of millions of taxpayers' dollars which have been expended over the years on this venture, it is most appropriate to ask: "Has it saved any money, and if so, how much?" I do not have the answer to this question, but I suspect the General Accounting Office in Washington could dig up this answer for us. If the current review program hasn't saved any money, perhaps Congress should reappraise the whole situation. As one long-time reviewer said to me: "I doubt if it has saved a penny."

And thereby hangs the tale. Years from now, historians of this period may say about the PROs; "It was an exercise in futility."

Some physicians today are already saying the same thing!

Unsigned editorials express views consistent with the policies of the State Medical Society of Wisconsin.
Signed editorials express personal views of the author for which the Society takes no responsibility.

WIPRO rides again

LAST SPRING it appeared that WIPRO's contract with HCFA was to be terminated. Apparently there was not too much competition with other agencies for a new contract for the next biennium as on June 30 WIPRO signed a new contract to remain Wisconsin's PRO through June 30, 1988. WIPRO's contract for the original biennium was over 7 million dollars. This time WIPRO requested 8.6 million dollars, but the final award was 6.2 million, a 13% decrease from the previous contract.

The decrease in funding has resulted in a reduction in the number of Medicare cases requiring preadmission review. Only the following types of Medicare cases now require preadmission review: Elective permanent cardiac pacemaker implantation and reimplantation procedures; elective cataract extractions; elective coronary artery bypass graft surgery; elective cholecystectomy; elective vein ligation and stripping of varicose veins of the lower limb; and all elective admissions proposed solely for performance of ambulatory procedures by 76 selected attending physicians in Wisconsin.

Some arbitrary figures again have been selected. One objective was to reduce by 5%, or 282 cases, the number of cholecystectomies performed and by 5%, or 193 cases, the number of coronary artery bypass grafts performed. Cholecystectomies seem to be a pet project of WIPRO. However, by mid-August a call to WIPRO headquarters requesting permission to do an elective cholecystectomy resulted in a response that the "criteria had not yet been developed." It will be interesting to see what criteria will be established whereby a remote reviewer will determine whether an on-site surgeon may proceed with the cholecystectomy.

In addition to the 76 physicians identified at 14 selected hospitals with high case-mixed adjusted rates of outpatient procedure admissions for a reduction of 15%, or 287 cases, another 96 practitioners have been "selected" who are to reduce by 10%, or 3,615 cases, the number of unnecessary admissions.

Beginning July 1, 1986, WIPRO requires a full, instead of a partial, medical record of every case selected for review. WIPRO will profile cases that fail "generic screens" by the individual screen failed, hospital, physician, and DRG.

What a wonderful way to practice medicine!

—*Victor S Falk, MD,* Edgerton

It's only fair

IT'S ONLY FAIR to report that since Greg Simmons took over as Chief Executive Officer of WIPRO the tone of letters emanating from the WIPRO office has softened and they are more conciliatory.

The usual practice in the past was for the letter writers to jump with both feet and to assume something out of compliance and to ask questions later. The letters were frequently tactless and occasionally insulting.

Through the efforts of the State Medical Society plus correspondence from irate members, the recent letters are more explanatory and less strident. This cooperative spirit is a welcome change.

—*Victor S Falk, MD,* Edgerton

WISPAC endorsement

EVERY EVEN-NUMBERED year the end of summer in Madison heralds not only the fall football season but also the high season for that other Madison staple—politics.

As campaigns kick into high gear and election day approaches, greater visibility is given to the role of the State Medical Society and other organizations and "special interest" groups in the election process.

In recent weeks the endorsement of Governor Anthony Earl's reelection bid by WISPAC, the SMS's political action arm, has received considerable attention.

Elsewhere in this issue readers will find the WISPAC column which discusses WISPAC's role in campaigns and the process by which endorsement decisions are made. It's a good overview of some of the basic issues facing any political action group that gets involved in campaigns.

WISPAC has been making endorsements and financially supporting candidates for years, so it's interesting that its actions now are suddenly receiving so much attention and interest. Regardless of one's political philosophy, we should all take heart that organized medicine and its political action arm is apparently being seen as a group with some clout on the political playing field.■

LETTERS

The Editors would like to encourage physicians to contribute to the LETTERS section where they can ventilate their frustrations as well as opinions. This feature is intended to be lively and spirited as well as informative and educational. As with other material which is submitted for publication, all letters will be subject to the usual editing. Address correspondence to: The Editor, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701.

Hepatitis screening

TO THE EDITOR: The Wisconsin Veterans Home is a chronic care facility with an average daily census of 665.

In an effort to determine the incidence of ongoing HBs Antigenemia, as well as the prevalence of prior lifetime exposure to hepatitis B virus (HBV), the physicians at the Wisconsin Veterans Home screened 49 consecutive admissions with hepatitis BsAg, hepatitis BsAb, and hepatitis BcAb. The average age of these residents was 70 years.

No resident was HBsAg positive. The only serologic markers encountered were in two residents (4%) who were positive for HBsAb and HBcAb, consistent with late convalescence and recovery from HBV infection. One of these residents had a history of transfusions in the 1950s. Neither had a history of jaundice or hepatitis. Our results are consistent with data from the Centers for Disease Control, indicating that in the United States' population as a whole, the lifetime risk of HBV infection is 5%, while in low-risk healthy adults the incidence of HBsAg is 0.3%.[1]

REFERENCE

1. Inactivated hepatitis B virus vaccine. *MMWR* 1982; 31:317-328.

—*Paul J Drinka, MD,* Director
Geriatrics Research and Education
(University of Wisconsin,
Department of Medicine
Madison, Wisconsin 53792)
—*Paul A Pfarr, MD,* Medical Director
—*Monika Botschner, MD,* Staff Physician
—*Teresita U Romana, MD,* Staff Physician
—*Plaridel P Tordilla, MD,* Staff Physician
Wisconsin Dept of Medical Affairs
Wisconsin Veterans Home
King, Wisconsin 53946 ■

CLASSICAL ITALIAN RESTAURANT
5518 UNIVERSITY AVENUE
MADISON (608) 233-2200
ELEGANT DINING • FINE WINES • INTIMATE COCKTAIL LOUNGE • OPEN DAILY AT 5:30 PM

Voted Best Italian Restaurant 1985-86—MADISON MAGAZINE poll

"For an elegant night of Italian dining." —PROF HERBERT KUBLY, *Milwaukee Journal* writer

YOU CAN KEEP THEM IN BALANCE — YOUR FAMILY LIFE AND YOUR MEDICAL PRACTICE

We'd like to help you spend more time with your family, yet receive professional satisfaction from your medical practice. As a member of the Air Force health care team, you'll be able to participate in our group practice concept which will free you of most of your administrative duties.

Air Force benefits are also very attractive. You and your family will enjoy 30 days of vacation with pay each year, plus many more Air Force advantages. Contact:

MSgt. Cleveland (608) 264-5409

AIR FORCE

On the leading edge of technology.

YOU CAN HELP STOP BEDWETTING

For a large majority of your Enuretic patients

- Ethical — prescription only
- Professional — you supervise treatment
- Approximately 90 percent effective
- Proven reliable and dependable bell, pad, and light system
- Low cost rental service — $14.00 per week (avg. 6-week treatment)
- Convenient mail order service to the 48 states

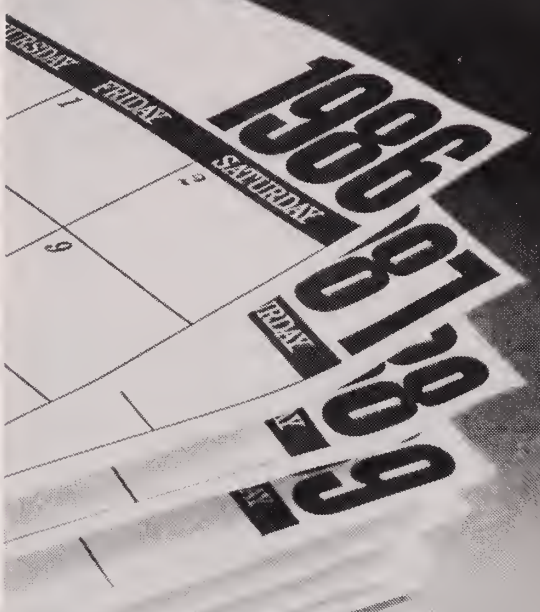
For more information, call or write:

S. & L. SIGNAL COMPANY

Helping Enuretic Clients
Since 1950
1142 Fleetwood Ave. Madison, WI 53716
Phone: 608-222-7939

Accepted for advertising in the AMA Journal

Are you ready for your future?



At Gaarder Miller we are experts at managing the business aspect of medical practices. Our professional consultants will tailor solutions to your special needs . . . solutions that result in increased productivity, optimal patient services and maximized income for today — and tomorrow.

WE OFFER: • Financial projections • Office management • Organizational planning • Facilities planning • Tax preparation • Personal financial planning • Billing service • Computer billing . . .

All the value of a full-time business manager at a part-time cost.

GM

Gaarder Miller Milwaukee Ltd.
12778 W. North Ave.
Brookfield, WI 53005
(414) 784-9559

Planning today . . . for a secure tomorrow.

SPECIAL

Update on WIPRO activities

John J Kief, MD, Fond du Lac, Wisconsin
President of Wisconsin Peer Review Organization—WIPRO

In the past several months, there has been growing consternation among Wisconsin physicians regarding WIPRO and the PRO program in our state. After meeting with several physician groups, it has become clear that this is largely a communications problem. We at WIPRO feel that, given a chance to explain the requirements imposed by the federal government on the program, most physicians will understand some of the approaches we have taken, even though they may not totally agree with them. Much of this report is devoted to explaining how WIPRO's current activities developed.

As most of you know, the Health Care Financing Administration notified WIPRO in March of this year that its contract to operate as the federally-designated PRO for the State of Wisconsin would not be automatically renewed for the 1986–88 period. The effect of this nonrenewal was to potentially open up this PRO contract to competitive bidding.

In April, WIPRO received the Request for Proposal for the new PRO contract and was given 30 days to formulate a proposal which had to include a method for responding to required review activities, the formulation of new review objectives, and a proposed budget sufficient to carry out the required work. In approximately 23 working days, WIPRO staff and physician committees labored feverishly to develop an acceptable proposal, but after submission of the proposal, HCFA demanded certain modifications before negotiations on price could take place. WIPRO submitted these modifications; and negotiation dates of June 26 and 27 were set, with WIPRO's 1984–86 contract due to expire on June 30. It was in this context and under severe time pressure that the WIPRO negotiating team, including myself, went to Baltimore on June 25.

What we were told would be a negotiating session turned into a very one-sided approach to HCFA's predetermined bottom line. During the two-day negotiating session, several curves were thrown at the WIPRO negotiating team, including a major, last minute restructuring of a now controversial physician specific objective. The net result was that WIPRO accepted a 13%, or $1,000,000, reduction in its budget from the previous contract. The WIPRO negotiators agreed to these restrictions rather than give up the peer review process and allow the review to be done by a nonphysician organization, or by a physician organization outside Wisconsin.

The new contract requires WIPRO to review much in the same manner as under the 1984–86 contract, with approximately 30% of each physician's Medicare hospitalizations to be reviewed by WIPRO. For some physicians, specifically those on two focused physician lists, this total will be closer to 35%. More emphasis is being placed on quality review than in the past, with every case reviewed by WIPRO subject to generic quality screens. Any case failing one of the generic quality screens is referred to a physician advisor for evaluation. If any case remains in question, it is referred on for further physician committee review. One of the Feds main criticisms of the PRO program over the first two years was its lack of speed in following up on identified quality problems. Therefore, Congress, and by extension HCFA, has put pressure on PROs to provide swifter follow up on identified quality problems. In response WIPRO formed two Peer Review Panels, one for the western part of the state and one for the east. These Panels are made up of nine practicing physicians of varying specialties and geographic locations; they meet monthly to discuss quality of care issues that have arisen during the day-to-day review process. If a physician or hospital is found to be providing poor quality of care, a federal sanction process *may* be initiated. HCFA's sanction procedure requires WIPRO to issue specifically worded letters notifying physicians and/or hospitals of their rights under the process. I would note that physicians and hospitals are always afforded the opportunity to discuss the case face-to-face with the peer review panel, or submit further written information that would explain the reason care was or was not provided in a certain manner or at a certain time. If after discussing the case, the Peer Review Panel is still convinced that the physician or hospital has violated a Medicare requirement, a sanction will be recommended to the Secretary of Health and Human Services. The Secretary's office has 120 days in which to render a decision on the sanction, at the end of which, the recommended penalty would automatically go into

effect. The penalty may amount to exclusion from the Medicare program for a determined period, or a fine in an amount not to exceed the cost of the care provided in the case or cases in question.

In addition to these required utilization and quality of care review activities, WIPRO is required by the federal government to develop specific objectives in prescribed areas for both quality of care and utilization to be achieved over the next two years. HCFA mandated that objectives for three of the five areas be practitioner and/or provider specific. WIPRO attempted to formulate a Wisconsin specific response to each objective statement which would be both achievable and meet the goals of the federal program. The objectives are divided into quality of care objectives and utilization objectives.

The quality of care objectives include the following:

(1) Eliminate adverse outcomes through the use of generic screens. During the first 90 days of the contract, WIPRO will collect information on the results of the use of these generic screens. Based on the problems identified through the use of these screens, WIPRO will formulate a specific objective.

(2) Eliminate adverse outcomes [including premature discharges] by focusing on provider and/or practitioner.

WIPRO's specific reaction to this was the following:

"Reduce by 8.2% or 217 deaths the aggregate mortality rate for six selected hospitals with high case mix or suggested mortality rates." The review of three of these six hospitals was mandated by the federal government, the other three were chosen on data analysis done by WIPRO which indicated a significantly higher than expected mortality rate. Significance testing was done on these data.

(3) Reduce adverse outcomes [including premature discharges] by DRG.

WIPRO's specific reaction to this objective was the following:

"Reduce by 9.5% or 12 cases the number of deaths for DRG 107: Coronary Artery Bypass Without Cardiac Catheterization." This DRG was identified by the federal government as having a higher than expected mortality rate in several Wisconsin hospitals. WIPRO data for the time period June 1984–July 1985 showed a 6.35% mortality rate for this DRG, as compared to a 4.7% mortality rate nationally.

Utilization objectives:

(1) Reduce unnecessary admissions and/or procedures by provider and/or practitioner.

WIPRO's specific responses to this objective were as follows:

A. "Reduce by 15% or 287 cases the aggregate rate of cases without procedures only for 76 physicians identified at 14 selected hospitals with high case mix adjusted rates of outpatient procedure only admissions." This objective was *originally* formulated to focus on 14 hospitals where a higher than expected number of admissions were occurring during which the only procedure performed was one which is considered to be commonly done on an outpatient basis. At the eleventh hour during the negotiations in Baltimore the federal government required that we shift the focus of this objective to the physicians responsible for those admissions at those hospitals. Those 76 physicians recently received a letter informing them of the extra review that would be performed on their admissions.

B. "Reduce by 10% or 3,615 cases the number of unnecessary admissions by 96 selected practitioners." The 96 practitioners in this objective were selected based on Medicare admission volume and some combination of a high portion of short hospital stays or admission for ambulatory procedures. Again, these physicians were notified of their selection for a small amount of additional review.

(2) Reduce unnecessary admissions and/or procedures by DRG.

WIPRO's response was "Reduce by 5% or 282 cases the number of cholecystectomies performed, and by 5% or 193 cases the number of coronary artery bypass grafts performed." Data from the federal government, as well as WIPRO's own information, indicate that for 1984 cholecystectomies were performed in Wisconsin at a rate of 32% higher than predicted, given national norms. Similarly, coronary artery bypass graft surgery was performed at a rate 54% higher than predicted. WIPRO has convened groups of specialists to develop criteria which would delineate indications for the performance of these procedures. Preprocedure review is being performed on these procedures to assure necessity and appropriateness.

In addition to the review activities and objectives required by contract, it has become clear in the past several months that PROs across the country will be involved in some new activities. The first of these is quality assurance review of health maintenance organizations or competitive medical plans that have risk contracts with Medicare. This review would begin January 1, 1987 and evaluate the completeness and adequacy of care provided to Medicare patients by these organizations under risk contracts. Currently there are only two HMOs in the State of Wisconsin that hold risk contracts with Medicare. Additionally, PROs in the coming months will be asked to begin reviewing the necessity of assistance at cataract surgery, that is, the necessity of using a second ophthalmologist during the performance of this procedure. While this type of review has been talked about for some time, PROs are still awaiting instructions from the Health Care Financing Administration as to how this would be carried out.

We understand that certain aspects of this program are onerous and possibly even odious to many physicians. A great deal of the program is politically motivated and can only be changed in the political arena. It is important to remember that the leadership of the PRO is still in the hands of Wisconsin physicians. WIPRO and the State Medical Society of Wisconsin feel that this is the key. It is becoming increasingly difficult to manage this program given the resources provided by HCFA. Control by local physicians is an important accomplishment. There are now several states in this country whose peer review programs are being controlled by physician groups from neighboring states. With your helpful criticism and cooperation we will continue to attempt to make this program meaningful and acceptable to Wisconsin medicine.

In conclusion, we invite the opportunity to meet with local medical societies and specialty societies within Wisconsin, to present information explaining the PRO program, and answer questions. If any groups are interested in having WIPRO staff and physicians participate in one of their meetings, please contact Greg Simmons, Chief Executive Officer at the WIPRO office in Madison (608-274-1940).■

New eye surgery safe, effective for keratoconus

Epikeratophakia, a new surgical treatment for keratoconus (abnormal protrusion of the cornea) is safer and more effective than traditional forms of keratoplasty, according to a nationwide study of 82 cases described in the September 1986 *Archives of Ophthalmology*. The procedure involves suturing lamellar corneal tissue onto the eye to replace a portion of the patient's cornea. "The advantages of epikeratophakia for keratoconus are that it is extraocular, easy to perform, reversible, and virtually free from immunologic rejection," says Marguerite B McDonald, MD of the Lions Eye Research Laboratories, Louisiana State University Medical Center School of Medicine, and colleagues. "This is the first time that a new ophthalmic procedure has been carefully studied in a prospective fashion . . . before the surgical technique has been widely disseminated to and performed by the ophthalmic community at large," they observe. —***AMA Brief Report***■

Minimal risks during cardiac rehabilitation

Patients who participate in outpatient cardiac rehabilitation programs may be reassured that heart attacks related to such exercise are extremely rare. A four-year study of 167 such programs, published in Sept 5 *Journal of the American Medical Association,* revealed 21 cardiac arrests (three of which were fatal), and eight nonfatal myocardial infarctions. The programs included 51,303 patients who exercised 2,351,916 hours from January 1980 through December 1984. "These data indicate that current cardiac rehabilitation practice allows for prescribed supervised exercise by patients with cardiovascular disease to be performed at a low risk of major cardiovascular complications," says Steven P Van Camp, MD, of San Diego State University, and Richard A Peterson, PhD, of Alvarado Hospital Medical Center, San Diego, California. —***AMA Brief Report*** ■

Seasonal depression linked to light, not length of day

Persons with seasonal affective disorder (SAD) become less depressed when they are exposed to light, regardless of the time of day such therapy is administered, according to a study reported in the September 1986 *Archives of Psychiatry*. Thomas A Wehr, MD, and colleagues, of the National Institute of Mental Health, Bethesda, conclude that the timing of light is not critical for its therapeutic effect. Seven patients participated in both parts of the study, which involved administration of light in early morning and late evening (LSP) and late morning and early afternoon (SSP). The report notes: "Several patients exhibited antidepressant responses to the SSP, in which light was administered during winter daylight hours . . . responses of the group to the LSP and SSP conditions were not significantly different.—***AMA Brief Report*** ■

Guidelines

Guideline admission criteria for chemical dependency treatment services

Prepared by the Committee on Alcoholism and Other Drug Abuse. Approved June 28, 1986 by the Board of Directors of the State Medical Society of Wisconsin

* * *

- **Detoxification**
- **Inpatient evaluation and rehabilitation**
- **Outpatient treatment**

Detoxification

Admission to the hospital depends upon the presence of one or more of the following:

1. Presence of a clustering of withdrawal symptoms (not all inclusive):
   (a) tremulousness (inner/outer shakes)
   (b) insomnia
   (c) irritability/restlessness
   (d) vague somatic complaints
   (e) nausea, vomiting, diarrhea, retching
   (f) diaphoresis
   (g) headaches
   (h) abnormal vital signs
   (i) mental confusion/fluctuating orientation
   (j) hallucination, hallucinosis
   (k) psychoses
   (l) seizures
   (m) delirium tremens
   (n) stupor
   (o) rhinorrhea
   (p) hyperreflexia.
2. Presence of associated medical problems.
3. Suspected alcohol and drug dependency.
4. History of withdrawal syndrome.
5. History of prolonged intoxication.
6. Signs and symptoms that may be due to specific chemical dependency, not listed above, but recognized by the physician.

Inpatient evaluation and rehabilitation

Admission to the inpatient program depends upon medical stability, the absence of acute withdrawal symptoms which may interfere with rehabilitation (and/or completion of detoxification), and the presence of one or more of the following:

1. Need for environmental control.
2. Need for 24-hour behavioral monitoring and confrontation.
3. Counterproductive medical or psychosocial situation.
4. Presence of a clustering of the following:
   (a) Neurological psychological symptoms
   denial
   anguish
   mood fluctuations
   over-reaction to stress
   lowered stress tolerance
   impaired ability to concentrate
   limited attention span
   high level of distractability
   extreme negative emotions
   extreme anxiety
   extreme depression;
   (b) Reversible memory impairments;
   (c) Thought process impairment
   impairment in abstract thinking
   limitations in ability to conceptualize
   periodic episodes of mental confusion.
5. Previous outpatient treatment has failed.
6. Multiple drug dependency.

Outpatient treatment

Admission to outpatient treatment depends upon one or more of the following:

1. Patient does not fit criteria for detoxification; specifically, patient does not present acute withdrawal symptoms (refer to detoxification criteria).
2. Patient does not fit criteria for inpatient evaluation and rehabilitation program.
3. Patient has ability to remain sober for at least five days.
4. Patient is willing to take Antabuse if medically recommended.
5. Patient is willing to attend AA or an optional parallel secular program.
6. Patient is willing to have family involvement.■

SMS Services offers new discount plan

SMS Services, Inc has announced establishment of a new discount program with Modern Business Machines. The program allows discounts on purchases of IBM Wheelwriters 3, 5, and 7, as well as the new IBM Wheelwriter Systems 20 and 40.

For more information members should call Noreen Krueger at SMS headquarters: 608/257-6781 or 1-800-362-9080, extension 141.

Guidelines

Criteria for admission to nonhospital medical residential rehabilitation

Prepared by the Committee on Alcoholism and Other Drug Abuse (Nov 10, 1982, Revised May 8, 1985, Revised May 21, 1986). Approved June 28, 1986 by the Board of Directors of the State Medical Society of Wisconsin

* * *

1. Requires a physician's order for admission and physical participation in treatment planning and ongoing case management.
2. Patient should be completely detoxified from alcohol and all other addictive drugs.
3. All other physical and medical conditions should be fully evaluated and stable. If medication is required, patient should be reliable in self-administration (*eg,* cimetidine, antihypertensives). These patients must be *medically* well enough to be managed as outpatients.
4. Patient should be free from significant organic brain disease.
5. Patient should be fully capable of meeting all self-care needs (eating, personal hygiene, maintenance of clothing, etc)
6. Special dietary needs must be met.
7. Patient must demonstrate motivation for long-term rehabilitation and not be in massive denial of the underlying alcoholism.
8. The patient's alcoholism should be sufficiently advanced so that the prospect of success with outpatient treatment is not great.

In general, patients appropriate for this level of care also may be appropriate for a nonresidential program (*eg,* day-hospital, EMR). Requirements for day-hospital would include: (1) Ability to maintain abstinence as an outpatient. (2) Patient must be willing to go to AA or an optional parallel secular program. (3) Adequate living arrangements. (4) Transportation to and from clinic. (5) Patient must be willing to include family in treatment.

Nonhospital medical residential rehabilitation should be designed as primary treatment, and not as an answer to the revolving-door type of alcoholic's problem. Multiple readmissions would not be appropriate.■

New law helps resolve disputes over Worker's Compensation bills

A RECENT AMENDMENT to the Worker's Compensation Law requires the State to resolve disputes between WC insurers and physicians and other healthcare providers over full payment of WC-related bills.

Some insurers and self-insured companies are declining to pay the full costs billed by medical doctors or other service providers after they study standard healthcare costs for the geographic area of work-related injury or occupational illness. Under the new cost-dispute plan, if the provider disagrees with the insurer's decision, the provider may appeal to the State Worker's Compensation Division to restore all or part of the original bill.

Both parties become bound, under law, by the eventual Division decision. The injured worker cannot legally be billed for any cost difference still oustanding.

Physicians and others who treat injured or ill workers started last March to submit disputed situations, requesting a final decision on cost "reasonableness" under the law. As of July 16, no final decision had been reached in any of about 25 cases submitted. Some cases, however, were settled directly between the parties.

Several problems already have surfaced in the appeal system, prompting the WC Division to establish some guidelines to assist physicians and others to assure a timely response. Some problems cited by Carol Lobes, Division Administrator, are:

1. Some providers are asking the Division to resolve bill disputes that are not even worker's compensation cases. Other medical cost-containment programs exist, but providers must recognize the difference between them and WC cases. If the request for dispute resolution does not pertain to WC, it will be returned to the provider.

2. Some providers are sending the Division a stack of bills showing what the physician, for example, billed for treatment and what the WC insurance carrier or self-insured firm allowed for that treatment. The Division is not equipped to analyze bills in this manner and has created a standard reporting format to obtain all necessary information. Carol Lobes, Division Administrator, states that form letter GL86 will help both the provider and the WC Administrative Law Judge, who will make the final cost decision, resolve the issue rapidly and properly.

3. Some providers immediately notify the Division of a cost dispute, without any attempt to resolve it directly with the insurer or the claims service organization. The Division recommends the two parties try first to resolve their differences, without Division involvement.

4. Some initial disputes involve only small amounts of money, and the Division questions whether it is time- and cost-effective to mediate them. If very small disputes proliferate, an administrative rule may be necessary to set minimum dollar amounts for dispute resolution, Ms Lobes says. However, it would be preferable to have doctors voluntarily limit the disputes they submit in order to make such a rule unnecessary. So far some of the disputes received *do* involve differences of more than $100; a few are $1,000–$3,000.

Why was this law necessary? The cost containment measure became law Nov 27, 1985. The provision was recommended by the Worker's Compensation Advisory Council, and approved by the Legislature, as an attempt to avoid rigid, state-established maximum healthcare fees for treatment provided injured workers. Most other medical care programs have government-set fee maximums. Many states also have set fee schedules for WC-related medical costs. The measure was adopted because:

- The annual average medical payment per WC case has increased 49.9% in Wisconsin since 1980. The average cost in 1985 was $1,376, compared with $918 in 1980. During the same period, the average WC benefit payment (indemnity) increased only 33.5%.
- In 1984 in Wisconsin about 35% of the total cost for WC benefits and medical treatment went to pay bills of healthcare providers. In 1985 the medical portion rose to 46% of the total WC bill.
- There is some indication that since WC currently is the only program without cost ceilings, some additional costs may be inappropriately shifted to worker's compensation by increasing costs for WC services only, or by efforts to "create" a worker's compensation claim when the claimant states that the condition resulted from another cause

Initial guidelines established. So far the WC Division, part of the State Department of Industry, Labor and Human Relations (DILHR), has established these guidelines for processing requests for dispute resolution on bills:

1. If the provider has not submitted full or understandable information on the dispute, the GL86 form letter is sent to obtain the standard data, as outlined previously.
2. The insurer is sent a letter (GL85) asking its reasons, in writing, for not paying the full medical bill. A copy of this response is required to be sent to the affected medical service provider. Insurers have two weeks from receipt of the GL85 letter to respond. Again, the Division asks the insurer to try to settle directly with the provider, if an effort has not already been made.
3. The case is assigned to an Administrative Law Judge in the Division to make a determination on cost reasonableness, consulting with outside medical cost experts, if necessary.
4. The formal decision then is transmitted to both the provider and insurer.

The law specifically prohibits healthcare providers from suing WC claimants if the Law Judge upholds all or part of a lowered payment for services. This means the provider would have to absorb the difference. This provision stands, however, only when a "reasonableness" determination is made by the Division.

The Division would initiate a review on its own, without a request from a healthcare provider, if a claimant filed a complaint that he or she was being asked to pay any bill difference. Claimants will be told of this possibility. —*Stephen R Tatarsky*, Director of Public Education, Wisconsin Worker's Compensation Division, Department of Industry, Labor and Human Relations, Madison ■

The language of the new amendment to the Worker's Compensation Law is as follows, in Sec. 102.16 (2) (b) of the State Statutes:

"A health service provider is bound by the department's (DILHR) determination upon the reasonableness of health service bills and may not bring an action against the employe receiving service, if the health service provider received all of the following:

1. Reasonable notice from the disputing party that the reasonableness of the bill or the reasonableness or necessity of treatment is disputed.
2. Reasonable opportunity to provide to the department a written explanation of the bill."

BLUE BOOK UPDATE

On page 138 of the June BLUE BOOK issue, under the Officers of Specialty Sections of SMS, the following changes have been made for the Section on Ophthalmology:

C—Gregory P Kwasny, MD
2300 North Mayfair Rd
Milwaukee, WI 53226
ST—Jack L Hughes, MD
2500 N Mayfair Rd, #607
Wauwatosa, WI 53226.

On page 133 of the June BLUE BOOK issue, under the Committee on Mental Health, the chairman is Clarence E Moore, MD of Fond du Lac. Also on page 133, under the heading Health Care Costs Liaison Committee, Jeremy R Green, MD, Green Bay, 1989, has resigned.

On page 131 of the June BLUE BOOK issue, under the Commission on Mediation and Peer Review, Robert E Phillips, MD, Marshfield, is vice-chairman of the Commission.■

Discount prices on typewriters and copiers

SMS Services, Inc has negotiated an agreement with Modern Business Machines in Madison to provide SMS members with a discount on IBM Wheelwriter 3 Electronic and IBM Wheelwriter Selectronic typewriters (7K memory), with options. Also available is a discount on the Xerox Model 1020 and 1025 copiers with options.

For further information contact Noreen Krueger at SMS Offices in Madison at 608-257-6781 or 1-800-362-9080, extension 141.

We're Available PRN

We named our toll-free phone number PRN for a reason. We're here when you need us. Fast and easy.

It only takes one phone call to PRN to have access to Medical College of Wisconsin (MCW) specialists and services 24 hours a day. And PRN will do all the work for you.

When you need a specialist for a complex patient case, PRN can select the right physician from the Medical College's 300 full-time faculty practicing in more than 40 specialties and subspecialties. PRN can connect you by phone with the faculty physician, and, if you wish, follow through and make inpatient or outpatient arrangements for your patient.

When you need patient or medical information from an MCW specialist, PRN will get it for you.

Or if you or your patient need assistance with travel arrangements, accommodations, or anything else related to a trip to our campus, PRN can help with that, too.

Our physicians and services are easy to reach. The Medical College of Wisconsin is conveniently located just off I-94 in suburban Milwaukee. We're on the campus of the Milwaukee Regional Medical Center, a comprehensive academic medical center encompassing three tertiary care hospitals and three specialty institutions.

Just Call

Toll-Free: 1-800-472-3660
From Milwaukee: 259-3660

One-phone-call access to
Medical College of Wisconsin faculty specialists

PRN
PHYSICIAN RESOURCE NETWORK™

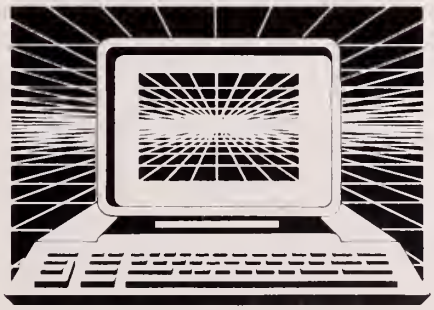
YOU MAY BE LOSING PATIENTS BY NOT KEEPING IN TOUCH WITH THEM

If you are thinking about enhancing your patient relations between visits, Advanced Technology Associates suggests that you investigate MDX, the clinical management system that's flexible enough to meet any physician's or clinic's correspondence needs.

MDX helps your patient communications between visits by letting you keep up a steady flow of correspondence, appointment reminders, recall letters and even birthday greetings.

MDX gives you a choice. You can use the pre-programmed letters it provides and tailor them to address each patient's unique circumstances, or create your own correspondence, drawing upon the MDX data base for pertinent information.

MDX even lets you add personal greetings to your statements, an



easy way to make sure they receive the prompt attention they deserve.

Of course, these correspondence capabilities are just the beginning. MDX also lets you automate all the other facets of your clinic, from accounting and scheduling to records management. And it all has the unique distinction of being endorsed by SMS Services Inc. for members of the State Medical Society of Wisconsin.

For a *free videotape on MDX, please call us, toll free at 1-800-242-4280 or 1-414-445-4280.

*Qualified callers only.

ATA

ADVANCED TECHNOLOGY ASSOCIATES

4710 WEST NORTH AVENUE MILWAUKEE, WI 53208 414/445-4280

SOUNDINGS

Physicians are encouraged to submit brief essays on any subject that reflects an in-depth perspective. Essays will be subject to the usual approval by the Editorial Board.

Tranquility

Barry Blackwell, MD
Milwaukee, Wisconsin

It was a balmy day with warm sand and calm waves lapping along the lakeshore. When I teach people to relax, I use these images to graft over the anxious turmoil of their lives. I tucked the thought away. I was here for a respite.

Leaving the beach for the swings, I took five-year-old Adam and his pal, Christopher, with me. Together we ambled across a wide grassy meadow, its edges in shadow where pine trees grew and picnic tables sat. In the far corner, a couple half-faced each other. The man was playing a harmonica with earnest, expert zest; the woman was strumming a guitar and singing, not in perfect pitch but with a pleasing cadence. Some teenagers strolling past paused to applaud, but were ignored. The couple was doing this for themselves.

Coming closer, I recognized Rosie and Robert. Shortly after I arrived in town, Rosie sought me out, describing herself as a schizophrenic whom nobody would care for. The diagnosis was doubtful but her ostracism was not. Rosie functioned quite well between episodes of wild psychosis which were triggered by unwise intimacies. In over 20 years she had passed many times through the revolving doors that open unwilling hospitals to inhospitable communities. Now she was barred from inpatient units unable to cure her and shunned by psychiatrists unwilling to treat her for the pittance that Medicare sometimes paid. But Rosie was streetwise and a survivor. She found an agency social worker who understood the metaphor of psychosis and an academic psychiatrist able to afford a "good teaching case." Hilary interpreted Rosie's struggle with the alien environment and I prescribed "pills" to buffer her against it.

Rosie never treated me as more than her medicine man; she came for tranquilizers, not advice. The major tranquilizer she took with a wise reluctance. The brain is a fine-tuned but well-protected organ. The doses of drugs that penetrate its barriers often do damage when they mistake receptors that modify behavior for others that modulate movement. The rhythmic writhing of her lips and tongue testified to that. The minor tranquilizers Rosie took with alacrity. Aimed at the limbic lobes, they brought a rapid respite for which she would con me into giving her more with stories of lost scripts and stolen purses.

We struck a bargain. In return for the drugs she liked, she took the ones I thought she needed. A balance was achieved, between us and within her brain. It was not total tranquility but it was not turmoil and her tongue was still.

Over the past year, Rosie had come to each of our offices with Robert. He was an older man and a professional musician who served as someone between a friend and a father. The money they made playing the sidewalks and smaller cafes supplemented Rosie's occasional earnings as an organ tuner. Hilary saw them as a couple and helped them titrate their intimacy. She charged them two dollars and each paid half. On medication visits Robert waited politely outside my office and the State paid.

Nothing of this prepared me to recognize Rosie and Robert as two people making music in the park. As the distance between us closed, I became aware of my swim shorts, unshaven face and the two noisy ragamuffins in tow. There was still time to turn away, so I did, unsure of whether I was protecting Rosie's integrity or my dignity.

A few days later, I passed Rosie and Robert entertaining on the sidewalk outside the Summerfest grounds. I hid in the crowd and hurried past.

Shortly after this second sighting, Rosie missed her monthly appointment but called to make another. She sounded cheerful and calm, but priorities had changed. She needed my medications less than the money she and Robert were making among the crowds. For Rosie, it looked like this might be her first tranquil summer. ■

Doctor Blackwell is Professor and Chairman, Department of Psychiatry, University of Wisconsin Medical School (Milwaukee Clinical Campus), Milwaukee. Reprint requests to: Barry Blackwell, MD, Mount Sinai Medical Center, 950 North 12th St, PO Box 342, Milwaukee, Wis 53201 (phone: 414/289-8620).
Copyright 1986 by the State Medical Society of Wisconsin.

Every day more and more physicians are hearing something remarkable from some of their hypertensive patients...

SILENCE...

from the ones on once-daily

INDERAL® LA
(PROPRANOLOL HCl)

with a side-effect profile unsurpassed by atenolol or metoprolol.

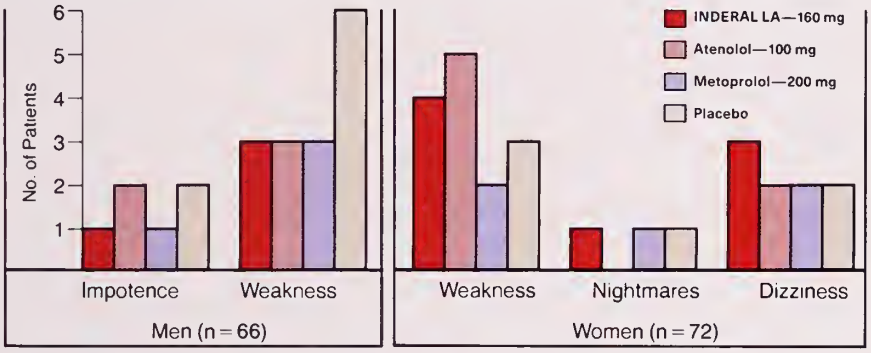
As seen in this double-blind, crossover, placebo-controlled study.[1]

Which shows you how truly well tolerated once-daily INDERAL LA can be.

What comes as *no* surprise, of course, is that it gives you the antihypertensive effectiveness you've come to expect from INDERAL.

Selected Side Effects

INDERAL LA as well tolerated as atenolol and metoprolol in a double-blind, crossover, placebo-controlled study of 138 hypertensives[1]



INDERAL® LA. For control.
Comfortable control. Once a day.
It's the last word.

Hypertensives: Feeling well and doing well, all in one.

INDERAL® LA
(PROPRANOLOL HCl) LONG ACTING CAPSULES

or

INDERIDE® LA
(PROPRANOLOL HCl [INDERAL® LA]/ HYDROCHLOROTHIAZIDE) LONG ACTING CAPSULES

As with all fixed-combination antihypertensives, INDERIDE LA is not indicated for the initial treatment of hypertension.

INDERAL LA should not be used in the presence of congestive heart failure, sinus bradycardia, cardiogenic shock, heart block greater than first degree, and bronchial asthma.

Please turn page for brief summary of prescribing information.

Feeling well and doing well, all in one.

ONCE-DAILY LONG ACTING CAPSULES 80 mg 120 mg 160 mg

INDERAL® LA
(PROPRANOLOL HCl)

*

ONCE-DAILY LONG ACTING CAPSULES 80/50 120/50 160/50

INDERIDE® LA
Each capsule contains propranolol HCl (INDERAL® LA), 80 mg, 120 mg, or 160 mg, and hydrochlorothiazide, 50 mg

*

BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE CIRCULARS.)*

INDERAL® LA Brand of PROPRANOLOL HYDROCHLORIDE **(Long Acting Capsules)**
INDERIDE® LA Brand of PROPRANOLOL HYDROCHLORIDE (INDERAL® LA) and HYDROCHLOROTHIAZIDE **(Long Acting Capsules)**
INDERAL LA and INDERIDE LA Capsules should not be considered simple mg-for-mg substitutes for INDERAL and INDERIDE Tablets. Please see package circulars.

CONTRAINDICATIONS

Propranolol hydrochloride (INDERAL® LA): Propranolol is contraindicated in: 1) cardiogenic shock; 2) sinus bradycardia and greater than first degree block, 3) bronchial asthma; 4) congestive heart failure (see WARNINGS) unless the failure is secondary to a tachyarrhythmia treatable with propranolol.

Hydrochlorothiazide: Hydrochlorothiazide is contraindicated in patients with anuria or hypersensitivity to this or other sulfonamide-derived drugs.

WARNINGS

Propranolol hydrochloride (INDERAL® LA): CARDIAC FAILURE: Sympathetic stimulation may be a vital component supporting circulatory function in patients with congestive heart failure, and its inhibition by beta blockade may precipitate more severe failure. Although beta blockers should be avoided in overt congestive heart failure, if necessary, they can be used with close follow-up in patients with a history of failure who are well compensated, and are receiving digitalis and diuretics. Beta-adrenergic blocking agents do not abolish the inotropic action of digitalis on heart muscle.

IN PATIENTS WITHOUT A HISTORY OF HEART FAILURE, continued use of beta blockers can, in some cases, lead to cardiac failure. Therefore, at the first sign or symptom of heart failure, the patient should be digitalized and/or treated with diuretics, and the response observed closely, or propranolol should be discontinued (gradually, if possible).

IN PATIENTS WITH ANGINA PECTORIS, there have been reports of exacerbation of angina and, in some cases, myocardial infarction following *abrupt* discontinuance of propranolol therapy. Therefore, when discontinuance of propranolol is planned the dosage should be gradually reduced and the patient carefully monitored. In addition, when propranolol is prescribed for angina pectoris, the patient should be cautioned against interruption or cessation of therapy without the physician's advice. If propranolol therapy is interrupted and exacerbation of angina occurs, it usually is advisable to reinstitute propranolol therapy and take other measures appropriate for the management of unstable angina pectoris. Since coronary artery disease may be unrecognized, it may be prudent to follow the above advice in patients considered at risk of having occult atherosclerotic heart disease who are given propranolol for other indications.

THYROTOXICOSIS: Beta blockade may mask certain clinical signs of hyperthyroidism. Therefore, abrupt withdrawal of propranolol may be followed by an exacerbation of symptoms of hyperthyroidism, including thyroid storm. Propranolol does not distort thyroid function tests.

IN PATIENTS WITH WOLFF-PARKINSON-WHITE SYNDROME, several cases have been reported in which, after propranolol, the tachycardia was replaced by a severe bradycardia requiring a demand pacemaker. In one case this resulted after an initial dose of 5 mg propranolol.

MAJOR SURGERY: The necessity or desirability of withdrawal of beta-blocking therapy prior to major surgery is controversial. It should be noted, however, that the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures.

Nonallergic Bronchospasm (eg, chronic bronchitis, emphysema)—PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD, IN GENERAL, NOT RECEIVE BETA BLOCKERS. INDERAL should be administered with caution, since it may block bronchodilation produced by endogenous and exogenous catecholamine stimulation of beta receptors.

DIABETES AND HYPOGLYCEMIA: Beta-adrenergic blockade may prevent the appearance of certain premonitory signs and symptoms (pulse rate and pressure changes) of acute hypoglycemia in labile insulin-dependent diabetes. In these patients, it may be more difficult to adjust the dosage of insulin. Hypoglycemic attacks may be accompanied by a precipitous elevation of blood pressure.

Hydrochlorothiazide: Thiazides should be used with caution in severe renal disease. In patients with renal disease, thiazides may precipitate azotemia. In patients with impaired renal function, cumulative effects of the drug may develop.

Thiazides should also be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Thiazides may add to or potentiate the action of other antihypertensive drugs. Potentiation occurs with ganglionic or peripheral adrenergic-blocking drugs.

Sensitivity reactions may occur in patients with a history of allergy or bronchial asthma.

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

PRECAUTIONS

Propranolol hydrochloride (INDERAL® LA): GENERAL: Propranolol should be used with caution in patients with impaired hepatic or renal function. Propranolol is not indicated for the treatment of hypertensive emergencies.

Beta-adrenoreceptor blockade can cause reduction of intraocular pressure. Patients should be told that propranolol may interfere with the glaucoma screening test. Withdrawal may lead to a return of increased intraocular pressure.

CLINICAL LABORATORY TESTS: Elevated blood urea levels in patients with severe heart disease, elevated serum transaminase, alkaline phosphatase, lactate dehydrogenase.

DRUG INTERACTIONS: Patients receiving catecholamine-depleting drugs, such as reserpine, should be closely observed if propranolol is administered. The added catecholamine-blocking action may produce an excessive reduction of resting sympathetic nervous activity, which may result in hypotension, marked bradycardia, vertigo, syncopal attacks, or orthostatic hypotension.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY: Long-term studies in animals have been conducted to evaluate toxic effects and carcinogenic potential. In 18-month studies, in both rats and mice, employing doses up to 150 mg/kg/day, there was no evidence of significant drug-induced toxicity. There were no drug-related tumorigenic effects at any of the dosage levels. Reproductive studies in animals did not show any impairment of fertility that was attributable to the drug.

PREGNANCY: Pregnancy Category C. Propranolol has been shown to be embryotoxic in animal studies at doses about 10 times greater than the maximal recommended human dose. There are no adequate and well-controlled studies in pregnant women. Propranolol should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

NURSING MOTHERS: Propranolol is excreted in human milk. Caution should be exercised when propranolol is administered to a nursing mother.

PEDIATRIC USE: Safety and effectiveness in children have not been established.

Hydrochlorothiazide: GENERAL: Periodic determination of serum electrolytes to detect possible electrolyte imbalance should be performed at appropriate intervals.

All patients receiving thiazide therapy should be observed for clinical signs of fluid or electrolyte imbalance, namely: Hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Medication such as digitalis may also influence serum electrolytes. Warning signs irrespective of cause are: Dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting.

Hypokalemia may develop, especially with brisk diuresis, when severe cirrhosis is present, or during concomitant use of corticosteroids or ACTH.

Interference with adequate oral electrolyte intake will also contribute to hypokalemia. Hypokalemia can sensitize or exaggerate the response of the heart to the toxic effect of digitalis (eg, increased ventricular irritability). Hypokalemia may be avoided or treated by use of potassium supplements, such as foods with a high potassium content.

Any chloride deficit is generally mild and usually does not require specific treatment, except under extraordinary circumstances (as in liver or renal disease). Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction, rather than administration of salt, except in rare instances when the hyponatremia is life-threatening. In actual salt depletion, appropriate replacement is the therapy of choice.

Hyperuricemia may occur or frank gout may be precipitated in certain patients receiving thiazide therapy.

Insulin requirements in diabetic patients may be increased, decreased, or unchanged. Diabetes mellitus which has been latent may become manifest during thiazide administration.

If progressive renal impairment becomes evident, consider withholding or discontinuing diuretic therapy.

Thiazides may decrease serum PBI levels without signs of thyroid disturbance.

Calcium excretion is decreased by thiazides. Pathologic changes in the parathyroid gland with hypercalcemia and hypophosphatemia have been observed in a few patients on prolonged thiazide therapy. The common complications of hyperparathyroidism, such as renal lithiasis, bone resorption, and peptic ulceration, have not been seen. Thiazides should be discontinued before carrying out tests for parathyroid function.

DRUG INTERACTIONS: Thiazide drugs may increase the responsiveness to tubocurarine.

The antihypertensive effects of thiazides may be enhanced in the postsympathectomy patient. Thiazides may decrease arterial responsiveness to norepinephrine. This diminution is not sufficient to preclude effectiveness of the pressor agent for therapeutic use.

PREGNANCY: Pregnancy Category C. Thiazides cross the placental barrier and appear in cord blood. The use of thiazides in pregnancy requires that the anticipated benefit be weighed against possible hazards to the fetus. These hazards include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

NURSING MOTHERS: Thiazides appear in human milk. If use of the drug is deemed essential, the patient should stop nursing.

PEDIATRIC USE: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Propranolol hydrochloride (INDERAL® LA): Most adverse effects have been mild and transient and have rarely required the withdrawal of therapy.

Cardiovascular: Bradycardia, congestive heart failure; intensification of AV block, hypotension; paresthesia of hands; thrombocytopenic purpura, arterial insufficiency, usually of the Raynaud type.

Central Nervous System: Lightheadedness; mental depression manifested by insomnia, lassitude, weakness, fatigue; reversible mental depression progressing to catatonia; visual disturbances; hallucinations, an acute reversible syndrome characterized by disorientation for time and place; short-term memory loss, emotional lability; slightly clouded sensorium, and decreased performance on neuropsychometrics.

Gastrointestinal: Nausea, vomiting, epigastric distress, abdominal cramping, diarrhea, constipation; mesenteric arterial thrombosis; ischemic colitis.

Allergic: Pharyngitis and agranulocytosis; erythematous rash; fever combined with aching and sore throat; laryngospasm and respiratory distress.

Respiratory: Bronchospasm.

Hematologic: Agranulocytosis, nonthrombocytopenic purpura, thrombocytopenic purpura.

Auto-Immune: In extremely rare instances, systemic lupus erythematosus has been reported.

Miscellaneous: Alopecia; LE-like reactions; psoriasiform rashes, dry eyes; male impotence; and Peyronie's disease have been reported rarely. Oculomucocutaneous reactions involving the skin, serous membranes, and conjunctivae reported for a beta blocker (practolol) have not been associated with propranolol.

Hydrochlorothiazide:

Gastrointestinal: Anorexia, gastric irritation, nausea, vomiting, cramping, diarrhea, constipation; jaundice (intrahepatic cholestatic jaundice); pancreatitis, sialadenitis.

Central Nervous System: Dizziness, vertigo; paresthesias; headache, xanthopsia.

Hematologic: Leukopenia; agranulocytosis; thrombocytopenia, aplastic anemia.

Cardiovascular: Orthostatic hypotension (may be aggravated by alcohol, barbiturates, or narcotics).

Hypersensitivity: Purpura, photosensitivity; rash; urticaria; necrotizing angiitis (vasculitis, cutaneous vasculitis); fever; respiratory distress, including pneumonitis; anaphylactic reactions.

Other: Hyperglycemia, glycosuria, hyperuricemia; muscle spasm; weakness; restlessness; transient blurred vision.

Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn.

* The appearance of these capsules is a registered trademark of Ayerst Laboratories

REFERENCE:

1. Ravid M, Lang R, Jutrin I: The relative antihypertensive potency of propranolol, oxprenolol, atenolol, and metoprolol given once daily. *Arch Intern Med* 1985;145:1321–1323.

6213/686

Ayerst® AYERST LABORATORIES
New York, NY 10017

Copyright © 1986 Ayerst Laboratories

Pneumocystis carinii pneumonia complicating intermittent Cushing's syndrome

James W Findling, MD; Brian P Buggy, MD; Thomas P Segerson, MD; and *Hershel Raff, PhD,* Milwaukee, Wisconsin

ABSTRACT. *Cushing's syndrome impairs the immune response and predisposes patients to bacterial, tuberculous, and fungal infections. Severe endogenous hypercortisolemia associated with the ectopic ACTH syndrome may cause significant immunosuppression and be complicated by opportunistic infections. We describe a 68-year-old man with intermittent ectopic Cushing's syndrome whose course was complicated by* **Pneumocystis carinii** *pneumonia. Prodigious hypercortisolemia (urinary-free cortisol >10,000 mcg/24 hours) was ameliorated with inhibitors of adrenal steroid biosynthesis (aminoglutethimide and metyrapone) resulting in restoration of his immunocompetence. Aggressive supportive care as well as appropriate antimicrobial therapy resulted in a gratifying recovery. Medical control of hypercortisolism is an important component in the therapy and prevention of opportunistic infections in patients with endogenous Cushing's syndrome.*

Key words: Cushing's syndrome; *Pneumocystis carinii;* Ectopic ACTH

From the Endocrine Research Laboratory and Department of Medicine, St Luke's Hospital-Medical College of Wisconsin, Milwaukee. Publication support provided. Reprint requests to: James W Findling, MD, Dept of Medicine, St Luke's Hospital, 2900 West Oklahoma Ave, Milwaukee, Wis 53215 (phone: 414/649-6421).
Copyright 1986 by the State Medical Society of Wisconsin.

PNEUMOCYSTIS CARINII pneumonia, a well-known complication of exogenous glucocorticoid therapy, has been recently reported in patients with endogenous Cushing's syndrome usually with a fatal outcome.[1-4] This report describes a patient with severe intermittent adrenocorticotropin (ACTH)-dependent Cushing's syndrome whose course was complicated by *P. carinii* pneumonia. Eucortisolemia was achieved with aminoglutethimide and metyrapone, resulting in restoration of immunocompetence and a spontaneous remission of his Cushing's syndrome. A complete recovery of the patient's pneumonia was achieved with trimethoprim-sulfamethoxazole, pentamidine-isethimate, and aggressive supportive care.

CASE REPORT. A 68-year-old retired male attorney was admitted to another hospital in July 1983, with three weeks of polydipsia, polyuria, anorexia, weakness, and edema. Hypertension, hyperglycemia, and hypokalemic metabolic alkalosis were noted. Diuretics, potassium, and insulin were administered. Morning and evening plasma cortisol levels were 165 and 108 mcg/dL, respectively. The patient was transferred to St Luke's Hospital for further evaluation.

His medical history was significant for an admission in 1974 for depression, edema, weakness, hyperglycemia, and hypokalemic metabolic alkalosis. His condition gradually improved with furosemide and tolbutamide, but three months later he developed a right lung abscess (thought to be secondary to aspiration pneumonia). In 1977 he was again admitted with a similar episode of edema, weakness, hypertension, hyperglycemia, and hypokalemic metabolic alkalosis. Clinical improvement occurred with diuretic therapy and insulin. A bronchopleural fistula formed following spontaneous pneumothorax and later required surgical repair.

Examination in August 1983 showed a lethargic, mildly disoriented, chronically-ill-appearing man. Blood pressure was 176/108 mmHg; pulse 88 beats/minute; temperature 37 C. His face was plethoric and oral candidiasis was present. There was increased posterior cervical and supraclavicular fat. The thyroid gland was not palpable.

> *The article illustrates the importance of controlling hypercortisolemia with inhibitors of adrenal steroid biosynthesis in order to restore immunocompetence.*

Rales were audible in the left base on inspiration. The lower extremities were edematous to the knees, and there was marked diffuse muscle wasting and weakness.

Laboratory studies showed a sodium of 144 mEq/L; potassium 2.9 mEq/L; chloride 106 mEq/L; CO_2 29 mmol/L.

The blood-urea-nitrogen was 35 mg/dL; creatinine 1.1 mg/dL; fasting blood glucose 162 mg/dL. The hemoglobin level was 12.2 Gm/dL, hematocrit reading 36%. The white blood cell count was 9,100 per cu mm with 83% segmented neutrophils, 12% band forms, 1% lymphocytes, 3% monocytes, and 1% metamyelocytes. The platelet count was 89,000. The serum thyroxine was 2.1 mcg/dL (normal 5.2–11 mcg/dL), triiodothyronine (T3) resin uptake was 56% (normal 35%–45%), and the thyroid-stimulating hormone (TSH) was less than 1.5 μU/ml. Studies of his adrenocortical function (Table 1) revealed markedly elevated ACTH and cortisol secretion, which failed to suppress with high doses of dexamethasone.

The chest film was clear with the exception of vascular clips in the right middle and upper lung fields. Electrocardiogram demonstrated left ventricular hypertrophy and left atrial enlargement. A computed tomographic (CT) scan of the abdomen showed bilateral adrenal enlargement. High-resolution CT of the sella turcica was normal. Skin test for intermediate-strength PPD, mumps antigen, dermatophyton, and trichophyton were all negative.

On the 8th hospital day, the patient was started on metyrapone, aminoglutethimide, and hydrocortisone. One day later he developed progressive dyspnea. Bilateral basilar rales were heard. A chest film showed increased markings in the right base, and arterial blood gases on room air revealed a pH of 7.51, a PO_2 of 41 mmHg, a PCO_2 of 30 mmHg, and oxygen saturation of 81%. A sputum sample could not be obtained. A ventilation-perfusion lung scan was interpreted as low probability of pulmonary embolism. He was treated with furosemide, oxygen, tobramycin, and piperacillin. There was no clinical improvement; indeed, over the next 48 hours he developed diffuse bilateral alveolar infiltrates. On the 12th hospital day, therapy with erythromycin and amphotericin was started. On the 13th hospital day, a fiberoptic bronchoscopy with transbronchial lung biopsy was performed and many cysts of *P. carinii* were seen. Intravenous trimethoprim-sulfamethoxazole (15 mg/kg/day as trimethoprim) was initiated. The severe hypoxemia and pulmonary infiltrates persisted and a repeat bronchoscopy was performed on the 29th hospital day. During the procedure the patient had a respiratory arrest and required endotracheal intubation and mechanical ventilation. Washings from bronchoscopy were also positive for *P. carinii*. Pentamidine-isethimate therapy was begun in addition to the trimethoprim-sulfamethoxazole. He had gradual improvement of his oxygenation, and resolution of his infiltrates occurred over the next month. On the 78th hospital day he was successfully weaned from mechanical ventilation.

Plasma cortisol levels fell to less than 20 mcg/day within the first six days of treatment with metyrapone and aminoglutethimide therapy. Urinary free cortisol levels were consistently less than 90 mcg/24 hours. The TSH level increased to 15 μU/ml with a serum thyroxine of 1.6 mcg/dL. The hypothyroidism was attributed to aminoglutethimide therapy and was treated with replacement doses of L-thyroxine. After extensive rehabilitation, the patient was discharged on the 112th hospital day on metyrapone (1 Gm daily) and trimethoprim-sulfamethoxazole (one single-strength tablet twice a day).

The patient was readmitted one month later after discontinuation of all his medical treatment. His cortisol level suppressed to 2 mcg/dL after 1 mg oral dexamethasone. Plasma ACTH was 10 pg/ml. Urinary 17-hydroxycorticosteroid and free cortisol levels were normal. An intermediate-strength tuberculin skin test was reactive with 8 mm induration. The trimethoprim-sulfamethoxazole was discontinued. Followup evaluation two years later has shown persistent clinical and biochemical remission of his Cushing's syndrome with normal urinary-free cortisol and adequate suppression of cortisol and ACTH to dexamethasone.

Table 1—*Adrenocortical function*

	Plasma		Urine	
	Cortisol (mcg/dL)	*ACTH* (pg/ml)	*17-OHCS* (mg/24h)	*Free Cortisol* (mcg/24h)
Normal:	(7–25)	(20–90)	(2–10)	(<90)
Baseline	182	240	120	10,460
Low-dose dex* suppression	65	133	—	—
High-dose dex + suppression	110	149	153	8,411

*After an overnight 1-mg dexamethasone suppression test
+ After two days of dexamethasone, 2 mg every 6 hours

DISCUSSION. Spontaneous Cushing's syndrome impairs the immune response and predisposes patients to poor wound healing, bacterial infections, reactive tuberculosis, superficial fungal infections, and opportunistic infection.[1-5] Intermittent Cushing's syndrome is an unusual variant of endogenous hypercortisolism in which excess hormonogenesis occurs either cyclically, with a regular periodicity of days to weeks, or episodically without an established pattern.[6] Our patient has had three clinical episodes of cortisol excess during a nine-year period (although the first two were not documented biochemically). During his initial episode in 1974, he had a right lung abscess following aspiration pneumonia; a second flare-up in 1977 resulted in a bronchopleural fistula requiring surgical repair. This report describes his most recent episode of hypercortisolism, which was complicated by *P. carinii* pneumonia.

Pneumocystis carinii is a protozoan pathogen that causes an intense pneumonitis in settings either of severe

protein malnutrition or disease or of therapy affecting cell-mediated immunity.[7,8] An association with the intense therapy of lymphoreticular malignancies, particularly the use of prednisone, has been suggested.[7] Indeed, induction of the latent infection in rats requires prolonged corticosteroid administration.[9,10] Successful therapy includes either trimethoprim-sulfamethoxazole or pentamidine-isethimate (sometimes both) and almost always requires modulation or removal of the process affecting cell-mediated immunity.

A recent review of opportunistic infections in patients with endogenous Cushing's syndrome has suggested a correlation between morning plasma cortisol levels and the type of infectious pathogen. *Pneumocystis* pneumonia was observed exclusively in patients with massive elevations of plasma cortisol usually greater than 120 mcg/dL.[1] Similarly, our patient suffered prodigious hypercortisolism with a morning cortisol level as high as 182 mcg/dL and a urinary-free cortisol of 10,460 mcg/24 hours (normal <90 mcg/24 hours).

The outcome of opportunistic infections in patients with endogenous Cushing's syndrome has usually been fatal, and emphasis has been placed on the importance of controlling cortisol hypersecretion to improve survival.[1] Eucortisolemia was promptly achieved in our patient with metyrapone (an 11, β-hydroxylase inhibitor) and aminoglutethimide (which inhibits conversion of cholesterol to pregnenolone). Interestingly, the clinical appearance of the *Pneumocystis* pneumonia in our patient followed the initiation of these drugs as cortisol secretion was decreasing. This has been reported with another patient where hypercortisolemia was caused by an ACTH-secreting carcinoid tumor.[4] This phenomenon may represent unrestricted growth of the organism during immunosuppression (glucocorticoid) followed by intense inflammation and clinical pneumonia when such immune suppression is reduced or eliminated.[11] Medical control of our patient's hypercortisolemia ultimately resulted in restoration of immunocompetence, as reflected by recovery of skin test reactivity; in combination with appropriate antimicrobial therapy and supportive care, a gratifying recovery ensued.

The cause of the ACTH-dependent Cushing's syndrome in our patient is uncertain. The magnitude of the cortisol excess, failure of suppression with high-dose dexamethasone, and the hypokalemic metabolic alkalosis all strongly suggest an occult ectopic ACTH-secreting neoplasm.[12] In addition, an opportunistic infection is less likely to develop in patients with pituitary ACTH-dependent Cushing's disease than it is in patients with ectopic neoplasms or adrenal tumors.[1] Although intermittent Cushing's syndrome has usually been considered a feature of Cushing's disease, this phenomenon has been demonstrated with ectopic neoplasms.[13,14] The spontaneous remission of Cushing's syndrome in our patient was probably due to the cyclical nature of his ACTH hypersecretion; however, similar remissions have been reported in several patients treated with a course of metyrapone and aminoglutethimide.[15]

SUMMARY. This report describes successful treatment of *Pneumocystis carinii* pneumonia complicating severe intermittent ACTH-dependent Cushing's syndrome. It also demonstrates that medical control of hypercortisolemia with inhibitors of adrenal steroid biosynthesis can restore immunocompetence and, with appropriate supportive measures, result in full recovery.

ACKNOWLEDGMENT: The authors wish to thank the nurses in the Medical-Respiratory Intensive Care Unit of St Luke's Hospital, Milwaukee, for their help with the care of this patient and to Dr William Chung for referring the patient to us. This work was supported in part by a grant from the Siebert-Lutheran Foundation.

REFERENCES

1. Graham BS, Tucker WS: Opportunistic infections in endogenous Cushing's syndrome. *Ann Intern Med* 1984; 101:334-338.
2. Fulkesson WJ, Newman JH: Endogenous Cushing's syndrome complicated by *Pneumocystis carinii* pneumonia. *Am Rev Resp Dis* 1984; 129:188-189.
3. Anthony LB, Greco FA: *Pneumocystis carinii* pneumonia: a complication of Cushing's syndrome. *Ann Intern Med* 1981; 94:488-489.
4. Natale RB, Yagoda A, Brown A, et al: Combined *Pneumocystis carinii* and *Nocardia asteroides* pneumonitis in a patient with an ACTH-producing carcinoid. *Cancer* 1981; 47:2933-2935.
5. Findling JW, Tyrrell JB, Aron DC, et al: Superficial fungal infections in Cushing's syndrome. *Ann Intern Med* 1981; 95:392.
6. Bochner F, Burke CJ, Lloyd HM, et al: Intermittent Cushing's disease. *Am J Med* 1979; 67:507-509.
7. Hughes WT: Pneumocystis pneumonia: a plague of the immunosuppressed. *Johns Hopk Med J* 1978; 143:184-192.
8. Kovacs JA, Hienenz JW, Macher AM, et al: *Pneumocystis carinii* pneumonia: a comparison between patients with the acquired immunodeficiency syndrome and patients with other immunodeficiencies. *Ann Intern Med* 1984; 100:663-671.
9. Hendley JO, Welter TH: Activation and transmission in rats of infection with *Pneumocystis*. *Proc Soc Exp Biol Med* 1971; 137:1401-1404.
10. Hughes WT, McNabb RC, Makres TD, et al: Efficacy of trimethoprim and sulfamethoxazole in the prevention and treatment of *Pneumocystis carinii* pneumonitis. *Antimicrob Agents Chemother* 1974; 5:289-293.
11. DeVita V, Goodell B, Hubbard S, et al: Pneumocystis pneumonia in patients with cancer: clinical setting. *Natl Cancer Inst Monogr* 1976; 43:41-46.
12. Findling JW, Tyrrell JB: The occult ectopic secretion of adrenocorticotropin. *Arch Intern Med* 1986; 146:929-933.
13. Segerson TP, Raff H, Katzoff MN, et al: Intermittent ectopic Cushing's syndrome: localization of an occult ACTH source by selective bronchial lavage for ACTH. Proceedings of the 7th International Congress of Endocrinology. Quebec City 1984; 1395.
14. Thorner MO, Martin WH, Ragar GE, et al: A case of ectopic ACTH syndrome: diagnostic difficulties caused by intermittent hormone secretion. *Acta Endocrinol* 1982; 99:364-370.
15. Gogel EL, Salber PR, Tyrrell JB, et al: Cushing's disease in a patient with a "nonfunctioning" pituitary tumor: spontaneous development and remission. *Arch Intern Med* 1983; 143:1040-1042. ■

Impaired Physician Program

Persons interested in the Impaired Physician Program may call 608/257-6781 or toll-free in Wisconsin: 1-800-362-9080 and explain their concern to Mr John LaBissoniere or Mr H B Maroney of the State Medical Society staff. The caller's identity will be kept in complete confidence.

Collagenous colitis: Report of a case with autopsy data

Dean T Stueland, MD; Kosasih S Gani, MD; George E Magnin, MD; and *Robert G Norfleet, MD,* Marshfield, Wisconsin

ABSTRACT. *Collagenous colitis is an uncommon disorder causing watery diarrhea. Its cause and pathophysiology is poorly understood. There is a characteristic subepithelial deposit of collagen in the colon and rectum. We present a case with autopsy data. Our patient showed no histologic abnormalities of any part of the digestive tract except the colon and rectum, confirming the speculations of other authors.*

Key words: Colon; Collagenous colitis; Colitis; Diarrhea

COLLAGENOUS COLITIS, initially described by Lindstrom in 1976,[1] is characterized microscopically by a diffuse zone of subepithelial collagen deposition in the mucosa of the colon. About 20 cases have been reported, usually in young or middle-aged women, but collagenous colitis has occurred in older men and women. Watery diarrhea is characteristic with normal absorption and laboratory studies. The radiographic and endoscopic appearance of the gastrointestinal mucosa is usually normal.

We report an elderly male with typical clinical, radiographic, and microscopic appearance of collagenous colitis who died from an unrelated cause. To our knowledge this is the first case to include operative or autopsy findings.

From the Sections of Internal Medicine and Gastroenterology and the Department of Pathology, Marshfield Clinic, Marshfield, Wisconsin. Reprint requests to: Dean T Stueland, MD, Marshfield Medical Foundation, Inc, Marshfield, Wisconsin 54449 (phone: 715/387-5497). Copyright 1986 by the State Medical Society of Wisconsin.

CASE REPORT. An 83-year-old white man complained of diarrhea for four months. There was no history of gastrointestinal disease, and he denied abdominal pain or cramping, hematochezia, anorexia, or loss of weight. He did experience loss of energy and reported three to four loose stools daily. He had been evaluated elsewhere. Stools were negative for ova, parasites, enteric pathogens, occult blood or phenolphthalein. A D-xylose test and fecal fat determination were normal. Barium contrast radiographs of the upper digestive tract, small intestines, and colon were normal. Total colonoscopy was normal, but biopsies of both the cecum and rectosigmoid showed a subepithelial deposition of collagen.* Collagenous colitis was diagnosed and he was treated symptomatically for one month before referral.

His history included hypertension treated with hydrochlorothiazide, hypothyroidism treated with levothyroxine, cerebrovascular disease treated with aspirin, and mild diabetes managed by diet. He was not known to use laxatives. He smoked two packages of cigarettes and consumed eight ounces of alcohol daily.

He suffered a subarachnoid hemorrhage before our gastrointestinal evaluation and was admitted to the hospital deeply comatose. He died without regaining consciousness. A complete postmortem examination was performed.

*The authors wish to acknowledge and thank Dr Jack Kleh, Dr Donald O'Kieffe, and Dr Frank Jannata of Washington, DC, who, respectively, performed the clinical evaluation, carried out the colonoscopy and biopsies, and interpreted the pathologic specimen as being collagenous colitis.

AUTOPSY METHOD. All specimens obtained during autopsy were fixed in 10% buffered formaldehyde for 48 hours and embedded in paraffin. Sections were stained with hematoxylin and eosin, Masson trichome, and Giemsa. Representative sections were taken from the entire gastrointestinal tract.

AUTOPSY. Grossly, the entire gastrointestinal tract appeared normal. The major microscopic finding relative to his diarrhea was a diffuse thickening (range = 10 – 60um with a mean of 30um) of the intercryptal subepithelial collagenous layer (Fig 1). The thickened intercryptal subepithelial layer stained positively (blue) with Masson trichome stain. A few plasma cells, lymphocytes, and fibroblasts were found embedded in the abnormal collagenous layer. The superficial epithelium showed atrophy and desquamation. Moderate infiltration of lymphocytes and plasma cells was seen from all sections taken from the colon, including the rectosigmoid area. Stains for amyloid were negative. Sections from the esophagus, stomach, and small intestine do not show thickening of the subepithelial collagenous layer.

DISCUSSION. In our patient the subepithelial collagen deposition, which has been shown to be collagen and procollagen III,[2] involved the entire colon and rectum although in varying degrees. No other areas of the alimentary canal or other internal organs were affected. It is assumed that the collagen deposition is responsible for the clinical symptoms although it has been reported to persist when a patient becomes asymptomatic.[3] In other cases the collagen has cleared with resolution of the symptoms.[4,5,6]

Treatment of collagenous colitis remains anecdotal. Temporary improvement has been noted with steroids[3,6]

and sustained improvement after mepracrine[5] and sulfasalazine.[6,7] However, symptomatic and sustained improvement also has been noted with only supportive therapy. Other cases report persistence of symptoms despite therapy.

Disturbed function and differentiation of the pericryptal fibroblastic sheath may be related to the pathogenesis of the disease[8] and the subepithelial collagen deposition is thought to be a barrier to fluid and electrolyte absorption. Similar but focal mucosal changes may be seen in long-term severe inflammation and adjacent to hyperplastic polyps. Very similar, if not identical, findings are occasionally seen in the small intestine of celiac sprue patients and Weidner, et al[7] reported observing one patient with increased subepithelial fibrosis of the colon with gluten sensitive celiac sprue. Amyloidosis, which may produce a similar morphologic picture, has different staining characteristics and perivascular deposition. This patient had no history or findings of colonic inflammation, polyps, sprue or amyloid.

FIGURE 1—*Surface epithelium of colonic mucosa. Moderate inflammatory infiltrate in lamina propria are present. A diffuse band-like zone of subepithelial collagen deposition is seen on the surface (hematoxylineosin, left, and Masson trichome, right; ×100).*

SUMMARY. We present the autopsy findings of a patient with collagenous colitis which is a distinct clinicopathologic entity. The pathologic findings were limited to the colon where there is a subepithelial collagen deposition. The cause remains unknown and response to treatment variable; but the prognosis, although uncertain, generally appears benign. We recommend colorectal mucosal biopsy in all patients with otherwise unexplained watery diarrhea. In addition to discovering patients with inflammatory intestinal disease, despite a normal appearing mucosa,[9] we predict discovery of many more with collagenous colitis.

REFERENCES

1. Lindstrom CG: Collagenous colitis with watery diarrhea—a new entity? *Pathol Eur* 1976; 11:87-89.
2. Flejou JF, Grimaud JA, Molas G, et al: Collagenous colitis: Ultrastructural study and collagen immunotyping of four cases. *Arch Pathol Lab Med* 1984; 108:977-982.
3. Teglbjaerg PS, Thaysen EH, Jensen HH: Development of collagenous colitis in sequential biopsy specimens. *Gastroent* 1984; 87:703-709.
4. Debongnie JC, DeGalocsy C, et al: Collagenous colitis: A transient condition? *Dis Colon Rectum* 1984; 27:672-676.
5. Pieterse AS, Hecker R, Rowland R: Collagenous colitis: A distinctive and potentially reversible disorder. *J Clin Pathol*, 1982; 35:338-340.
6. Farah DA, Mills PR, Lee FD, et al: Collagenous colitis: Possible response to sulfasalazine and local steroid therapy. *Gastroent* 1985; 88:792-797.
7. Weidner N, Smith J, Pattee B: Sulfasalazine in treatment of collagenous colitis: case report and review of the literature. *Am J Med* 1984; 77:162-166.
8. Van den Oord JJ, Geboes K, Desmet VJ: Collagenous colitis: an abnormal collagen table? Two new cases and review of the literature. *Am J Gastroent* 1982; 77:377-381.
9. Read NW, Krejs GJ, Read MG, et al: Chronic diarrhea of unknown origin. *Gastroent* 1980; 78:264-271 ■

CLINICAL CANCER: Number 9 of a series

Screening and prevention of colorectal cancer

William H Stone, MD
Racine, Wisconsin

IN SUMMER 1984, Doctor Vincent DeVita, director of the National Cancer Institute, set a goal of reducing the United States cancer mortality rate by one-half by the year 2000. This reduction would be brought about by improved prevention measures, improved technology and its implementation, and improved treatments for micrometastatic disease (Table 1).[1] The American Cancer Society (ACS), through its research funding, professional education, public information, and public education programs, has been making strides to attack cancer at all these levels.

At a grass roots level the ACS has been involved for years in early detection and prevention of cancer. Early detection or screening for cancer presumes that one can increase the cure rate for that cancer if it is detected early. In only breast[2] and colon[3] cancers have randomized controlled studies been conducted and

Doctor Stone is a Medical Oncologist and Area 9 Medical Director of the American Cancer Society. Reprint requests to: William H Stone, MD, 5625 Washington Ave, Racine, Wis 53406 (phone: 414/886-5000). Copyright 1986 by the State Medical Society of Wisconsin.

have shown a decrease in mortality from cancer screening and early detection. Screening for cancer of the cervix to show a reduction in invasive cancers has never been subjected to a large randomized study; however, epidemiologic data support a decreased mortality rate using Pap screening. Screening for lung cancer has failed to show a beneficial reduction in mortality in randomized controlled studies.[3] Thus, for only three human cancers is early detection and screening accepted as showing a benefit in reducing cancer mortality: breast cancer, colon cancer, and cancer of the cervix.

Series Coordinator:

Ernest C Borden, MD, Madison

American Cancer Society Professor of Clinical Oncology, University of Wisconsin Clinical Cancer Center, 600 Highland Ave, Madison, Wisconsin 53792

Physicians are encouraged to contact the authors if they wish to discuss these topics further or obtain additional information. Comments or suggestions for topics would be welcome.

From the standpoint of prevention one must first document that some causative agent(s) can lead to the development of a specific cancer. Epidemiologic evidence supports dietary factors in the etiology and prevention of breast and colon cancer and favors the adoption of the Prudent Diet endorsed in 1984 by the ACS. This diet mainly reduces animal fat intake and increases fiber in the diet. Lung cancer's main method of control involves prevention through nonsmoking.

Table 2 illustrates that three human malignancies (colorectal, lung, and breast) account for 43% of all human malignancies and 48.5% of all deaths from malignancies.[4] Obviously, if the ACS and the medical profession are going to make major inroads in cancer prevention and early detection, these three cancers need to be targeted.

Ever since smoking was shown to be associated with an increased risk of developing lung cancer in the 1960s, the ACS has worked diligently to educate the public and the profes sionals and to assist smokers in stop ping their destructive habit. Once breast cancer screening and its bene fits were shown the ACS publishe guidelines for appropriate screenin and continues to carry on an exten sive public educational operation encouraging the use of breast sel examination and mammography Colorectal cancer, until fairly re cently, was not a major ACS targe In 1982, a special ACS National Pu lic Education Ad Hoc Committe was formed to address the colorect cancer problem and to make recon mendations for expanding over educational efforts against this di ease. Specific three-year goals we approved by the National ACS Boa of Directors in June 1983.[5] The goals are:

1) **Public Education:** To increas the percentage of adults age 50 an over reached annually with educa tional programs on colorectal cance from the present 12% to at least 30%

2) **Professional Education:** To reac family practitioners and other pri mary care physicians in the Unite States in a group setting or on a one to-one basis with a continuing medi cal education program relative to the doctor's role in the earlier detection of colorectal cancer.

3) **Public Information:** To provide materials and resources on colorectal cancer as well as the overall plans to reduce mortality and morbidity from this disease to all major news outlets in the nation.

Between June 1983 and Spring 1984, the wheels of progress churned, and information from the National ACS Board was disseminated to the State ACS Divisions and many edu cational slide presentations, pam phlets, handouts, and posters wer prepared. In April 1984, the goals of the Colorectal Health Check (CHC)

Table 1—*Factors in mortality reduction*

Strategy	Objective	Impact (Percent reduction in mortality)
Prevention	Reduce smoking to 50% of 1980 level by 1990	15%
Prevention	Increase fiber; reduce fat	5%
Treatment	Technology transfer to encourage state-of-the-art treatment	15%
Treatment	Continued development of treatment of micrometastases	15%
Total reduction		50%

Table 2—*Comparison of total cancer cases to deaths from cancer in the United States—1984*

	US total cancer cases—1984	US deaths from cancer—1984
All cancer	870,000	450,000 (52%)
Colorectal*	130,000	60,000 (46%)
Lung*	139,000	121,000 (87%)
Breast*	116,000	37,500 (32%)

*Above three tumors account for 43% of all cancer.
*Above three tumors account for 48.5% of all cancer deaths.

program were adopted by the Wisconsin Division of the ACS and by September 1984, at the annual Wisconsin Division ACS meeting, the program was officially kicked off. It should be mentioned that a part of the CHC program enlists ACS volunteers at all levels (unit, division, and national) to participate in an exemplar program so that they may know first-hand what it is like to have their colon and rectum checked for cancer and may thus better convince others to participate.

Any disease screening program is more likely to be successful if a subgroup of patients at high risk of developing the disease can be identified. Since over 98% of all colorectal cancer occurs in patients over age 40 and 93% in patients over age 50, a target group can be identified. Colorectal screening should thus include patients over the age of 40, plus patients with personal or family histories of colorectal cancer or colon polyps as well as ulcerative colitis patients who also are at an increased risk to develop colorectal cancer.

With the appropriate application of today's technology, it is entirely possible to imminently increase the "cure" rate in colorectal cancer from 50% to 75% by screening and early detection alone. If we are able to significantly change people's eating habits to decrease animal fat intake and increase fiber intake, further long-term reduction in deaths from colorectal cancer could be expected also. Over the next three years the ACS hopes to instill a new awareness about colorectal cancer in the minds of the public and the physicians and other professionals who are entrusted not only with our nation's care of the sick but also in the maintenance of wellness through prevention and early detection of cancer.

REFERENCES

1. Greenwald: NCI Goal: Cancer Prevention. *Association of American Cancer Institutes Newsletter* August 1984.
2. Shapiro S: Evidence on screening for breast cancer from a randomized trial. *Cancer* 1977; 39: 2772–2782.
3. Dales LG, Friedman GD, Collen MF: Evaluating periodic multiphasic health checkups: A controlled trial. *J Chronic Dis* 1979; 32:385–404
4. American Cancer Society: *Cancer Facts and Figures. 1984*
5. American Cancer Society: *Colorectal Health Check Program Guide 1984* ■

ONE OF THE educational handouts being distributed by the American Cancer Society to the public is a 3×5 card entitled ***Ask Your Physician.*** This card is reprinted below (front and back) so that physicians can be aware of its availability and to familiarize themselves with current diagnostic recommendation for colorectal cancer. It is through educational materials such as this that the ACS can help patients assume some of the responsibility for maintenance of their own wellness programs.

ASK YOUR PHYSICIAN

As part of your regular cancer-related checkup, here's what you should ask your physician to help keep your colon and rectum healthy.

Some people are at higher risk for colon and rectum cancer and may need to have these detection tests earlier and more frequently. Your physician or clinic will make that decision.

If You Are Over 40

- Ask for a digital-rectal exam (physician examination of the rectum) every year

If You Are 50 And Over

- Ask for the digital-rectal exam AND the stool blood test every year. For it, you'll follow certain dietary restrictions before preparing 3 stool slides at home over a 3-day period. The stool samples are checked by a qualified technician for hidden blood which could indicate cancer.
- Ask about a procto exam (physician examination of the lower colon and rectum through a hollow lighted tube). Once you've had two annual negative proctos, you should have one every 3 to 5 years.

83-500M-267U-LE

AMERICAN CANCER SOCIETY

Occupational Health Guide available

An updated and expanded *Occupational Health Guide* for medical and nursing personnel is now available through the State Medical Society's CES Foundation.

The manual was first published by the SMS in the 1960s and has achieved respect around the state and nation as an authoritative source for nurses and physicians in the commercial and industrial setting.

The manual, in a three-ring binder, covers the subjects ranging from "abdominal injuries" to "wounds." Spaces are provided for specific written instructions from the occupational physician. The Guide contains over 250 pages of instructional material, suggested procedures and references to other occupational health literature.

Cost of 1–5 copies of the guide is $45 plus 5% sales tax. Cost for more than 5 is $40 each plus 5% tax. Postage is included in the price.

Orders can be mailed to: CES Foundation, State Medical Society of Wisconsin, Box 1109, Madison, Wisconsin 53701. ■

Length of hospitalization for transurethral resections

Nelson A Moffat, MD, Marshfield, Wisconsin

ABSTRACT. *Length of stay for uncomplicated transurethral prostatic resections are presented for a practice consisting of four urologists in a multispecialty setting.*

Key words: Transurethral resections; Diagnostic Related Groups (DRGs); Hospital length-of-stay

In the course of the last two or three years, and particularly since the advent of Diagnostic Related Groupings (DRGs), many questions have arisen, both from HMOs and from practicing physicians about what is an appropriate length of stay for certain procedures. Four urologists, whose data form the basis for this brief paper, participate in the Greater Marshfield Community Health Plan, a prepaid plan composed of approximately 60,000 members in Central Wisconsin. Many Plan participants will have transurethral resections (TURs) performed elsewhere with lengths of stay at some variance from our own. This causes perplexity among Plan administrators concerned with appropriate reimbursement to hospitals that may have widely divergent lengths of stay for the same procedures. The author feels that publication of this data may provide a comparison.

Reprint requests to: Nelson A Moffat, MD, Marshfield Clinic, 1000 North Oak Ave, Marshfield, Wisconsin 54449 (phone: 715/387-5231). Copyright 1986 by the State Medical Society of Wisconsin.

Table 1—*Average length of stay*

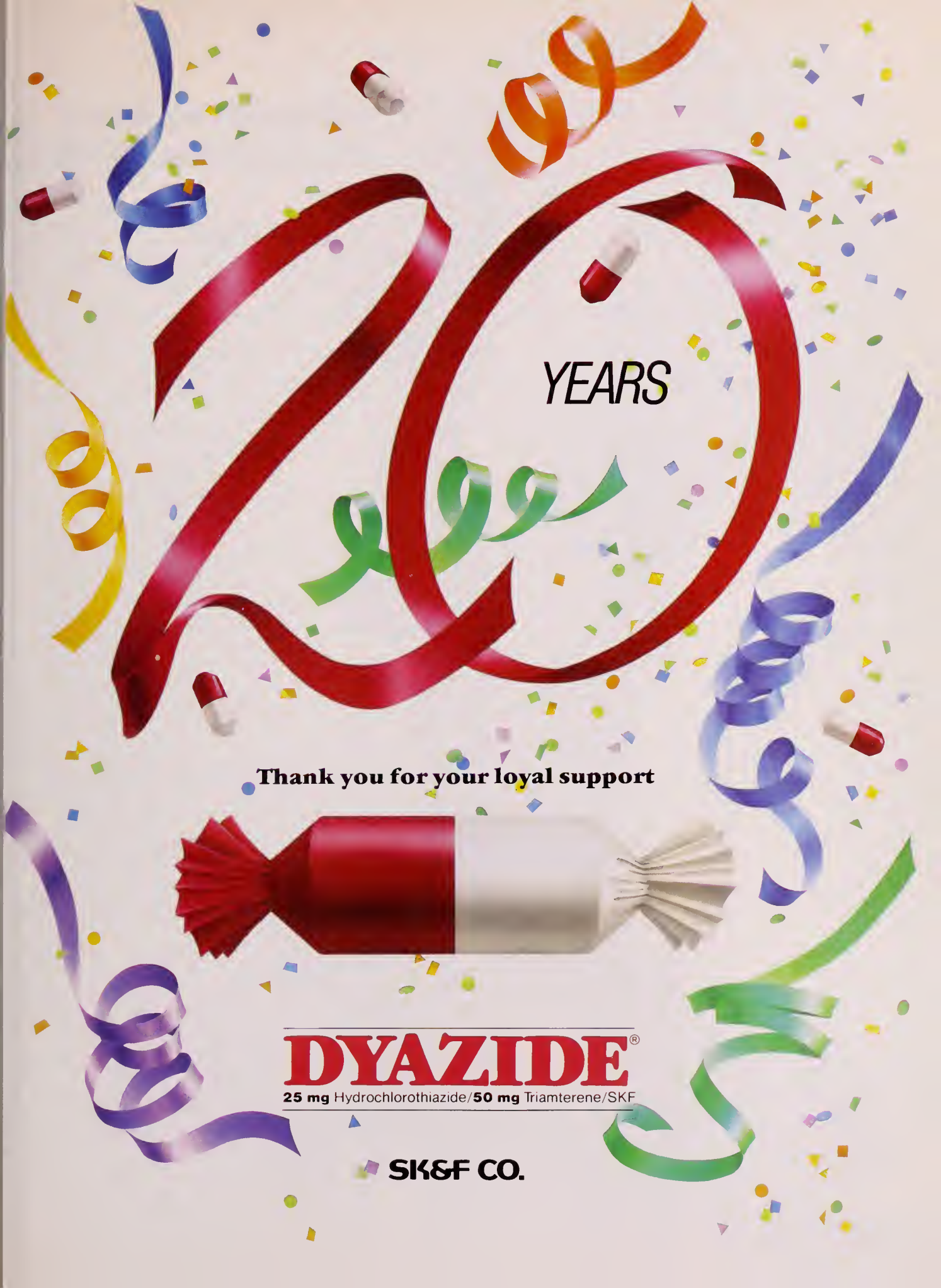
	1979		1981		1983		1985	
Physician	# proc	LOS	# proc	LOS	# proc	LOS	# proc	LOS
A	8	4.0	27	2.9	30	2.7	27	2.7
B	9	3.3	53	3.5	63	3.1	80	2.7
C	35	4.1	74	3.6	53	3.3	76	2.9
D	40	4.3	55	3.8	63	3.7	48	2.8
Totals	92		209		209		231	

The Marshfield Clinic Section of Urology is composed of four urologists of varying ages and practice philosophies. Four one-year periods were chosen (1979, 1981, 1983, 1985), and lengths of stay for simple, uncomplicated transurethral resections identified (Table 1). These totals exclude any transurethral prostatic resections done in conjunction with other procedures, such as herniorrhaphies. They also exclude any patient who was admitted for another reason and had a transurethral resection as a secondary procedure, or who had extensive treatment for a malignancy found during TUR. This is an effort to make the data usable to as many different hospitals as possible, regardless of the intensity of illness seen in their institution.

These data show, in our case, a longstanding commitment to shortened hospital stays for uncomplicated TURs, generally for benign prostatic hyperplasia. It also shows the effect of DRGs in recent years, coupled with a voluntary effort to shorten length of stays safely. Reflected in this change is a decision, where feasible, to admit patients for surgery the same day rather than the more traditional admission the previous night. In recent months we have even experimented with TURs done as an outpatient, for carefully selected local patients. These patients are not a part of the numbers noted above.

It is the author's firm opinion that a two-day length of stay (including the night after surgery and the following night) is quite appropriate. This implies a Same Day Admission (admission the morning of surgery). The catheter is generally removed the morning of the first postoperative day, and the patients are discharged the morning of the second postoperative day despite modest hematuria, if they are voiding well and are comfortable.

Readmissions for late hemorrhage, clot retention, fever or chills have been no more frequent with these shortened duration of stays than in previous years, or than those seen in other institutions.■


YEARS
Thank you for your loyal support
DYAZIDE®
25 mg Hydrochlorothiazide/50 mg Triamterene/SKF
SK&F CO.

There's never been
a better time for her...
and
PREMARIN®
(Conjugated Estrogens Tablets)

Now the evidence looks better than ever

Significantly reduced risk of endometrial hyperplasia

Endometrial hyperplasia was significantly reduced when progestin was added to PREMARIN therapy for more than ten days a month.[1-4] The risk of endometrial hyperplasia may also be reduced through cyclic administration of unopposed, low-dose PREMARIN.

Effect on lipids—an important feature

PREMARIN used alone does not adversely affect lipid levels. In fact, a clinical study has shown a significant increase in HDL cholesterol—from 49.7 mg/dL to 56.4 mg/dL—and decrease in LDL cholesterol—from 165.1 mg/dL to 138.1 mg/dL—after one year of therapy with PREMARIN, 0.625 mg.[5]

Low-dose control of menopausal symptoms*

PREMARIN effectively relieves vasomotor symptoms, such as hot flashes. When estrogen deficiency is limited to atrophic vaginitis, PREMARIN® (conjugated estrogens) Vaginal Cream restores the vaginal environment to its premenopausal state.

The most widely used, most extensively studied estrogen worldwide.

PREMARIN®

(Conjugated Estrogens Tablets)

Most trusted for more reasons

*PREMARIN is indicated for moderate-to-severe vasomotor symptoms.

Please see following page for brief summary of prescribing information.

For moderate-to-severe vasomotor symptoms

PREMARIN®
(Conjugated Estrogens Tablets)

0.3 mg 0.625 mg 0.9 mg 1.25 mg 2.5 mg

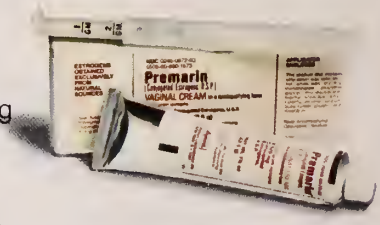
The appearance of these tablets is a trademark of Ayerst Laboratories.

For atrophic vaginitis

PREMARIN®
(Conjugated Estrogens)

Vaginal Cream

0.625mg/g



BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION AND PATIENT INFORMATION, SEE PACKAGE CIRCULARS.)*

PREMARIN® Brand of conjugated estrogens tablets, USP
PREMARIN® Brand of conjugated estrogens Vaginal Cream in a nonliquefying base

1. ESTROGENS HAVE BEEN REPORTED TO INCREASE THE RISK OF ENDOMETRIAL CARCINOMA.

Three independent case control studies have reported an increased risk of endometrial cancer in postmenopausal women exposed to exogenous estrogens for more than one year. This risk was independent of the other known risk factors for endometrial cancer. These studies are further supported by the finding that incidence rates of endometrial cancer have increased sharply since 1969 in eight different areas of the United States with population-based cancer reporting systems, an increase which may be related to the rapidly expanding use of estrogens during the last decade. The three case control studies reported that the risk of endometrial cancer in estrogen users was about 4.5 to 13.9 times greater than in nonusers. The risk appears to depend on both duration of treatment and on estrogen dose. In view of these findings, when estrogens are used for the treatment of menopausal symptoms, the lowest dose that will control symptoms should be utilized and medication should be discontinued as soon as possible. When prolonged treatment is medically indicated, the patient should be reassessed on at least a semiannual basis to determine the need for continued therapy. Although the evidence must be considered preliminary, one study suggests that cyclic administration of low doses of estrogen may carry less risk than continuous administration; it therefore appears prudent to utilize such a regimen. Close clinical surveillance of all women taking estrogens is important. In all cases of undiagnosed persistent or recurring abnormal vaginal bleeding, adequate diagnostic measures should be undertaken to rule out malignancy. There is no evidence at present that "natural" estrogens are more or less hazardous than "synthetic" estrogens at equiestrogenic doses.
2. ESTROGENS SHOULD NOT BE USED DURING PREGNANCY
The use of female sex hormones, both estrogens and progestogens, during early pregnancy may seriously damage the offspring. It has been shown that females exposed in utero to diethylstilbestrol, a non-steroidal estrogen, have an increased risk of developing in later life a form of vaginal or cervical cancer that is ordinarily extremely rare. This risk has been estimated as not greater than 4 per 1,000 exposures. Furthermore, a high percentage of such exposed women (from 30% to 90%) have been found to have vaginal adenosis, epithelial changes of the vagina and cervix. Although these changes are histologically benign, it is not known whether they are precursors of malignancy. Although similar data are not available with the use of other estrogens, it cannot be presumed they would not induce similar changes. Several reports suggest an association between intrauterine exposure to female sex hormones and congenital anomalies, including congenital heart defects and limb reduction defects. One case control study estimated a 4.7-fold increased risk of limb reduction defects in infants exposed in utero to sex hormones (oral contraceptives, hormone withdrawal tests for pregnancy, or attempted treatment for threatened abortion). Some of these exposures were very short and involved only a few days of treatment. The data suggest that the risk of limb reduction defects in exposed fetuses is somewhat less than 1 per 1,000. In the past, female sex hormones have been used during pregnancy in an attempt to treat threatened or habitual abortion. There is considerable evidence that estrogens are ineffective for these indications, and there is no evidence from well controlled studies that progestogens are effective for these uses. If PREMARIN is used during pregnancy, or if the patient becomes pregnant while taking this drug, she should be apprised of the potential risks to the fetus, and the advisability of pregnancy continuation.

DESCRIPTION: PREMARIN (conjugated estrogens, USP) contains a mixture of estrogens, obtained exclusively from natural sources, blended to represent the average composition of material derived from pregnant mares' urine. It contains estrone, equilin, and 17α-dihydroequilin, together with smaller amounts of 17α-estradiol, equilenin, and 17α-dihydroequilenin as salts of their sulfate esters. Tablets are available in 0.3 mg, 0.625 mg, 0.9 mg, 1.25 mg, and 2.5 mg strengths of conjugated estrogens. Cream is available as 0.625 mg conjugated estrogens per gram.

INDICATIONS AND USAGE: PREMARIN (conjugated estrogens tablets, USP): Moderate-to-severe *vasomotor* symptoms associated with the menopause. (There is no evidence that estrogens are effective for nervous symptoms or depression without associated vasomotor symptoms and they should not be used to treat such conditions.) **Osteoporosis (abnormally low bone mass).** Atrophic vaginitis. Kraurosis vulvae. Female castration.

PREMARIN (conjugated estrogens) Vaginal Cream is indicated in the treatment of atrophic vaginitis and kraurosis vulvae. PREMARIN HAS NOT BEEN SHOWN TO BE EFFECTIVE FOR ANY PURPOSE DURING PREGNANCY AND ITS USE MAY CAUSE SEVERE HARM TO THE FETUS (SEE BOXED WARNING).

Concomitant Progestin Use: The lowest effective dose appropriate for the specific indication should be utilized. Studies of the addition of a progestin for 7 or more days of a cycle of estrogen administration have reported a lowered incidence of endometrial hyperplasia. Morphological and biochemical studies of the endometrium suggest that 10 to 13 days of progestin are needed to provide maximal maturation of the endometrium and to eliminate any hyperplastic changes. Whether this will provide protection from endometrial carcinoma has not been clearly established. There are possible additional risks which may be associated with the inclusion of progestin in estrogen replacement regimens. (See PRECAUTIONS.) The choice of progestin and dosage may be important; product labeling should be reviewed to minimize possible adverse effects.

CONTRAINDICATIONS: Estrogens should not be used in women (or men) with any of the following conditions: 1. Known or suspected cancer of the breast except in appropriately selected patients being treated for metastatic disease. 2. Known or suspected estrogen-dependent neoplasia. 3. Known or suspected pregnancy (See Boxed Warning). 4. Undiagnosed abnormal genital bleeding. 5. Active thrombophlebitis or thromboembolic disorders. 6. A past history of thrombophlebitis, thrombosis, or thromboembolic disorders associated with previous estrogen use (except when used in treatment of breast or prostatic malignancy).

WARNINGS: Long-term continuous administration of natural and synthetic estrogens in certain animal species increases the frequency of carcinomas of the breast, cervix, vagina, and liver. There are now reports that estrogens increase the risk of carcinoma of the endometrium in humans. (See Boxed Warning.) At the present time there is no satisfactory evidence that estrogens given to postmenopausal women increase the risk of cancer of the breast, although a recent study has raised this possibility. There is a need for caution in prescribing estrogens for women with a strong family history of breast cancer or who have breast nodules, fibrocystic disease, or abnormal mammograms. A recent study has reported a 2- to 3-fold increase in the risk of surgically confirmed gallbladder disease in women receiving postmenopausal estrogens.

Adverse effects of oral contraceptives may be expected at the larger doses of estrogen used to treat prostatic or breast cancer or postpartum breast engorgement; it has been shown that there is an increased risk of thrombosis in men receiving estrogens for prostatic cancer and women for postpartum breast engorgement. Users of oral contraceptives have an increased risk of diseases, such as thrombophlebitis, pulmonary embolism, stroke, and myocardial infarction. Cases of retinal thrombosis, mesenteric thrombosis, and optic neuritis have been reported in oral contraceptive users. An increased risk of postsurgery thromboembolic complications has also been reported in users of oral contraceptives. If feasible, estrogen should be discontinued at least 4 weeks before surgery of the type associated with an increased risk of thromboembolism, or during periods of prolonged immobilization. Estrogens should not be used in persons with active thrombophlebitis, thromboembolic disorders, or in persons with a history of such disorders in association with estrogen use. They should be used with caution in patients with cerebral vascular or coronary artery disease. Large doses (5 mg conjugated estrogens per day), comparable to those used to treat cancer of the prostate and breast, have been shown to increase the risk of nonfatal myocardial infarction, pulmonary embolism and thrombophlebitis. When doses of this size are used, any of the thromboembolic and thrombotic adverse effects should be considered a clear risk.

Benign hepatic adenomas should be considered in estrogen users having abdominal pain and tenderness, abdominal mass, or hypovolemic shock. Hepatocellular carcinoma has been reported in women taking estrogen-containing oral contraceptives. Increased blood pressure may occur with use of estrogens in the menopause and blood pressure should be monitored with estrogen use. A worsening of glucose tolerance has been observed in patients on estrogen-containing oral contraceptives. For this reason, diabetic patients should be carefully observed. Estrogens may lead to severe hypercalcemia in patients with breast cancer and bone metastases.

PRECAUTIONS: Physical examination and a complete medical and family history should be taken prior to the initiation of any estrogen therapy with special reference to blood pressure, breasts, abdomen, and pelvic organs, and should include a Papanicolaou smear. As a general rule, estrogen should not be prescribed for longer than one year without another physical examination being performed. Conditions influenced by fluid retention such as asthma, epilepsy, migraine, and cardiac or renal dysfunction, require careful observation. Certain patients may develop manifestations of excessive estrogenic stimulation, such as abnormal or excessive uterine bleeding, mastodynia, etc. Prolonged administration of unopposed estrogen therapy has been reported to increase the risk of endometrial hyperplasia in some patients. Oral contraceptives appear to be associated with an increased incidence of mental depression. Patients with a history of depression should be carefully observed. Preexisting uterine leiomyomata may increase in size during estrogen use. The pathologist should be advised of estrogen therapy when relevant specimens are submitted. If jaundice develops in any patient receiving estrogen, the medication should be discontinued while the cause is investigated. Estrogens should be used with care in patients with impaired liver function, renal insufficiency, metabolic bone diseases associated with hypercalcemia, or in young patients in whom bone growth is not complete. If concomitant progestin therapy is used, potential risks may include adverse effects on carbohydrate and lipid metabolism.

The following changes may be expected with larger doses of estrogen:

a. Increased sulfobromophthalein retention.
b. Increased prothrombin and factors VII, VIII, IX, and X; decreased antithrombin 3; increased norepinephrine-induced platelet aggregability.
c. Increased thyroid binding globulin (TBG) leading to increased circulating total thyroid hormone, as measured by PBI, T4 by column, or T4 by radioimmunoassay. Free T3 resin uptake is decreased, reflecting the elevated TBG; free T4 concentration is unaltered.
d. Impaired glucose tolerance.
e. Decreased pregnanediol excretion.
f. Reduced response to metyrapone test.
g. Reduced serum folate concentration.
h. Increased serum triglyceride and phospholipid concentration. As a general principle, the administration of any drug to nursing mothers should be done only when clearly necessary since many drugs are excreted in human milk.

ADVERSE REACTIONS: The following have been reported with estrogenic therapy, including oral contraceptives: breakthrough bleeding, spotting, change in menstrual flow; dysmenorrhea; premenstrual-like syndrome; amenorrhea during and after treatment; increase in size of uterine fibromyomata; vaginal candidiasis, change in cervical erosion and in degree of cervical secretion; cystitis-like syndrome; tenderness, enlargement, secretion (of breasts); nausea, vomiting, abdominal cramps, bloating; cholestatic jaundice; chloasma or melasma which may persist when drug is discontinued, erythema multiforme; erythema nodosum; hemorrhagic eruption; loss of scalp hair; hirsutism; steepening of corneal curvature; intolerance to contact lenses; headache, migraine, dizziness, mental depression, chorea; increase or decrease in weight; reduced carbohydrate tolerance; aggravation of porphyria; edema; changes in libido.

ACUTE OVERDOSAGE: May cause nausea, and withdrawal bleeding may occur in females.

DOSAGE AND ADMINISTRATION:

PREMARIN® Brand of conjugated estrogens tablets, USP

1. *Given cyclically for short-term use only.* For treatment of moderate to severe *vasomotor* symptoms, atrophic vaginitis, or kraurosis vulvae associated with the menopause (0.3 to 1.25 mg or more daily). The lowest dose that will control symptoms should be chosen and medication should be discontinued as promptly as possible. Administration should be cyclic (eg, three weeks on and one week off). Attempts to discontinue or taper medication should be made at three- to six-month intervals.
2. *Given cyclically.* Female castration, Osteoporosis. Female castration—1.25 mg daily, cyclically. Adjust upward or downward according to response of the patient. For maintenance, adjust dosage to lowest level that will provide effective control. Osteoporosis —0.625 mg daily. Administration should be cyclic (eg, three weeks on and one week off).

Patients with an intact uterus should be monitored for signs of endometrial cancer and appropriate measures taken to rule out malignancy in the event of persistent or recurring abnormal vaginal bleeding.

PREMARIN® Brand of conjugated estrogens Vaginal Cream

Given cyclically for short-term use only. For treatment of atrophic vaginitis or kraurosis vulvae.

The lowest dose that will control symptoms should be chosen and medication should be discontinued as promptly as possible.

Administration should be cyclic (eg, three weeks on and one week off).

Attempts to discontinue or taper medication should be made at three-to-six month intervals.

Usual dosage range: 2 to 4 g daily, intravaginally, depending on the severity of the condition.

Treated patients with an intact uterus should be monitored closely for signs of endometrial cancer and appropriate diagnostic measures should be taken to rule out malignancy in the event of persistent or recurring abnormal vaginal bleeding.

References:

1. Whitehead MI, Townsend PT, Pryse-Davies J, et al: Effects of estrogens and progestins on the biochemistry and morphology of the postmenopausal endometrium. *N Engl J Med* 1981;305:1599-1605. **2.** Paterson MEL, Wade-Evans T, Sturdee DW, et al: Endometrial disease after treatment with oestrogens and progestogens in the climacteric. *Br Med J* 1980;280:822-824. **3.** Magos AL, Brincat M, Studd JWW, et al: Amenorrhea and endometrial atrophy with continuous oral estrogen and progestogen therapy in postmenopausal women. *Obstet Gynecol* 1985; 67: 496-499. **4.** Whitehead MI, Lane G, Siddle N, et al: Avoidance of endometrial hyperstimulation in estrogen-treated postmenopausal women. *Semin Reprod Endocrinol* 1983;1:1;41-52. **5.** Barnes RB, Roy S, Lobo RA: Comparison of lipid and androgen levels after conjugated estrogen or depo-medroxyprogesterone acetate treatment in postmenopausal women. *Obstet Gynecol* 1985;66:216-219.

© 1986 Ayerst Laboratories

Ayerst® AYERST LABORATORIES
New York, NY 10017

T6194/886

Regional meetings being held to discuss Auxiliary future

The SMS Auxiliary is holding a series of regional meetings which started in September to discuss possible restructuring of the physician spouse organization. The first two meetings were held September 10 and 11 in Ashland.

A recent survey of all physicians' spouses in Wisconsin indicated that employment, family commitments, and membership in other organizations restricted their involvement in Auxiliary activities. A large majority of respondents also indicated that they felt some change in the Auxiliary's structure was needed. The group presently has about 1400 members.

Physicians and their spouses are urged to attend the meeting in their region to review Auxiliary goals and to discuss three options for its future: should its present structure remain the same, be modified by a streamlined board of directors, or be renovated by a system in which the spouse of a physician who joins SMS automatically becomes an Auxiliary member? In the third case, the physician spouse would have the opportunity to decline membership by returning a card, and the Auxiliary would become an SMS committee and budget item.

The Auxiliary was established in 1929 to improve community health and education, support the CES Foundation through charitable endeavors, and conduct legislative and political activities promoting organized medicine. For more information, contact LaVerne Bartel at SMS Headquarters, telephone toll-free 1-800-362-9080.■

Special session of the House of Delegates called on liability company

(See NEWS YOU CAN USE, page 62)

US Senator Robert Kasten

SMS Leadership Conference, October 17–18, Brookfield

SMS Leadership Conference to probe current issues. Major social and political issues facing Wisconsin physicians will be the subject of discussion Friday and Saturday, October 17 and 18, at the 1986 SMS Leadership Conference at the Midway Motor Lodge in Brookfield. US Senator Robert Kasten will speak October 17 on liability reform in the 99th Congress. Other major program topics include, "A New Look at Peer Review and Discipline," with William Jacott, MD, Duluth, Minnesota, president of the American Federation of Medical Examining Boards, and Hal Harlowe, chairman of the Governor's Task Force on Professional and Occupational Discipline. Randy Sproule, administrator of Wisconsin's Mandatory Mediation Panels, and SMS President-elect Kenneth Viste, MD, Oshkosh, will talk about implementing mandatory mediation in this state. Various aspects of future tort reform will be probed by Wisconsin Commissioner of Insurance Thomas Fox; Rufus K Broadaway, Miami, Florida, a member of the AMA Board of Trustees; and Attorneys Ted Warshafsky, Milwaukee, and Donald Peterson, Milwaukee.

The SMS House of Delegates Nominating Committee also will meet Saturday, October 18, to fill a number of Society leadership posts.■

Membership encouraged for residents, students, and young physicians

The State Medical Society of Wisconsin is encouraging medical students and resident physicians to join organized medicine early in their careers.

Membership dues for students joining the State Medical Society and their local county medical society are only $10, and cover all four years of medical school.

Individuals in their PG-1 year pay only $10 for SMS dues, while resident physicians' membership dues in 1987 are just $46.50, or 10% of regular dues.

Physicians elected to SMS membership within six months of completing residency, fellowship, or fulfillment of government obligation enjoy a dues reduction of 50% for the first year and 25% the second year.

The AMA has a very low dues structure for the Student Member and Resident Member as well. In addition, to attract new members the AMA has a reduction of dues for the new practitioner of 50% for the first year and 25% the second year.

Physicians are urged to seriously consider joining organized medicine as early as possible to take advantage of these special membership rates.

To begin the membership process, if your practice is or will be located in Wisconsin, or if you have any questions, you may contact your local county society or call the Membership and Communications Division of the State Medical Society: 1-800-362-9080 (Madison area number: 257-6781.)■

Spouse physicians dues reduction

Did you know that two-physician families are eligible for dues reduction in SMS membership?

Under a plan approved by the SMS Board of Directors, one member of two-physician families is entitled to a dues break of $50. The other member pays full dues. The members themselves would identify which one receives the discounted rate.

The Society requests that such two-physician families use the home address for mailings so as to assure equal access to the Society's communications. The reduction of dues is supported by eliminating duplication of Society mailings, including the *Wisconsin Medical Journal* and *Medigram*.

Spouse physicians are urged to identify themselves as two-physician families and request the dues reduction of $50 for one member of the family.■

SMS Young Physicians hold first meeting

The SMS Ad Hoc Committee on Young Physicians will hold its first meeting October 1 in Madison to study ways to increase the involvement of young physicians at all levels of organized medicine. The AMA has asked each state medical society to form such an ad hoc committee to study representation in the Assembly of Young Physicians to be established in the AMA House of Delegates (see President's Page in the August issue).

During the meeting the committee will recommend selection of a delegate and an alternate delegate to represent the Society in the AMA House. The new section is an attempt to offer physicians under age 40 a more active role in organized medicine. Currently, only 29% of those physicians are AMA members.

Members of the SMS Ad Hoc Committee on Young Physicians are John P Mullooly, MD, Milwaukee, chairman; Kenneth I Gold, MD, Beloit; John K Scott, MD, Madison; John Keggi, University of Wisconsin Medical School; Huron L Ericson, MD, Racine; Richard H Ulmer, MD, Marshfield; Gerald J Dorff, MD, Milwaukee; James P Ketterhagen, MD, Milwaukee; Kay E Jewell, MD, Madison; Timothy T Flaherty, MD, Neenah; and Susan Palmer, MD, Brookfield.■

Reduced Practice or Retired membership

The State Medical Society reminds physicians who have reduced their practice to 1,000 hours or less during the calendar year, but do not qualify for Retired status, that they may apply for a "Part-time Practice" classification which waives 50 percent of the regular membership dues.

Physicians who have reached age 70, but are still practicing, qualify for "Over Age 70" classification, and receive a 50 percent reduction of regular SMS dues as well.

These special membership classifications must be applied for through the physician's county or state society. The changes will become effective January 1 following approval or the year after the physician reaches the age of 70 and cannot be made retroactive.

Other classifications which may be requested for which dues exemptions may apply are:

Associate: Financial hardship due to illness or disability
Retired: Works less than 240 hours per year
Military Service: Temporary service in the Armed Forces or National Health Service

Some county societies and the AMA have reduced or waived dues for some classifications. Physicians who are retired or will be retiring should advise their county or state society of their present or future status so that a change in classification can be arranged.■

Membership facts

Whether you're just starting medical school, maintaining a full-time practice, or retiring, SMS has a membership classification to fit your individual needs. Election to membership by the County Medical Society in which your principal place of practice is located carries with it membership in the State Medical Society of Wisconsin and, if you wish, the American Medical Association. If you qualify for resident membership at the time of your election, your membership dues are greatly reduced. This may also qualify you for reduced dues the first two years of your practice. In addition, two-physician families may be eligible for a $50 discount on total SMS membership dues. Dues for regular membership in 1987 are $465 for SMS, $375 for AMA, and county society dues vary. A more detailed listing of SMS membership classifications and their corresponding dues follows:

State Medical Society of Wisconsin

DESCRIPTION OF MEMBERSHIP CLASSIFICATIONS

Regular: Member in active practice. • ***First year in practice***—physicians elected to SMS membership within six months of completing residency, fellowship, or fulfillment of government obligation enjoy a dues reduction of 50 percent for the first year. • ***Second year in practice***—physicians who quality by meeting the above criteria enjoy a 25 percent dues reduction during their second year of practice. • ***Two-physician family***—one member (spouse) of a two-physician family is entitled to a dues reduction of $50 or the amount of their State Society dues whichever is less.

Resident: Physician who at January 1 of dues year is in an approved training program as a hospital resident or research fellow who is licensed to practice medicine and surgery in Wisconsin.

Military Service: Members who are serving in the U.S. armed forces (generally not to exceed five years).

Associate: Member whose dues are waived because of financial hardship due to illness or disability. This classification is temporary and is reviewed on an annual basis.

Life: Member who has held membership in a state medical society for 50 years or is a Past President of the State Medical Society of Wisconsin.

Honorary: Member who was named by the Board of Directors in recognition of long and distinguished service to the cause of medicine.

Retired: Member who has completely retired from practice (works less than 240 hours per year). All dues are waived unless county society indicates they wish to charge county dues.

Part-time Practice: Physician, regardless of age, who practices 1,000 hours or less during the calendar year but does not qualify for retired membership.

Over Age 70: Member in active practice who is over 70 years of age as of January 1.

Candidate: Member attending a medical school in Wisconsin or fulfilling a postgraduate obligation prior to eligibility for licensure.

Scientific Fellow: The Board of Directors may by invitation and unanimous consent confer upon any person engaged in teaching of or research in one or more of the basic sciences at an accredited college or university, and not holding the degree of Doctor of Medicine or Osteopathy, the status of Scientific Fellow.

Emeritus: Retired members who have chosen not to renew their license.

1987 DUES AMOUNTS FOR THESE CLASSIFICATIONS

	SMS	AMA	COUNTY
Regular	$465.00	$375.00	Normal County Dues
1st Year in Practice	$232.50	$187.00	Normal County Dues
2nd Year in Practice	$348.75	$281.00	Normal County Dues
Two Physician Family	$415.00	$375.00	Normal County Dues
Part-Time Practice	$232.50	$375.00/-0-*	Normal County Dues
Part-Time—Over Age 70	$232.50	$187.00*	Normal County Dues
Resident	$ 46.50	$ 45.00	Varies
Military Service	-0-	$250.00/$45.00	-0-
Associate	-0-	-0-	-0-
Retired	-0-	$375/$75/-0-*	-0-
Retired—Over Age 70	-0-	-0-	-0-
Life	-0-	$375.00/-0-*	-0-
Honorary	-0-	$375.00/-0-*	-0-
Over Age 70	$232.50	$375.00/-0-*	Normal County Dues
Candidate—			
Students	[1]$ 10.00	[2]$ 20.00	
Postgraduate—One	$ 10.00	$ 45.00	Varies
Scientific Fellow	-0-	-0-	-0-
Emeritus	-0-	-0-	-0-

[1]Students' SMS and County Dues for four academic years
[2]Students' AMA Dues for the calendar year 1987

*Physicians in these categories may be eligible for exemption from paying AMA dues under the grandfather clause

AMA dues-exempt members who were granted exemption before 1986 based on previously established criteria, with the exception of financial hardship or disability, will automatically be dues-exempt in 1986 and beyond under the grandfather clause

Under new AMA policy, only the following two categories of physicians will qualify for new dues exemption

(1) Financial hardship and/or disability
(2) 70 years of age or older *and* fully retired

Under age 70 and fully retired AMA dues may be reduced to $75.00

State Society dues are prorated on a monthly basis for those elected to membership July 1 through September 30. Those elected after September 30 have no dues payable for the balance of the year in which they are elected. AMA dues follow the same pattern except prorating is on a semiannual basis rather than monthly basis.

To begin the membership process, if your practice is or will be located in Wisconsin, or you have any questions, you may contact your local county society or call the Membership and Communications Division of the State Medical Society, if in Wisconsin: 1-800-362-9080 (Madison area number: 257-6781).■

15 MONTHS FOR THE PRICE OF 12!

Membership policy allows physicians to join their county and state societies and the AMA, or just their county and state societies. Physicians are encouraged to join organized medicine now. Regular membership dues for 1987 are: $465 for SMS, $375 for AMA, and county society dues vary. However, physicians who join now will not pay any dues for the balance of 1986. That's 15 months for the price of 12! Membership applications may be obtained by contacting the secretary of your county medical society or by calling the Membership and Communications Division at the State Medical Society offices in Madison at 608/257-6781 or toll free: 800/362-9080.■

We know you.
We've talked with you.
We have a continuing commitment to serve you.

For professional liability insurance, the stakes are too high to depend on anyone else.

That's why the State Medical Society has endorsed a professional liability plan which has been developed especially for Wisconsin physicians.

Available only to members of the SMS—and offered through SMS Services, Inc.—this medical malpractice policy has superior features including:

- Consent of the physician is required before settlement of any claim.
- Availability of legal counsel, experienced in defendant medical liability.
- All members of claims and underwriting committees are Wisconsin physicians.
- Occurrence coverage provided for claims arising during the policy period, even if claim is reported at a later time.

For the best in professional liability coverage, contact SMS Services, Inc. at (608) 257-6781 or toll-free 1-800-362-9080

Endorsed by the
State Medical Society
of Wisconsin

We know how vital it is to safeguard the present... and to protect the future.

Underwritten by:

A respected leader in coverage for preferred markets.

Congressional contacts urgently needed on Medicare fee freeze

For the past few months Congress has been working on the FY1987 budget reconciliation, with key committees developing proposals on Medicare reimbursement for physicians' services. Presently three committees —the House Ways and Means, House Energy and Commerce, and Senate Finance—have each adopted different Medicare proposals. Both House committees' recommendations were incorporated into a single bill for floor action, although they contain differing provisions on Medicare physician payments. The conflicts between the three committees' recommendations would be resolved in House-Senate conference following floor action.

The House Republican leadership has developed an alternative to the committees' Medicare proposals now included in the reconciliation bill, HR 5300. This alternative, known as the Loeffler amendment after its principal sponsor, Tom Loeffler (R-Texas), would ***end the physician fee freeze;*** allow an ***equal increase*** in prevailing Medicare charge ***for participating and non-participating physicians;*** and ***allow non-participating physicians to in-***

continued

La Crosse Auxiliary helps SMS's political activity

In late August the La Crosse Auxiliary singlehandedly completed a 6000-piece mailing for WISPAC-endorsed candidate Steve Doyle of the 94th Assembly District.

This is the first time the State Medical Society, through its political action committee, has ever done an independent expenditure of this magnitude. In less than a week after the La Crosse Auxiliary was contacted about the project, its members were able to recruit over 20 volunteers. It took them only a day and a half to complete the entire mailing.

The La Crosse Auxiliary's activity has been instrumental in the State Medical Society's attempt to increase its political visibility, stated Lisa Hilbert, the SMS's field consultant in that area. On behalf of the SMS and WISPAC Ms Hilbert extends a sincere thanks to all who helped with the mailing: Barbara Roberts, Joyce Lockhart, Jean Miner, Sue Leifer, Nancy Howard, Vicki Born, Mary Biros, Jayne Steingraber, Katie Webster, Kathy Peterson, Judy Korte, Sandy Locher, Sylvia Yutuc, Jeanne Connelly, Barbara Kauphusman, and Dana Johnson. And a special thanks to Joan Johnson for the use of her home and to Carol Mader, Janet Virata, Fe Abellera, Rita Kang, and Barbara Newcomer.■

La Crosse Auxiliary volunteers in political activity (left to right above): Barbara Newcomer, Katie Webster, Jayne Steingraber, Carol Mader, Barbara Roberts, Joyce Lockhart, and Joan Johnson. (Staff photos by Lisa Hilbert)

continued

crease their actual charges by the Medicare Economic Index (MEI) plus 2% in 1987, with no limit on future years' increases. The amendment would also ***prohibit the Secretary of Health and Human Services*** from retroactively adjusting the MEI downward to reduce fees, and from reducing Medicare payments for specific services on the basis of "inherent reasonableness" of charges.

The American Medical Association has been working tirelessly with Congressional members over the past weeks and months to end the fee freeze and develop acceptable budget provisions on physician payment under Medicare. Their efforts, with the assistance of physicians nationwide, have resulted in changes being incorporated into the House and Senate Committees' proposals which represent significant improvements over current law in terms of physician reimbursement. However, ***the Loeffler amendment is more equitable than the present House reconciliation bill.***

The Society urges physicians to contact their Congressmen ***now*** to encourage their support of the Loeffler amendment. It could be pointed out that this amendment is more equitable and begins to live up to the Congressional commitment made two years ago that the fee freeze would last for only one year. It also ***provides greater budget savings overall,*** and will likely gain the backing of the Administration, the Society believes.

All members of Congress (House and Senate) can be reached through the central telephone number at the US Capitol: 1-202-224-3121. Just ask for your Congressman and your phone call will be transferred to his/her office. If you prefer to write, send your letter to your Senator and Congressman at these addresses: Senator William Proxmire or Senator Robert Kasten, Senate Office Building, Washington, DC 50510; and Congressman Les Aspin (1st district), Robert Kastenmeier (2nd), Stephen Gunderson (3rd), Gerald Kleczka (4th), James Moody (5th), Thomas Petri (6th), David Obey (7th), Toby Roth (8th), or James Sensenbrenner Jr (9th), House Office Building, Washington, DC 50515.■

WISPAC endorses Governor Earl for second term

WISPAC, the political action arm of the State Medical Society, has endorsed Governor Anthony Earl for reelection to a second four-year term.

Governor Earl's history of concern for healthcare consumers in Wisconsin, especially his leadership promoting passage of the state's new medical liability reform legislation, has earned him the support of organized medicine, WISPAC's chairman William L Treacy, MD, Milwaukee, stated.

"As physicians with the best interests of healthcare consumers at heart, we strongly believe that Governor Earl's accomplishments during his first term of office entitle him to another four years as Governor," Doctor Treacy said when he announced the endorsement at an August 22 reception for Governor Earl at the SMS Headquarters in Madison.

Doctor Treacy cited the Governor for twice vetoing mandatory insurance benefits proposed for inclusion in two state budgets, and for his willingness to openly discuss issues of concern to physicians and other healthcare providers in Wisconsin.

"Governor Earl's accomplishments indicate that he is committed to providing adequate and appropriate healthcare to all Wisconsin residents," Doctor Treacy added.

Elsewhere in this issue Doctor Treacy, in the WISPAC Column, explains the candidate endorsement philosophy in WISPAC's political role.■

AMA long-range planners play role of troubleshooter; meet in Madison

The AMA's most pressing task: to become a "rapid-response" organization. The AMA's most immediate challenge: competition from specialty societies and practice modes which threatens to eat away at physician interest in joining the nation's largest organization of healthcare providers.

Richard Corlin, MD, Santa Monica, California, is chairman of the AMA's Council on Long Range Planning and Development whose role it is "to police and jab and point out how things should be," he said. On August 22 Doctor Corlin met with the SMS Executive Committee in Madison to summarize major issues the council will be wrestling with during the next few years. SMS Immediate Past President John K Scott, MD, Madison, is also a Council member.

Doctor Corlin refuted predictions about the profession's demise. "It's a mistake to be a crepehanger and say the world is coming to an end. Being a physician will still be the greatest thing around," he said. Although physicians perceive that their professional independence is being chiseled away by the rapid ascent of healthcare organizations, the ethics and personal concern of physicians take precedence over a business-first mentality, he added.

Emerging technology is splintering organized medicine into specialty groups, and it will be up to the AMA to help physicians coalesce and identify common interests. The Council is currently reviewing its considerable slate of policies as well as reevaluating the representation of various groups in its House of Delegates. "Who should be voting, and whether we should be setting a maximum tenure for House of Delegates members are very, very touchy issues," Doctor Corlin stated.

continued

National and state leaders in organized medicine and government had an opportunity to exchange views while conducting meetings and attending a reception for Wisconsin Governor Anthony Earl at the SMS Headquarters in Madison August 22–23. Shown above, left to right are: Palma (Pam) Formica, MD, Old Bridge, NJ; Richard Corlin, MD, Santa Monica, CA; Governor Anthony Earl; Terry Hottenroth, director of the Division of Public Affairs of SMS; and Thomas Adams, secretary-general manager designate of the SMS. Doctor Formica is a member and Doctor Corlin is the chairman of the AMA Council on Long Range Planning and Development which met in Madison that weekend.

Governor Earl's reception was held on the front lawn of the SMS Headquarters located on the shore of Lake Monona. Above, left to right, are SMS Board of Directors Chairman, Darold A Treffert, MD, Fond du Lac, who addressed the gathering, and Governor Earl; John K Scott, MD, Madison, who is immediate past president of SMS, a member of the AMA Council on Long Range Planning and Development, and was the Council's host; and Kenneth M Viste Jr, MD, Oshkosh, president-elect of SMS. The SMS Board of Directors also met that weekend.

Above, left to right: Timothy T Flaherty, MD, Neenah, past president of SMS and Governor Earl; and John P Mullooly, MD, president of SMS; Darold A Treffert, MD, Fond du Lac, chairman of the SMS Board of Directors; Governor Earl; and William L Treacy, MD, Milwaukee, chairman of the WISPAC–Wisconsin Physicians Political Action Committee.—Staff photos by Ruth Anne Riese.

24 HOUR Radio dispatched truck fleet for

INDUSTRY, INSTITUTIONS, SCHOOLS, ETC.

AUTHORIZED PARTS AND SERVICE FOR CLEAVER—BROOKS
Throughout Wisconsin and Upper Michigan

SALES
Boiler room accessories
O_2 trims
Cleveland controls
And-Car automatic bottom blowdown systems

SERVICE—CLEANING ON ALL MAKES
Complete Mobile Boiler Room Rentals

Stevens Point—715/344-7310
Green Bay—414/494-3675
Madison—608/249-6604

PBBS EQUIPMENT CORP.
5401 N Park Dr
PO Box 365
Butler, WI 53007
Phone: 414/781-9620

continued

The physician surplus could be of more massive proportions than expected and could change the face of healthcare today, he added. Policymakers can expect a 10-year lag time between the time they make a decision and the time they begin feeling its effects. Today's students are brighter and more hardworking and more willing to accept administrative edicts, but they have "less fun" than the medical school graduates of 10 or 20 years ago. It remains the job of the Long Range Planning Council to anticipate just how the influx will affect organized medicine and how, in the midst of those changes, physicians can best safeguard their service to patients, Doctor Corlin said.■

SMS Board endorses La Crosse physician for AMA post

The SMS Board of Directors on August 24 unanimously voted to endorse the candidacy of Kermit L Newcomer, MD, La Crosse, for a position on the AMA Council on Medical Services. Composed of 10 physicians, one resident, and one student, the Council meets six times a year to deal with socioeconomic issues in healthcare such as national health insurance and healthcare financing, planning, and organization. Doctor Newcomer, an internist with the Gundersen Clinic, is a past president of the American Group Practice Association, serves as chairman of the SMS Commission on Physician Manpower and Distribution, and was chairman of the AMA's Northcentral Physician Manpower Task Force in 1985. Doctor Newcomer would replace George Collentine, MD, of Milwaukee, whose term expires in 1987.

In other AMA-related news, SMS Immediate Past President John K Scott, MD, Madison, was selected to participate September 17 in a workshop session on "Looking Ahead at American Health Care." The workshop, held at AMA Headquarters in Chicago, did a review and critique on the likely impact of two health care scenarios on physicians and organized medicine.■

Membership Directory—Update

The following information is being provided from Membership reports and from individual members for updating the 1986 Membership Directory as published in the July 1986 issue of the *Wisconsin Medical Journal*. Because of space limitations address changes and phone numbers will not be included in this Update; however, they will be changed in Membership Records. County transfers will be included when processing has been completed by Membership Records. **Changes in practice specialties** (as used by the AMA) and changes in **Board-certified specialties** as listed by the American Board of Medical Specialties (see July 1986 Membership Directory) are included. **Practice specialties** appear before the slash (/) and **Board-certified specialties** appear after the slash.

By County Society

CLARK

OBG / OBG
Gil J Rhee MD
216 Sunset Pl
Neillsville WI 54456

DANE

IM N
John Charles Jones MD
5401 Meadowood Dr
Madison WI 53711

GP
Edmund R Liebl MD
2711 Marshall Ct
Madison WI 53705

OS PTH / PTH
Harry M McCormick MD
5406 Odana Rd
Madison WI 53719

GS PS
William D Strinden MD
609 Constitution Ln
Madison WI 53711

RACINE

Michael A Satchie MD
2405 Northwestern Ave
Racine WI 53404

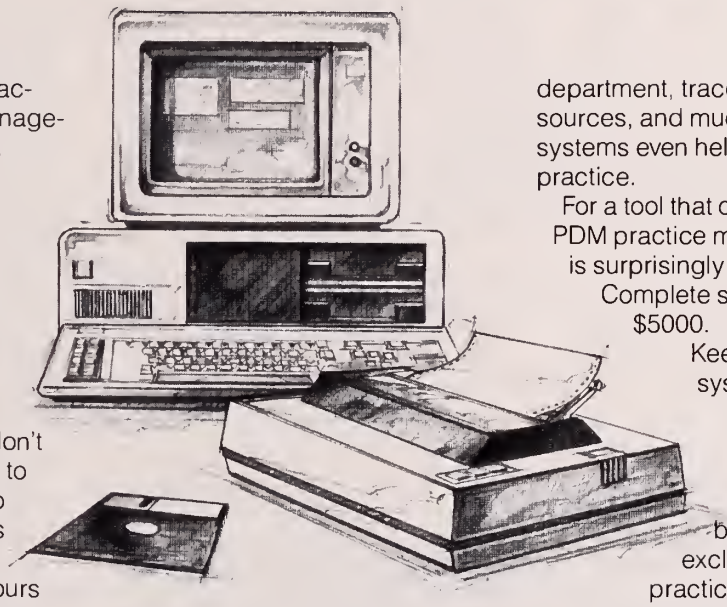
WAUKESHA

OBG
Beth Williams Angsten MD
18170 W Davidson Rd
Brookfield WI 53005

WINNEBAGO

James R Raymond MD
515 Doctors Ct
Oshkosh WI 54901■

MIND YOUR OWN BUSINESS



For small or medium-sized practices, affordable business management has been a big problem.

Until now.

Now Professional Data Management has the help you need: affordable computer hardware and software designed especially for practices like yours.

PDM provides installation, service and training. So you don't have to be a computer genius to use your system. In fact, it's so complete, all you have to do is turn it on.

One person can perform hours of tedious accounting and billing work effortlessly. What's more, you've got instant access to information about your patients and your practice.

You can provide more responsive treatment, as well as analyze revenues, track billing by patient or department, trace profit and loss sources, and much more. Some PDM systems even help you market your practice.

For a tool that can do so much, a PDM practice management system is surprisingly affordable.

Complete systems start under $5000.

Keep in mind, PDM systems are not "adaptations" of general purpose business systems. Each program has been designed exclusively for medical practice management.

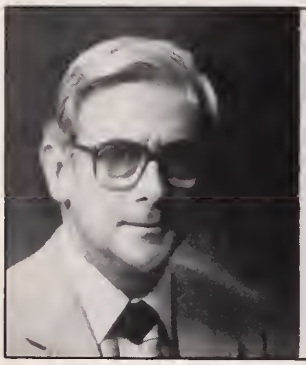
That's why it's so important to see a PDM system for yourself. So call PDM, and find out more about our remarkable practice management systems. After that, you can mind your own business.

Call 612-731-1822, or write Professional Data Management.

BETTER

Professional Data Management™

7582 Currell Blvd., Suite 212
Woodbury, MN 55125



William L Treacy, MD; Chairman
WISPAC Board of Directors

WISPAC's candidate endorsement philosophy

As THE 1986 political campaign season enters its final weeks, and election fever begins to infect not only the press but also some of us otherwise coolly rational souls, WISPAC comes in for more than its usual share of attention. WISPAC—Wisconsin Physicians Political Action Committee—is constantly at work, but there is no question that its activities are greatly heightened during the biennial campaign cycle.

Recently WISPAC made the news with its endorsement of Governor Anthony Earl's reelection bid; we also have endorsed a number of other candidates for statewide offices, for Congress, and for the State Senate and Assembly. This is a good opportunity to clarify what WISPAC is, how it works, and why *your* support and involvement in the political process is essential.

What is WISPAC and how does it fit into the State Medical Society?

WISPAC, Wisconsin Physicians Political Action Committee, was created by the State Medical Society to be the Society's political action counterpart. By law, the Society cannot contribute to candidates' campaigns or become directly involved in campaigns other than through communications sent to, and intended solely for, the SMS membership.

WISPAC is a separate corporation and is registered with the State Elections Board, and has the authority to solicit funds from physicians that, in turn, are used for political education and for support of candidates endorsed by WISPAC. All SMS members are urged to join WISPAC and may do so along with SMS dues payment or at any other time. Approximately 35% of SMS members also have joined WISPAC, a number that has doubled in the last four years.

How are candidate endorsements decided?

Candidates in district races are endorsed by the WISPAC Board of Directors, based heavily on recommendations from local physicians. Endorsements in statewide races are made by the WISPAC Board of Directors. In some races candidate interviews are held; in other cases an incumbent may be endorsed for reelection without a formal interview of all candidates. Over the last four years WISPAC has moved away from the practice of interviewing all candidates in all races and has focused on interviews in "open seats" (no incumbent running for reelection and often a large field of candidates) and seats occupied by incumbents where concerns have been expressed by local WISPAC members about that legislator's performance.

In making endorsement decisions we try to do several things. In the case of incumbents we try first of all to continue supporting those who supported us on key issues of concern to organized medicine. Consistency in this area—supporting those who support us—is essential for our continued credibility in the political process.

Secondly, we try to temper endorsement decisions with a dose of political reality. In some cases legislators are endorsed although they have not been strongly supportive on all of our issues, as one of several steps in an effort to develop a better working relationship with that legislator. For example, in a district that traditionally elects candidates from one political party by a strong margin, and where the incumbent is well-known, well-liked, and sure to gain reelection easily, physicians are better served by our efforts to try to work with that legislator and educate him or her on issues of concern to us than they would be by an endorsement of a candidate whose views are more attractive but who has no chance of winning election.

Finally, we try to make our endorsement meaningful. This is perhaps most evident in open seats, where we have an opportunity to meet with a number of candidates, discuss healthcare issues with them, and then provide as much support as possible to an endorsed candidate. In an open seat, with no incumbency advantage and often a crowded field from which to choose, our support may make a real difference for a candidate. (Of course, meaningful support in such a case involves not just a PAC contribution but also personal

financial contributions by physicians and involvement and assistance in other campaign activities.) On the other side of the coin, there are seats where the incumbent is certain to win reelection, there is no viable opposition, but the incumbent legislator is not supportive of organized medicine and the "bridge-building" approach has proved unsuccessful. In several such cases, WISPAC has declined to make any endorsement.

Does WISPAC favor one political party?

WISPAC does not have any party affiliation. We support candidates of both political parties. WISPAC looks at a candidate's position on healthcare issues, not at that candidate's overall platform. We have found people who agree with us and disagree with us in both political parties; the pattern of endorsements reflects this. In fact, our endorsements and contributions are fairly evenly split between Democrats and Republicans—some years more to one, other years more to the other. As an example of WISPAC's bipartisan nature, this year we have endorsed Governor Anthony Earl, a Democrat, and State Senator Don Hanaway, Republican candidate for Attorney General; we have endorsed Republican Ann Haney for election to the 2nd Congressional District over Democratic incumbent Robert Kastenmeier; and our endorsements in the State Senate and Assembly represent almost exactly a 50-50 split.

Why does WISPAC support Governor Earl?

As mentioned above, WISPAC's endorsement of Governor Earl's reelection bid won a fair amount of media attention. This endorsement decision was made on the same basis as that described above. The WISPAC Board looked at the Governor's record on healthcare issues, the political realities of the gubernatorial campaign and its likely outcome, and strategies to make WISPAC's endorsement meaningful.

In terms of the Governor's record on healthcare issues, he has twice vetoed mandatory chiropractic insurance coverage and continues to oppose such mandatory insurance benefits. He called the special session on medical malpractice after the Democratic-controlled Assembly failed to act on legislation during the regular session, and while that special session did not give us all that we would have wanted in terms of liability reform, nevertheless no relief whatsoever would have been possible without the Governor's intervention. Governor Earl also agrees with the State Medical Society that this legislation is a first step and that more remains to be done. The Governor also has promoted public health and safety measures supported by the Society, including the Clean Indoor Air Act, stiffer penalties for drunk driving, raising the drinking age to 21 years, and mandatory seatbelt use.

The WISPAC Board felt strongly that Governor Earl had earned the support of the State's physicians, using the same standards as we used in other races. A key question, then, became how to make the endorsement meaningful. The Board felt this would be best accomplished through two avenues: (1) generation of active and visible physician support on an individual basis, and (2) an early and public endorsement that would gain some public attention and some recognition of WISPAC. It appears we succeeded in the latter; now, we need to work on the former.

WISPAC and its member physicians *are* real players in the political game. You can become a player, too. Don't just sit on the sidelines; join WISPAC today! ■

WISPAC endorses Ann Haney; Second District

ANN HANEY, a candidate in Wisconsin's Second Congressional District, recently received an endorsement and campaign contribution from WISPAC. She is shown above receiving the contribution from WISPAC Chairman William Treacy, MD (left) and John Wegenke, MD (right), president of the Dane County Medical Society. (Staff photo by Lanny Hardy) ■

IT PAYS TO BE A MEMBER

SMS Services, Inc.

SMS SERVICES . . . A wholly-owned subsidiary of the State Medical Society of Wisconsin has as its primary function the development and offering to SMS members of tangible benefits and services which are of professional, business, and personal advantage.

Insurance Programs

Professional Liability
Group and Individual Health
Disability Income
Auto, Homeowners, Personal Umbrella
Life, A D & D

*Worker's Compensation
Insured Medical Reimbursement
Business Overhead
General Business Liability
Universal Life
Other Life Lines

More on the way!

SMS Services is the Agent of Record for SMS and its endorsed programs.

Other Endorsed Programs

Uniform Claim Forms
Seminars
Printing Services
*Medical Equipment Leasing
*Auto Rental/Leasing

*Computers—Software and Hardware
*Home/Office Security Systems
*Debt Collection Services
*Credit Cards
Computer Supplies and Furniture

And more of these on the way too!

*Programs not administered by SMS Services

We are here to serve you in any way we can

P.O. BOX 1109, MADISON, WI 53701 • PHONE 608/257-6781 OR TOLL-FREE 1-800-362-9080

Thomas P Paulsen, MD, recently joined the medical staff of the Ladysmith Center, a branch of the Marshfield Clinic. Doctor Paulsen graduated from the University of Wisconsin Medical School, Madison, and served an internship and family practice residency at Deaconess Hospital, Spokane, WA. Prior to joining the Ladysmith Center, Doctor Paulsen had been in family practice in Libby, MT, for five years.

Thomas W Lundquist, MD,* Rice Lake, recently joined the Indianhead Medical Group in Rice Lake. Doctor Lundquist graduated from the University of Minnesota Medical School and completed his family practice residency at Sioux Valley Hospital in Sioux Falls, SD.

William A Smith, MD, has joined the medical staff of the Indianhead Medical Group in Rice Lake. Doctor Smith graduated from the University of Wisconsin Medical School, Madison, and completed his family practice residency at Bethesda Lutheran Medical Center in St Paul, MN.

Paul L Writz, MD, recently joined the medical staff of Marshfield Clinic-Colby Center. Doctor Writz, a family practitioner, joined MDs James W Koch* and Dolf Pfefferkorn.* He graduated from the Medical College of Wisconsin, Milwaukee, and completed his residency in Marquette, MI.

Robert M Gullberg, MD, Racine, recently became associated with the Racine Medical Clinic. Doctor Gullberg graduated from the University of Illinois Medical School and completed his internship and residency at Evanston Hospital, Northwestern University Medical Center. A fellowship in infectious diseases also was completed at Northwestern University.

Melinda E Gibson, MD, Racine, has joined the Racine Medical Clinic. Doctor Gibson graduated from Northwestern University Medical School and completed her internship and residency in obstetrics/gynecology at Northwestern Memorial Hospital.

James D Hanna, MD,* Racine, recently joined the Racine Medical Clinic. Doctor Hanna graduated from The Medical College of Wisconsin and completed his internship and residency at Milwaukee Children's Hospital.

Marion A Trybula, MD, Racine, has joined the Racine Medical Clinic. Doctor Trybula graduated from Johns Hopkins Medical School and completed his internship at Michael Reese Hospital and Medical Center. His residency in hematology/oncology also was completed at Michael Reese Hospital and Medical Center.

John K McGuire, MD, Marinette, recently became associated with the Pound Community Medical Clinic. He graduated from Creighton University School of Medicine, Omaha, NE, and served his internship and residency at the Medical College of Wisconsin in Milwaukee. An internal medicine specialist, Doctor McGuire joined Calvin D Noglar, MD* at the Clinic.

James W Sehloff, MD,* Onalaska, has become associated with the Skemp-Grandview-La Crosse Clinic. Doctor Sehloff graduated from the University of Wisconsin Medical School, Madison, where he also completed a residency in internal medicine. Doctor Sehloff is a member of the medical staff at St Francis Hospital in La Crosse.

Karen Porte, MD, La Crosse, recently joined the medical staff of the Skemp-Grandview-La Crosse Clinic. Doctor Porte graduated from Loyola Stritch School of Medicine, Chicago, and completed a residency in internal medicine and a fellowship in endocrinology and metabolism at the Loyola University Medical Center in Maywood, IL.

Paul P Carbone, MD,* Madison, University of Wisconsin Medical School professor of human oncology and director of the UW Clinical Cancer Center at UW Hospital and Clinics, has been appointed to the Clinical Pharmacology Subcommittee of the American College of Physicians. Doctor Carbone, who is governor of the Wisconsin ACP chapter, joins the subcommittee in studying the use of generic drugs and therapeutic substitution and problems associated with international marketing of drugs.

Robert J Freedland, MD,* Sheboygan, recently joined the Department of Ophthalmology at the Sheboygan Clinic and will be associated with MDs David K Aymond* and Edward G Schott.* Doctor Freedland graduated from the University of California School of Medicine at Davis, and completed an internal medicine residency at Blodgett Memorial Medical Center, Grand Rapids, MI. He completed a three-year residency in ophthalmology with the Ochsner Clinic in New Orleans, LA; and prior to joining the Sheboygan Clinic, he completed a fellowship in retina and uveitis at the Scripps Clinic and Research Foundation in LaJolla, CA.

Christopher G Koeppl, MD,* Rhinelander, recently joined the Department of Internal Medicine at the Rhinelander Medical Center. Doctor Koeppl graduated from the University of North Carolina Medical School and completed his residency at the University of Iowa Hospitals and Clinics, Iowa City, IA.

Carol M Gaines, MD,* Sheboygan, recently joined the medical staff of the Sheboygan Clinic. Doctor Gaines graduated from the Medical College of Wisconsin, Milwaukee, and completed a residency in neurology at the Medical College.

AMA Physician's Recognition Award Recipients

LISTED BELOW are those physicians in Wisconsin who have earned the AMA Physician's Recognition Award in recent months. The State Medical Society of Wisconsin congratulates these physicians who have distinguished themselves and their profession by their commitment to continuing education:

JULY 1986

*Artwich, Robert, Oconto Falls
*Athas, David P, Middleton
*Beltaos, Efstathios, Marshfield
*Bennett, Ralph P, Ladysmith
*Brown, Garfield W, Ashland
*Frens, David B, Marshfield
*Grotenhuis, Paul W Rhinelander
*Harkins, Paul G Marshfield
*Hemmy, David C, Milwaukee
*Knuth, Ronald C, Marshfield
*Kuehner, Marvin E, Marshfield
*Larson David L, Wausau
*Lee, John D, Marshfield
*Linse Jan L, Marshfield
*Maxfield, Barry A, Wausau
*Poll, Marvin Milwaukee
*Rhoades, Bruce C, Wausau
Rubino, Frank J, Wausau
*Seelen, Michael C Marshfield
*Turovaara, Sharon L, Marshfield
*Ullrich, Peter H, Eau Claire
*Unger James B Marshfield
*Wake, Brian D Sturgeon Bay■

Members of the State Medical Society of Wisconsin

Richard C Probert, MD,* La Crosse, is the newest member of the Department of Pediatrics at the Skemp-Grandview-La Crosse Clinic. Doctor Probert graduated from George Washington School of Medicine and completed his pediatric residency at the University of Wisconsin Medical School in Madison.

Stephen J Werner, MD,* Sheboygan, has joined the Sheboygan Surgical Associates. Doctor Werner graduated from St Louis University School of Medicine, St Louis, MO, and served his surgical residency at the Cleveland Clinic Foundation in Ohio. He has joined the medical practice of MDs William G Wagner* and Kenneth J Lisberg,* Sheboygan.

William Jean, MD, Stevens Point, recently became associated with the medical staff of the Rice Clinic in Stevens Point. Doctor Jean graduated from Wayne State University School of Medicine, Detroit, MI, and completed his residency training, in internal medicine, at Southwestern Michigan Area Health Education Center in Kalamazoo, MI.

Anton Willerscheidt, MD, Ashland, has joined the medical staff at Memorial Medical Center in Ashland. Doctor Willerscheidt is a member of the Ashland Eye Clinic and is associated with MDs Robert J Sneed;* Kenneth A Morrow;* and Judith Bennington. He graduated from the University of Minnesota Medical School and served an internship at the Hennepin County Medical Center in Minneapolis-St Paul. His residency in ophthalmology was completed at the University of Minnesota.

Paul W Green, MD,* Tomah, recently became associated with the medical staff at the Lake Tomah Clinic, an affiliate of the Skemp-Grandview-La Crosse Clinic. Doctor Green graduated from the University of Nebraska School of Medicine, Omaha, and completed his family practice residency in the Fox Valley Residency Program at Appleton, WI.■

NEWS HIGHLIGHTS

St Joseph's Hospital, Chippewa Falls, recently reelected the following physicians for the year 1986–87: MDs Caesar R Gonzaga,* president; Peter W Holm,* secretary/treasurer; and Steven Q Paulson,* vice president. Doctor Gonzaga, a general surgeon, practices in Chippewa Falls; Doctor Paulson is an internist with Internal Medicine Associates in Chippewa Falls; and Doctor Holm is an ophthalmologist with the Chippewa Valley Eye Clinic of Chippewa Falls.

St Mary's Medical Center, Racine, recently announced that Henry E DeGroot, MD* is the new chief-of-staff for 1986–87. He has been in medical practice in Racine since 1959. Other executive committee members are MDs Jerome J Veranth,* vice chief-of-staff; Robert D Shaffer,* secretary; and Joseph D Postorino,* immediate past chief-of-staff. Other medical staff chairmen were announced. They are MDs Charles H Raine,* chief of the medical department; Donald F Cohill,* chief of surgery; Joseph C Fralich,* chief of gynecology; Peter A Gardetto,* chief of pediatrics; Robert F Scheller,* chief of family practice; Willard H Nettles,* chairman of utilization review; Marvin W Nelson,* chairman of emergency and disaster committee, and Huron L Ericson,* chairman of the medical quality assurance committee.■

Dr. Joseph Geenen, Director of St. Luke's Digestive Disease Ce

Why are patients from Caracas, Venezuela, London, England & Hartford, Connecticut coming to Racine, Wisconsin?

People from all parts of the United States and abroad who suffer from unexplained abdominal pain and other internal disorders have found answers in Racine, Wisconsin. That's because the internationally acclaimed Digestive Disease Center at St. Luke's Hospital is located in Racine. This center, one of the few of its caliber, is staffed with physicians who serve as the leading authorities on gastric and digestive tract disorders in the United States—skilled specialists who have pioneered the most-up-to-date surgical techniques available anywhere. Expertise that is backed by sophisticated technology and state-of-the-art equipment.

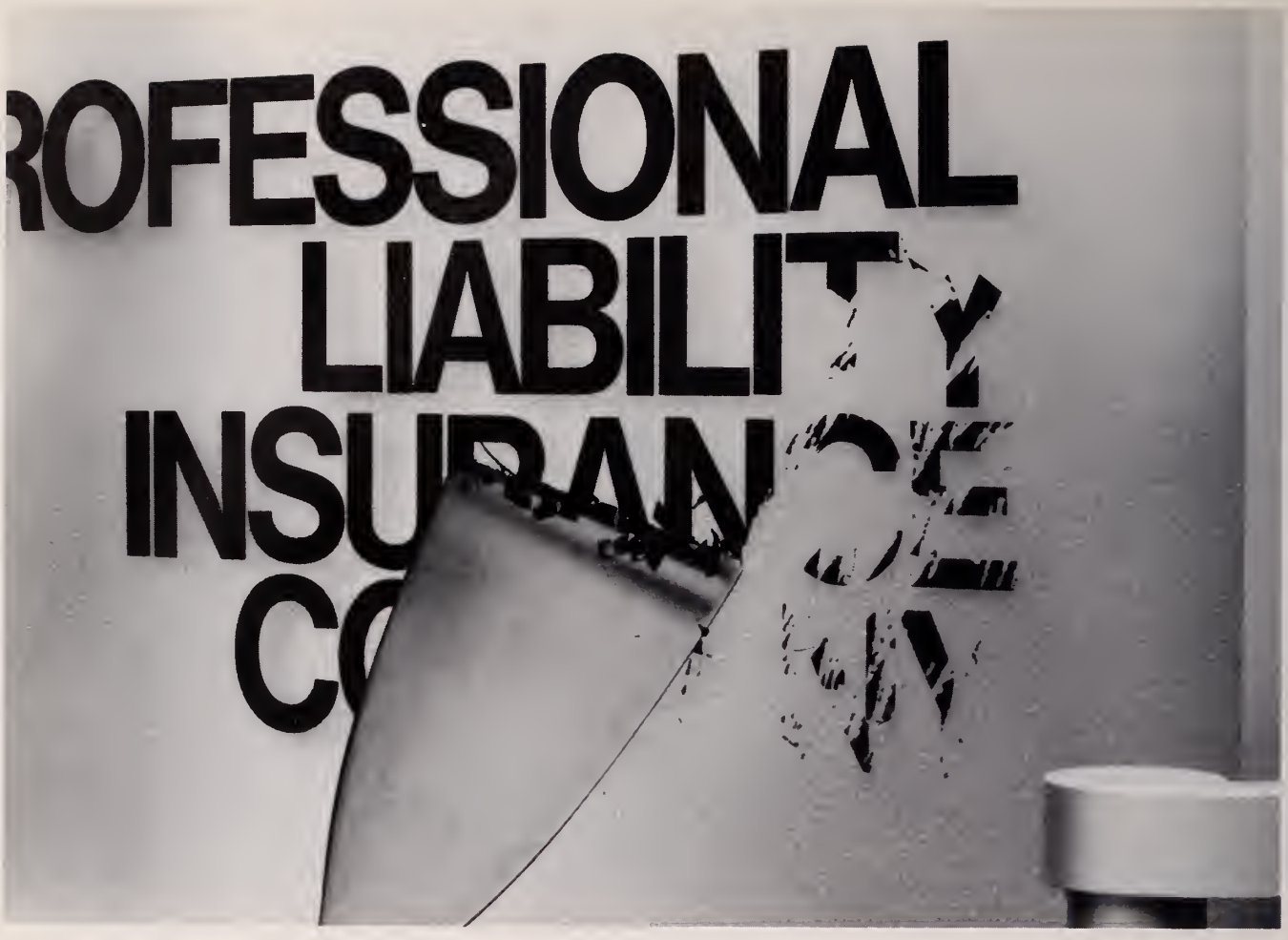
The Digestive Disease Center at St. Luke's Hospital is unmatched in its commitment to complete diagnosis and individualized patient care, and has served as a forerunner in the treatment of polyps, ulcers, pancreatitis, gallstones and liver disease since its beginnings in 1973. If you have a patient you're interested in referring, give us a call at 636-2348 and we'll help you with patient arrangements. Or if you'd like more information, we'll send you a brochure about the center and answer any questions you may have.

The Hospital Built On Care.

St. Luke's Hospital

1320 Wisconsin Avenue, Racine, Wisconsin 53403

An affiliate of the Voluntary Hospitals of America.



In ten years your malpractice carrier may be just a memory.

Unless it's Medical Protective.

As you consider professional liability insurance, consider this. The coverages stated in the policy are basically a promise — a promise to be here when needed regardless of legal climate or economic conditions. A company's ability to keep this promise is critical because your financial security may depend on it. Unfortunately, too many firms are now finding the task impossible.

Analyze your liability insurance options carefully just as you would any important investment. Go beyond the agent and the policy to the company that stands behind both. How long has it been in operation? Has it weathered some of the tough times? Will it be there for you when you need help?

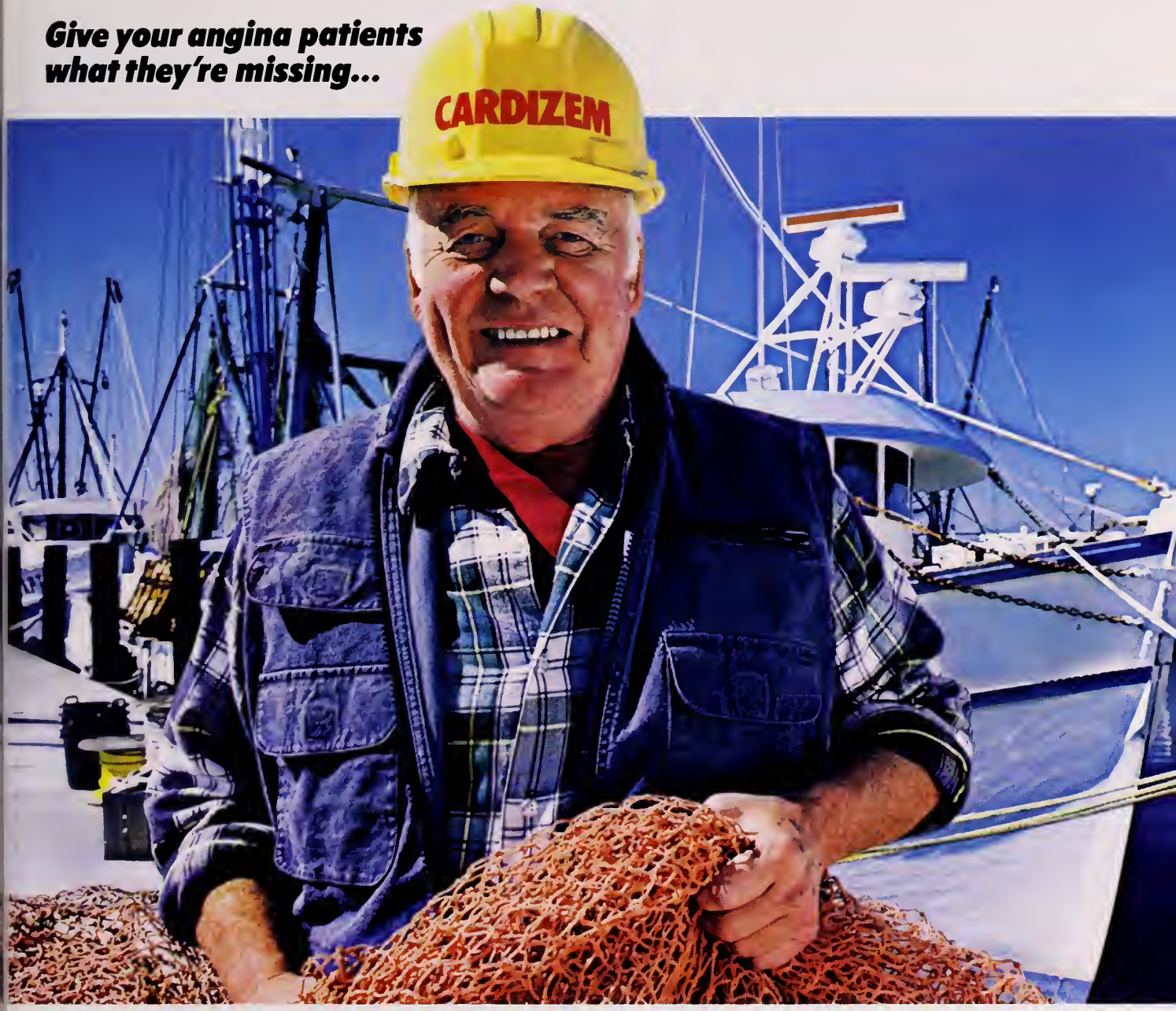
The Medical Protective Company pioneered professional liability coverage before the turn of the century and has served doctors exclusively ever since. Over 500,000 of them. Through good times and bad. We'll be here when you need us.

Contact The Medical Protective Company through one of our general agents. History shows we keep our promises.

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

Jerome E. Kronsnoble, William E. Herte
850 North Elm Grove Road, Elm Grove, WI 53122, (414) 784-3780

Give your angina patients what they're missing...



CARDIZEM®: FEW SIDE EFFECTS

diltiazem HCl/Marion

- ***Antianginal action includes dilatation of coronary arteries, a decrease in vascular resistance/afterload, and a reduction in heart rate***
- ***Proven efficacy when used alone in angina[1]***
- ***Compatible with other antianginals[2,3*]***
- ***A safe choice for angina patients with coexisting hypertension, asthma, COPD, or PVD[4,5]***

***See Warnings and Precautions.**

Please see brief summary of prescribing information on the next page.

CARDIZEM® FEW SIDE EFFECTS IN ANTIANGINAL THERAPY

diltiazem HCl/Marion

60 mg tid or qid

Brief Summary
Professional Use Information
CARDIZEM®
(diltiazem HCl) 30 mg and 60 mg Tablets
CONTRAINDICATIONS
CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic).
WARNINGS
1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1,243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt).
   Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients.
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury.** In rare instances, significant elevations in enzymes such as alkaline phosphatase, CPK, LDH, SGOT, SGPT, and other symptoms consistent with acute hepatic injury have been noted. These reactions have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in most cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS
General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.
Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)
Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%.
Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats.
Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.
There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.
Nursing Mothers. Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.
Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS
Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded.
In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy.
The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences as well as their frequency of presentation are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%). In addition, the following events were reported infrequently (less than 1%):

Cardiovascular:	Angina, arrhythmia, AV block (first degree), AV block (second or third degree — see conduction warning), bradycardia, congestive heart failure, flushing, hypotension, palpitations, syncope.
Nervous System:	Amnesia, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor.
Gastrointestinal:	Anorexia, constipation, diarrhea, dysgeusia, dyspepsia, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH (see hepatic warnings), vomiting, weight increase.
Dermatologic:	Petechiae, pruritus, photosensitivity, urticaria
Other:	Amblyopia, dyspnea, epistaxis, eye irritation, hyperglycemia, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties.

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, gingival hyperplasia, erythema multiforme, and leukopenia. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established. Issued 11/85
See complete Professional Use Information before prescribing.

References: 1. Pepine CJ, Feldman RL, Hill JA, et al: Clinical outcome after treatment of rest angina with calcium blockers: Comparative experience during the initial year of therapy with diltiazem, nifedipine, and verapamil. Am Heart J 1983; 106(6):1341-1347. **2.** Shapiro W: Calcium channel blockers: Actions on the heart and uses in ischemic heart disease. Consultant 1984;24(Dec):150-159. **3.** Johnston DL, Lesawoy R, Hunen DP, et al: Clinical and hemodynamic evaluation of propranolol in combination with verapamil, nifedipine and diltiazem in exertional angina pectoris: A placebo-controlled, double-blind, randomized, crossover study. Am J Cardiol 1985;55:680-687. **4.** Cohn PF, Braunwald E: Chronic ischemic heart disease, in Braunwald E (ed): Heart Disease: A Textbook of Cardiovascular Medicine, ed 2. Philadelphia, WB Saunders Co, 1984, chap 39. **5.** Schroeder JS: Calcium and beta blockers in ischemic heart disease: When to use which. Mod Med 1982;50(Sept):94-116.

Another patient benefit product from
PHARMACEUTICAL DIVISION
MARION LABORATORIES, INC.
KANSAS CITY, MO 64137

0088M6

Motrin® 800 mg TABLETS

ibuprofen

Extra strength
Convenience
Economy

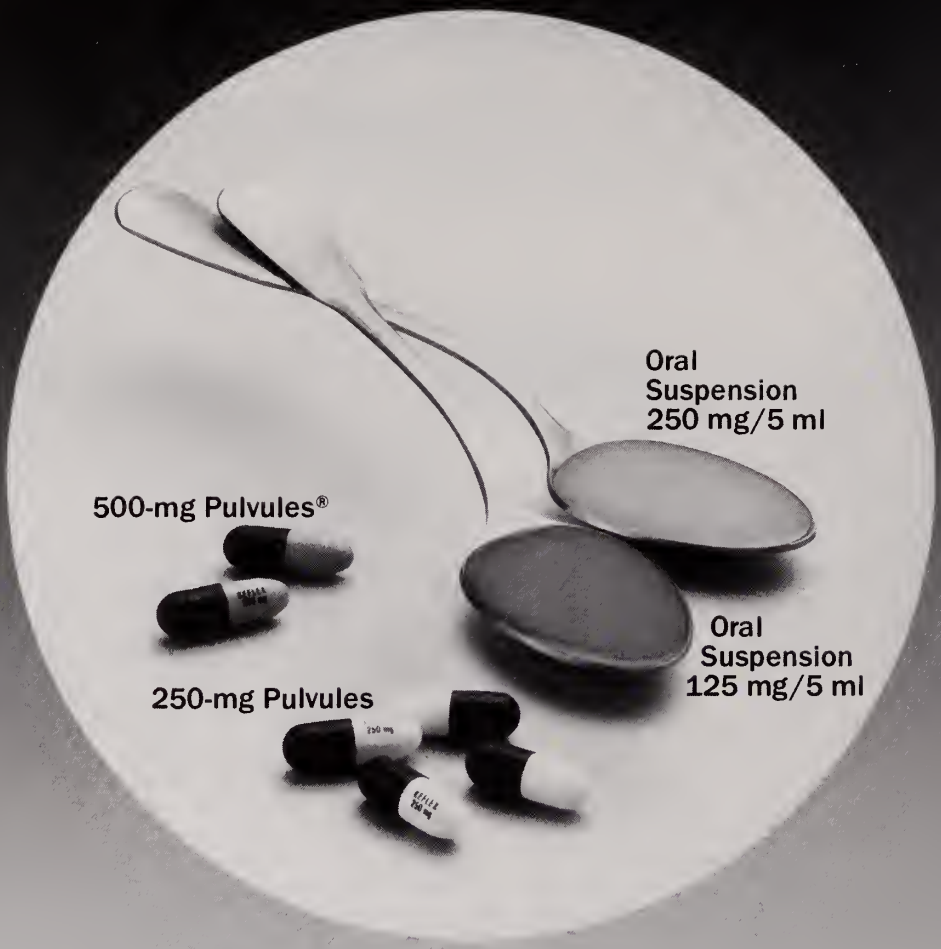
Upjohn

A Century of Caring
1886·1986

©1988 The Upjohn Company

J-6138 January 1986

Easy To Take



Keflex®
cephalexin

Additional information available to the profession on request.

DISTA

420113

Dista Products Company
Division of Eli Lilly and Company
Indianapolis, Indiana 46285
Mfd. by Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630

ANNOUNCING

A combined effort to improve the quality of life.

Qualified, competent orthotists and prosthetists have been the trademark of Acme Laboratories since its beginning in 1950. Now, with the acquisition by Acme of one of the most respected and oldest names in the business, the House of Bidwell, the trademark has only been strengthened.

Professional patient care, human understanding, custom orthoses or prostheses, high standards, quality service. We also accept all insurance, including Medicare and Medicaid.

Acme Laboratories, and now the House of Bidwell – where quality of life is our main concern.

Acme Laboratories, Inc. | House of Bidwell

IMPROVING THE QUALITY OF LIFE

Acme Loboratories, Inc.
Moin Office
10702 W. Burleigh St.
Milwaukee, WI 53222
(414)259-1090

Acme Laboratories, Inc.
525 E. Division St
Fond du Lac, WI 54935
(414)923-6676

House of Bidwell, Inc.
7954 W Harwood Ave.
Milwaukee, WI 53213
(414)774-6250

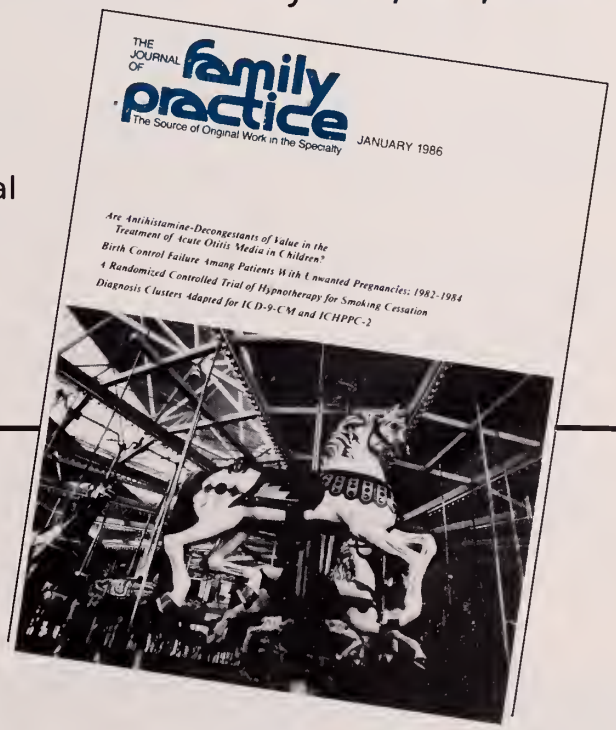
Green Bay Orthopedic Division of Acme
428 S. Adams St
Green Bay, WI 54301
(414)435-1461

For Original Work in the Specialty

...GO TO THE SOURCE

THE JOURNAL OF FAMILY PRACTICE • John P. Geyman, MD, Editor

- Reaches over 74,000 physicians monthly
- More citations in **Index Medicus** for family practice than any other journal
- Ranked **first** as the most prestigious medical journal among family physician educators
- Peer reviewed by experts in family medicine



The Journal Division
Appleton-Century-Crofts
25 Van Zant St.
E. Norwalk, CT 06855
(203) 838-4400

Continuing Medical Education

Medical School, Continuing Education and Extension
UNIVERSITY OF MINNESOTA

In our 50th year serving physicians and other health professionals in Minnesota, the region, and the nation.

1986 SEPTEMBER - DECEMBER

Sept 5th - 6th	Medical Directors Conference
8th - 12th	Radiology: 86 Gastrointestinal & Abdominal Interventional Radiology
13th	Conference for the Directors of Surgery in the Upper Midwest: Serious Infections in Surgery
14th - 19th	Critical Issues in Health Laboratory Practice
18th - 20th	Geriatric Medicine For Directors of Family Practice Residencies
18th - 20th	Trauma & Critical Care Seminar
26th - 27th	Adolescent Medicine: The High Risk Youth
Oct 1st - 3rd	Internal Medicine Review
5th - 8th	Institute on Human Fertility
8th - 11th	Principles of Colon & Rectal Surgery
17th - 18th	Office Management of Ear, Nose, and Throat
17th	Current Concepts in Cardiology of the Elderly
22nd - 24th	Annual Autumn Obstetrics and Gynecology Seminar
24th	E.T. Bell Pathology Symposium: New Concepts in Hematopathology
Dec 6th	Epilepsy Update

SELECTED 1987 COURSES

Mar 4th - 5th	Drug Therapy Symposium
Apr 6th - 7th	Annual Ophthalmology Course: Pediatric Strabismus
10th - 11th	Eating Disorders
20th - 24th	Family Practice Review: Update 1987
28th - 29th	Alzheimer's Disease: Toward a Standard of Care
May 15th - 16th	The Complicated Diabetic
17th - 20th	North American Primary Care Research Group
19th	Symposium on Gynecologic Oncology
20th - 22nd	Current Concepts in Radiation Therapy
29th - 31st	Surgery for the Primary Care Physician (Brainerd, MN)
June 5th - 6th	Workshops on Clinical Hypnosis
10th - 12th	Laboratory Medicine Course: DNA Technology, Monoclonal Antibodies, Chromosomal Analyses
17th - 19th	Annual Surgery Course: Progress in Vascular Surgery
24th - 26th	Topics and Advances in Pediatrics
July 8th - 11th	Orthopaedic Surgery - The Knee: Repair, Reconstruction, and Replacement

1987 Schedule Subject to Change

Box 202 UMHC, 420 Delaware Street S.E., Minneapolis, MN 55455 (612) 626 - 5525

PHYSICIANS EXCHANGE

Physicians Needed. Over 400 opportunities nationwide! Call 612/786-1929 or send CV to: Earl Czech, North Central Staff Services, Inc, 4175 Lovell Rd, Ste 108, Circle Pines, MN 55015. p9/86

Immediate Care Physician. The Racine Medical Clinic, a progressive cluster corporation of 32 physicians is currently seeking an Immediate Care Physician. Full benefits, unlimited earnings, and a full and exciting practice are offered. Please contact: Roger D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53404; ph 414/886-8233. 9tfn/86

Primary Care Physicians. Family practice, general practice, or ER experience desirable. To staff clinics for industrial, walk-in, after hours, and satellite medicine. Excellent opportunity, guaranteed salary, profit sharing, great fringes. Send CV to: Administrator, Manitowoc Clinic, PO Box 3008, Manitowoc, WI 54220. 9-12/86

Internal Medicine—Board certified or eligible, to join 16-physician multispecialty clinic with seven-physician internal medicine department. Located in beautiful Wisconsin lakeshore community of 35,000. Competitive salary, complete fringe benefits, profit sharing, generous vacation time. Send CV to: Administrator, Manitowoc Clinic, PO Box 3008, Manitowoc, WI 54220. 9-12/86

Wanted—Board qualified—board certified obstetrician-gynecologist as an associate. Modern well equipped facility. Excellent starting salary and benefits including profit sharing plan. Please contact Elizabeth Allen Steffen, MD, 734 Lake Ave, Racine, Wis 54303. 9tfn/83

RATES: 50¢ per word, with a minimum charge of $20.00 per ad. BOXED AD RATES: $25.00 per column inch. *All ads must be prepaid.*

DEADLINE: Copy must be received by the 15th of the month preceding month of issue; *eg.* copy for the August issue is due July 15. Send copy to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 1-800-362-9080.

Minneapolis. Family Practice, Internal Medicine, Cardiology, Child Psychiatry, Adult Psychiatry, Obstetrics/Gynecology, Ophthalmology. Join established group in one of America's leading metropolitan areas. Group provides professional liability, four weeks vacation, two weeks conference leave, disability, retirement, hospital dues, and more. Must be Board certified or Board eligible. Direct inquiries to: Paul J Brat, MD, Medical Director, Group Health, Inc, 2829 University Ave, SE, Minneapolis, MN 55414. 9-10/86

Family Physician. Join established group in one of America's leading metropolitan areas. Opportunities for full range of family medicine, obstetrics optional. Must be Board certified or Board eligible. Excellent facilities, comprehensive benefits, highly competitive earnings. Direct inquiries to: Gary Freeman, MD, Department of Family Practice, Group Health Inc, 2829 University Ave, SE, Suite 600, Minneapolis, MN 55414. 9/86

Appleton, Wisconsin—seeking physicians for weekend coverage at family practice clinic affiliated with local hospital. Flexible hours and attractive compensation. Submit resume to Emergency Consultants, Inc, 2240 South Airport Rd, Room 36, Traverse City, MI 49684; 1-800/253-1795 or in Michigan 1-800/632-3496. p9/86

Family/General Practice physician retiring after 40 years in the same city. Complete set-up available including conveniently located modern medical building and equipment. Large enough to rent out space to another professional or partner. Located in well known Central Wisconsin vacation area with excellent hospital and specialty support. Hunting, fishing, golfing, camping, Chain-of-Lakes, winter sports available within "walkie-talkie" range. Send inquiries to PO Box 369, Waupaca, WI 54981 or call 1/715-258-3434. p9-10/86

Orthopedic opportunity to join existing three-man Board-certified orthopedic group. Opening July 1987. Send resume or CV to Clinic of Orthopedic Surgery, 73 East First St, Fond du Lac, WI 54935. 9-11/86

Family Practice Physicians. Clinic for lease. 10,000 sq ft, with 26 exam rooms; prime location; completely furnished; modern x-ray and laboratory facilities, and ancillary staff. Extremely active practice. Present physicians retiring. Growing Central Wisconsin city with drawing population of 150,000. Easy access to lake, woods, and mountains. Contact Dept 588 in care of the Journal. p9-12/86

Green Bay, Wisconsin. 27-physician multispecialty group seeking BC/BE physicians in the following specialties: **Family Practice, Ophthalmology, Dermatology, Plastic Surgery, Radiology, OB/GYN, Internal Medicine and Pediatrics.** Green Bay is a progressive community with an easy lifestyle, ample outdoor activities, excellent schools, and cultural activities. The Clinic offers competitive salary and excellent fringe benefits. Interested physicians please contact W J Mommaerts, Administrator, West Side Clinic, sc, 1551 Dousman St, Green Bay, WI 54303. 9-12/86

Lake Superior. BC/BE internist needed to join two young, quality-oriented general internists in a growing active practice. Natural beauty, small-town environment with sophisticated 105-bed hospital, on the south shore of Lake Superior. Excellent salary and benefits. Contact Dept 587 in care of the Journal. p9-11/86

ER Physician—Large multispecialty clinic located in Milwaukee, Wisconsin, is seeking a physician to share emergency room coverage with the multispecialty group practice physicians at a 300-bed hospital. Competitive salary and benefits. Address inquiries and CVs to: Administrator, PO Box 427, Menomonee Falls, WI 53051. 9-10/86

Family Practitioners (3). Opportunity to join a group in Portage, or to practice in satellite clinics near resort areas. Generous guarantees. Contact PROSEARCH, a division of Brim & Associates, 177 NE 102nd Ave, Portland, OR 97220; ph 503/256-2070. p9-11/86

Wisconsin. We are seeking a Board certified OB/GYN to assume a well-established practice in a beautiful Wisconsin community. There is a 240-bed hospital well equipped for active OB/GYN practice. We have a two member OB/GYN department in a ten-member multispecialty clinic. The town has a population of 35,000 and a drawing area of 85,000—equal distance from Madison and Milwaukee. All major specialties are represented in the community. Excellent community for families. Guaranteed salary for the first year. Please contact: E Howard Theis, MD, 92 E Division St, Fond du Lac, WI 54935; ph 414/921-0560. p9-12/86;1-2/87

PHYSICIANS EXCHANGE

continued

Director—Student Health Center. Requires Wisconsin MD license; prefer experience, board certification in primary care, administrative background. Current staff includes gynecologist, family practitioner, general surgeon, 12-support staff, lab, PT. Director has administrative, clinical responsibility on 9300-student campus. Academic appointment, 180 work days, no weekends or nights. Begin ASAP, no later than Jan 12, 1987. Direct credentials, postmarked by Sept 30 to David Lundberg, MD, University of Wisconsin-La Crosse, La Crosse, WI 54601; ph 608/785-8559. Refer to position #4410. AA/EOE. 9/86

Obstetrics/Gynecology, Southeastern Wisconsin. Large multispecialty group located near Milwaukee seeking additional Board eligible/certified obstetrician/gynecologist. Call shared with six other physicians for coverage of two clinic locations and two hospitals. Competitive salary, excellent fringe benefits. Address inquiries and CV to Administrator, PO Box 409, Menomonee Falls, WI 53051. 9-10/86

Wisconsin: Pediatric Allergist and General Pediatrician to join multispecialty clinic that includes three general pediatricians, pediatric hematologist/oncologist, and four neonatologists in city of 150,000. Send CV to Dept 583 in care of the Journal. p7-9/86

Madison, Wisconsin. Physicians with appropriate experience are needed to staff two urgent care clinics in Madison. Competitive compensation and flexible scheduling. Contact P Beckfield, MD, 707 S Mills St, Madison, WI 53715; ph 608/845-6095. 8-10/86

Tomah—Psychiatrists. Seeking interested qualified applicants for current and future vacancies. MD, Board eligible or Board certified in psychiatry. 800-bed medical center, primary and extended care, medical and psychiatric services. Rehabilitation, PTSD and alcohol specialty units. City of 7,500 in pleasant rural setting; clean air; outstanding recreational area. Convenient Interstate travel to Madison, Milwaukee, Minneapolis, and Chicago. Salary dependent upon qualifications, up to $68,000 plus bonus. Write or call collect B H Glover, MD, Chief, Psychiatry Service, Veterans Administration Medical Center, Tomah, WI 54660; 608/372-3971, ext 584. An Equal Opportunity Affirmative Action Employer. 8-10/86

Family Practitioner with special interest in OB and pediatrics, or OB/GYN, BC or BE to join small multispecialty group in North Central Wisconsin. Send CV to Merrill Medical Associates, SC, 716 East 2nd St, Merrill WI 54452; ph 715/536-2463. 8-10/86

Family Practice physician needed to join 4-man group located in Central Wisconsin industrial community. Please contact: J E Thompson, MD, 315 1st St, Nekoosa, WI 54457; ph 715/886-3175. 9/86

OB/GYN (PRO-LIFE). Board eligible or certified to join 45-physician multispecialty group. Contact E Daun, Northpoint Medical Group, Ltd, 2388 North Lake Dr, Milwaukee, WI 53211; ph 414/271-3700. p9-11/86

Family Practice specialist. Marshfield Clinic Department of Family Medicine is seeking a BE/BC family practitioner to replace a retiring colleague. The physician joining this six-member department will enjoy the support of one of the nation's largest multispecialty groups, share the philosophy of family-oriented care with a preventive focus, and enjoy full hospital privileges but without the distractions of OB or surgical responsibilities. Marshfield Clinic offers an excellent salary plus extensive fringe benefits. Please send curriculum vitae to: John Folz, Assistant Director, Marshfield Clinic, Marshfield, WI 54449 or call collect at 715/387-5181. 8-10/86

Pediatrician. Excellent opportunity to join four pediatricians in a very active practice. Growing community, excellent hospital with teaching opportunities available. Close to Milwaukee. Contact: John R Guy, MD, 1111 Delafield St, Waukesha, WI 53188; ph 414/542-2536. 7-9/86

GP interested in locum tenens or part-time work now available. Experienced in obstetrics. Can start work (at short notice) anywhere in Wisconsin (preference for rural areas). Contact 715/723-7095. p9/86

Family Practitioner or General Internist with emphasis in General Ambulatory Care to join a 21-physician multispecialty and family physician group in Southern Wisconsin. We are located in a fast growing, scenic lake country area between Milwaukee and Madison and can offer excellent hospital, schools, and recreational facilities. Competitive starting salary and benefits. Eligible to become full shareholder after one year. Please send CV or call: James Dowd, Administrator, Wilkinson Clinic, SC, 915 East Summit Ave, Oconomowoc, WI 53066; ph 414/569-2300. 9ttn/86

Family Practitioner wanted for branch offices of Park Nicollet Medical Center. Northern or southern suburbs of Minneapolis. Growing active practice. Full range of benefits. Contact Milton Hanson, MD, Park Nicollet Medical Center, 5000 W 39th St, Minneapolis, MN 55416; ph 612/931-2922. p8-10/86

Family Practice opportunity. Northwest Medical Center, Spooner, has an opening for a family practice of internal medicine BC/BE physician to join 6 BC FPs and one general surgeon. Northern Wisconsin lake country, ideal rural living. Contact J Chamberlain, Admn, Northwest Medical Center, 707 Ash St, Spooner, WI 54801; ph 715/635-2151. p8-12/86;1/87

Family Practitioner. BC/BE to join busy primary care clinic of 6 physicians in Green Bay, WI. Contact Dr Kenneth Hujet, 1745 Dousman St, Green Bay, WI 54303; ph 414/494-9661. p8;p9-11;g12/86

Internal Medicine. Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 2tfn/86

Immediate opportunities for emergency medicine physicians who possess excellent clinical and communication skills. Position available in a popular Wisconsin area bordering Illinois. Please contact: Nora Geschrey, Medical Emergency Service Associates (MESA), SC, 15 S McHenry Road, Buffalo Grove, IL 60089 or call collect 312/459-7304. 8-9/86;g10-11/86

Excellent opportunity for a Board-certified or eligible **internist** with a subspecialty in **critical care medicine** to practice in conjunction with an 8-member Internal Medicine Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Family Practice and/or General Medicine opportunity. This position is a quality opening. I have been retained by this medical center to screen the interest level and to pass on the information about this opportunity to interested candidates. Please contact Russell L Campbell 612/429-3576 or write to Search Resources, 4756 Banning Ave, Ste 213, White Bear Lake, MN 55110. 9/86

PHYSICIANS EXCHANGE

continued

West Bend, Wisconsin, General Clinic, a (21) physician multispecialty group, is seeking physicians in the specialties of Family Practice, OB/GYN, and Pediatrics. First-year salary guaranteed. Corporate membership possible after one year. Excellent fringe benefits. Located in scenic, recreational area with close proximity to Milwaukee. Please contact Hans W Schmelzling, Administrator, General Clinic, 279 S 17th Ave, West Bend, WI 53095; ph 414/338-1123. 6tfn/85;c6tfn/86

Excellent opportunity for a Board-certified or eligible **internist** to practice in conjunction with an 8-member Internal Medicine Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Pediatrics/Neonatology: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus: excellent fringe benefits, and early ownership. Neonatology skills needed for Level II Nursery. Please send curriculum vitae to R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Racine. Residency trained or experienced emergency physician for opening summer of '86. Send CV to Director, Emergency Department, Saint Mary's Medical Center, 3801 Spring, Racine, WI 53405. 5-10/86

Two Pediatricians. BE/BC to join four pediatrician department in 15-physician multispecialty group practice. Wisconsin community of 100,000 with attractive cultural, educational and recreational opportunities. Income guarantee and attractive fringe benefit package. Send CV to Search Director, Beaumont Clinic, Ltd, 1821 S Webster Ave, Green Bay, WI 54301. p7-9;10-12/86

Excellent opportunity for a Board certified or eligible **ob/gyn** to practice in conjunction with a 4-member OB/GYN Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Family Practice, Internal Medicine, Urology, & ENT. Practice medicine in beautiful northern Wisconsin with established medical group. Call or write: Lakeland Medical Associates, Ltd, Attn: R J Sloan, MD, President, PO Box 549, Woodruff, WI 54568; ph 715/356-3292. 7-9/86

Rheumatologist-General Internist, BC/BE. Immediate opportunity to join multispecialty group of 38 MDs in community of 50,000 on shores of Lake Michigan 50 miles north of Milwaukee. Drawing area of 100,000 plus. Attractive income arrangements, association membership possible after one year, pension, profit sharing, extensive fringe benefits. Excellent all-season indoor and outdoor recreation facilities. Teaching appointments possible and educational opportunities accessible. Contact Dept 581 in care of the Journal. 6tfn/86

Internist with or without subspecialty. Excellent opportunity for BC/BE physician to join eleven-member department of a 35-physician multispecialty group. Our 35,000 population college community has excellent school systems and good proximity to a variety of cultural and life-style amenities. First year guarantee, full benefit package and a very favorable ownership situation exist. Contact: James F Ruethling, Administrator, Beloit Clinic, SC, 1905 Huebbe Parkway, Beloit, WI 53511; ph 608/364-2200. p6-9/86

Family Practitioner. River Valley Medical Center is seeking two family practice Board eligible/certified physicians for its multispecialty group of 16 physicians in Northwest Wisconsin. Excellent starting salary and comprehensive fringe benefit package the first year with full group membership after one year. Attached to a progressive 90-bed hospital. We are within 45 minutes of the St Paul-Minneapolis area. Please contact Dr Carl Hansen, Recruitment Chairman or Tom Halverson, Clinic Manager, 208 Adams St, South, St Croix Falls, WI 54024; ph 715/483-3221. p11/85;12tfn/85

Family Practice: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Clinical Psychiatry position offer. Look in confidence at this opportunity. A more rewarding situation is hard to find. The quality of life is here, the money is here, and the growth is here. Contact: Russell L Campbell, Search Resources. Telephone collect 1-612/429-3576 or write: 4756 Banning Ave, Ste 213, White Bear Lake, MN 55110. p9/86

Physicians needed full or part-time to perform light physicals. Milwaukee area. Professional liability provided. Phone 414/344-2100, Ms Jenkins. 10tfn/84

Family practitioner. Board certified or eligible to join 11 physician, expanding multispecialty practice in northern Wisconsin. Clinic adjoins JCAH hospital. Rural location with abundant outdoor recreational opportunities, small four-year college. Excellent salary and benefits. Call collect 715/532-6651 or send curriculum vitae with names of references to: Marshfield Clinic-Ladysmith Center, Howard T Chatterton, MD, 906 College Ave W, Ladysmith, Wis 54848. 9-11/86

This space available
BOXED: $25.00
(1 column inches)

NEW PHYSICIANS FOR WISCONSIN IS SEEKING
PRIMARY CARE SPECIALISTS
GENERAL SURGEONS
ORTHOPEDIC SURGEONS
Laurie A Glowac, Administrator
810 University Bay Drive
Madison, WI 53705
608/263-4095
7-12/86;1-6/87

MEDICAL FACILITIES

General and surgical solo practice for sale. Gross in excess of $300,000. Growing desirable midwestern university city with population 25,000. One very well-equipped hospital in county of 60,000 a few blocks away. Owner will remain to introduce. Contact Dept 563 in care of the Journal. 9tfn/85

MISCELLANEOUS

HOLTER MONITOR
Quality Scanning for reel or cassette type recorders by qualified technicians and certified cardiologists' interpretations, scan price $35.00 with UPS speedy delivery. Recorders loaned, leased, or purchase new dual-channel Holter recorders, $995.00, with one-year warranty. For more information call Advance Medical and Research Center 1-800/552-6753. 11tfn/85

CONTINUING MEDICAL EDUCATION

SCHOOL OF MEDICINE

UNIVERSITY OF WISCONSIN
MADISON, WISCONSIN

Schedule of Conferences/ Workshops—1986

Oct 2-3: *Update in Allergy and Clinical Immunology III—1986,* University of Wisconsin Clinical Science Center, Madison, AAFP prescribed credit

Oct 10-11: *Application of Clinical Pharmacology to Daily Practice,* University of Wisconsin Clinical Science Center, Madison, AAFP prescribed credit

Oct 17-18: *Neuroradiology 1986,* The Edgewater Hotel, Madison

Oct 17-18: *Fluorescein Angiography Workshop,* The InnTowner Hotel, Madison

Oct 23-24: *Surgical Treatment of Urinary Incontinence,* The Concourse Hotel, Madison

Oct 23-25: *Advances in Control of Nosocomial Infection—1986,* Inn on the Park, Madison, AAFP credit pending

Oct 24-25: *Seminars in Pediatrics,* University of Wisconsin Clinical Science Center, Madison, AAFP prescribed credit

Oct 31-Nov 1:*Child and Adolescent Depression and Suicide,* The Sheraton Inn and Conference Center, Madison, AAFP prescribed credit

Nov 7-8: *Focus on Rheumatology—1986,* University of Wisconsin Clinical Science Center, Madison, AAFP prescribed credit

Nov 7-8: *Medical and Surgical Approaches to Pulmonary and Esophageal Diseases,* The Radisson Inn, Madison, AAFP credit pending

Nov13-14: *Aging and Illness in Primary Care—The Fifth Symposium on Clinical Problems and the Future of Health Care of the Elderly,* The Radisson Inn, Madison, AAFP prescribed credit

Nov 14-15: *Perspectives in Diabetes Mellitus 1986,* University of Wisconsin Clinical Science Center, Madison, AAFP prescribed credit

Dec 5: *Cardiovascular Practice,* The Edgewater Hotel, Madison, AAFP credit pending

Dec 27-30: *Clinical Cardiology—1986,* The Wyndham Hotel, Orlando, FL. AAFP prescribed credit

All courses qualify for AMA Category I credit.

Info: Sarah Aslakson, Program Coordinator, Continuing Medical Education, 610 Walnut St, Room 465A, Madison, WI 53705; ph 608/263-2856. 9/86

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

WISCONSIN

OCTOBER 31-NOVEMBER 1, 1986: *Child and Adolescent Depression and Suicide,* Sheraton Inn and Convention Center, Madison. Fee: $195/physicians; $95/health care professionals. Info: Dorothy B Davidson, PhD, Center for Affective Disorders, University of Wisconsin, 600 Highland Ave, B6/255, Madison, WI 53792; ph 608/263-9751. 7-9/86

NOVEMBER 7, 1986: Wisconsin Orthopaedic Society, Olympia Resort, Oconomowoc. g9-10/86

NOVEMBER 8-9, 1986: Wisconsin Allergy Society, Paper Valley, Appleton.

DECEMBER 6, 1986: Wisconsin Chapter: American College of Surgeons, Milwaukee.

OTHERS

OCTOBER 23-24, 1986 (Minnesota): *Emergency Medicine for Primary Care Physicians,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g5-9/86

NOVEMBER 10-13, 1986 (California): *Primary Care Update,* the 71st Scientific Assembly of Interstate Postgraduate Medical Association. Accredited by ACCME and eligible for 24 hours of Category 1 and 4 hours of Category 5 credits of the AMA/PRA. Acceptable for 24 prescribed hours' credit by American Academy of Family Physicians and 24 hours by the College of Family Physicians of Canada. Info: IPMANA, PO Box 1109, Madison, WI 53701. g8-10/86

DECEMBER 10-12, 1986 (Illinois): *Neurology for the non-neurologist,* The Westin Hotel, Chicago. Contact: University Office of Continuing Education, Rush University, 600 S Paulina, Chicago, IL 60612; ph 312/942-7095. 9-11/86

AMA

DECEMBER 7-10, 1986: Interim AMA House of Delegates, Las Vegas, NV.

JUNE 21-25, 1987: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 6-9, 1987: Interim AMA House of Delegates, Atlanta, GA.

JUNE 26-30, 1988: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 4-7, 1988: Interim House of Delegates, Dallas, TX.■

PRACTICAL APPLICATIONS OF NEW THERAPIES IN CARDIAC DISEASE

1986 American Heart Association of Wisconsin Annual Meeting

Friday, October 24, 1986
Marriott Hotel, Milwaukee (Brookfield)

Scientific Sessions: 8:00 am-12:00 pm
Annual Meeting and Business Session 12:30-2:30 pm

Special presentations by top experts on:

- *Hyperlipoidemia and Other Risk Factors: Evaluation, Management and New Guidelines*
- *Evaluation of Prognosis after Myocardial Infarction: New Perspectives*
- *Silent Ischemia: Pathophysiology, Detection, Epidemiology and Treatment*
- *Ventricular Arrhythmias—Perspectives: Whom to Treat*
- *New Antiarrhythmic Drugs: How to Use? How Effective? How Toxic?*

CEU and CME credits
Info: American Heart Association of Wisconsin, 795 North Van Buren, Milwaukee, WI 53202; ph 414/271-9999 or 1-800/242-9236. p9/86

THIS LISTING is compiled by the State Medical Society of Wisconsin in cooperation with others who wish to maintain a centralized schedule of meetings and courses of interest to Wisconsin physicians and to avoid scheduling programs in conflict with others. Hospitals, Clinics, Specialty Societies, and Medical Schools are particularly invited to utilize this listing service. There is a nominal charge for listing of Continuing Medical Education courses at the following rates: 50¢ per word, with a minimum charge of $20.00 per listing. *All listings must be prepaid.*

BOXED LISTINGS: $25.00 per column inch. Listings of other scientific meetings will be included at the discretion of the editors.

COPY DEADLINE for listings is 15th of the month preceding the month of publication; *eg.* copy for the August issue is due by July 15. Address communications to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 1-800-362-9080.

FOR LISTING of other meetings see the January 3, 1986 issue of the *Journal of the American Medical Association:* Continuing Education Opportunities for Physicians for period January 1986 through December 1986.

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

continued

1987 CME CRUISE/CONFERENCES ON SELECTED MEDICAL TOPICS—Caribbean, Mexico, Hawaii, Alaska, China/Orient, Scandinavia/Russia. 7-14 days year-round. Approved for 20-24 CME Category 1 credits (AMA/PRA) and AAFP prescribed credits. Distinguished professors. FLY ROUNDTRIP FREE ON CARIBBEAN, MEXICAN & ALASKAN CRUISES. Excellent group fares on finest ships. Registration limited. Prescheduled in compliance with present IRS requirements. Information: International Conferences, 189 Lodge Ave, Huntington Station, NY 11746; ph 516/549-0869. p9-10/86

This space available
BOXED: $37.50
(1½ column inches)

ADVERTISERS

Acme Laboratories 55
Advanced Technology Associates, Inc 17
Medical Computer Systems
American Physicians Life 4
Ayerst Laboratories . . 19,20,21,22,32,33,34
Inderal® LA
Premarin®
Dista Products Co (Div of Eli Lilly & Co) 54
Keflex®
Gaarder Miller Milwaukee Ltd 9
House of Bidwell 55
Journal of Family Practice, The 55
Marion Laboratories 51,52
Cardizem®
Medical College of Wisconsin 16
Physician Resource Network
Medical Protective Company 50
PBBS Equipment Corp 42
Peppino's 8
Professional Data Management 43
Professionals Insurance Company, The 38
Roche Laboratories 63,BC
New Roche Product Books
St Luke's Hospital, Racine 49
SK&F Company 31
Dyazide®
S&L Signal Company 9
SMS Services, Inc 46
University of Minnesota 56
Continuing Medical Education
Upjohn Company, The 53
Motrin®
U S Air Force 9
Wisconsin Dental Study Club 61

Wisconsin Specialty Society Meetings 1986

- Wisconsin Radiological Society, Oct 3-4, 1986, The Concourse Hotel, Madison
- Wisconsin Neurological Society, Oct 10-11, 1986, The Heidel House, Green Lake
- Wisconsin Chapter of the American College of Emergency Physicians, Oct 23-24, 1986, Pfister, Milwaukee
- Wisconsin Orthopaedic Society, Nov 7, 1986, Olympia Resort, Oconomowoc
- Wisconsin Allergy Society, Nov 8-9, 1986, Paper Valley, Appleton
- Wisconsin Chapter: American College of Surgeons, Dec 6, 1986, Milwaukee

WISCONSIN DENTAL STUDY CLUB / 1986 WINTER MEETING

Thursday, December 11 and Friday, December 12, 1986/THE ABBEY, Fontana, Wisconsin

HARVEY SARNER, ATTORNEY
Financial Management for the Doctor

Thursday, December 11
Mr. Sarner, formerly an attorney with the American Dental Association, will present the latest information on taxes, retirement plans, insurance, practice management and investments.

Sarner is an attorney in private practice and president of Sarner and Associates in Chicago, Illinois. He is also an instructor in Dental Jurisprudence at the Indiana University Dental School.

Sarner received his B.S. and LL.B. degrees from the University of Minnesota, and is the author of several books: *Dental Jurisprudence, The Business Management of a Dental Practice, Law for the Nurse, The Business Management of a Small Animal Hospital,* and *Insurance for the Doctor.* He has also authored articles in a number of dental and legal journals.

ROBERT J. SAMP, M.D.
Health and Survival in the 80s—Well-Being Plus

Friday, December 12
Robert J. Samp, M.D., has been on the University of Wisconsin medical faculty since 1955. In addition to his work as a teacher, lecturer, physician, professor, and educator, Dr. Samp has researched longevity and wellness "keys," studied cancer prevention and followed disease and death trends, concentrating on factors that contribute to longer life with quality years.

Dr. Samp has presented programs for over 500 dental groups throughout North America. He uses a light, humorous, down-to-earth approach to his presentations, aiming to enliven, enlighten, and provide his audiences with a fresh perspective to their personal health and survival.

For further information please contact: Wisconsin Dental Study Club
c/o Dr Louis Heitke, 3025 Post Road
Madison, Wisconsin 53713

DSC Wisconsin Dental Study Club

NEWS YOU CAN USE

Special Session of SMS H/D called on liability company

The Board of Directors of the proposed Physicians Insurance Company of Wisconsin (PIC-Wisconsin) is continuing intense negotiations with consultants and the state's Insurance Department to make a final determination on whether its planned coverage can be occurrence or claims-made.

The critical factor is the need for and availability of reinsurance in the absence of an acceptable level of initially-contributed surplus by physicians through purchase of stock. As a practical fact, reinsurance for occurrence coverage is fast becoming unavailable anywhere in the world market.

A year ago some 21 of the 32 physician-owned liability insurance companies in the US offered occurrence coverage. Today only a handful—eight—continue to do so; all others have or will before year-end convert to claims-made coverage.

As a result, a Special Session of the SMS House of Delegates has been ordered by the Society's Board of Directors to discuss events that may require the proposed Physicians Insurance Company of Wisconsin (PIC-Wisconsin) to offer claims-made medical liability insurance.

The Special Session requires at least 20 days notice to delegates and will be held on October 17. The results of continuing discussions with the Office of the Commissioner of Insurance will dictate the timing of the meeting.

Last April the House, on the recommendation of the Board, authorized the Society to begin efforts to start a physician-owned medical liability insurance company. At the time, it was anticipated that the coverage would be of the "occurrence-type." This kind of policy protects the physician for an incident of alleged malpractice which occurred while the insurance policy was in effect regardless of when the claim is filed.

A claims-made policy now seems likely to be required. This policy protects the physician only if the policy is in effect both when the incident occurred and when the claim is filed by the complainant. These policies have varying provisions to continue coverage after death, disability, and retirement. This is called "tail" coverage to protect against claims made after a policy has terminated. Coverage for "tail" incidents can either be obtained by premium purchases or waiver of premium.

Negotiations with the Wisconsin Insurance Department are continuing so that full and exact details of what the new PIC-Wisconsin company will offer can be presented to the House of Delegates with certainty.

Meanwhile, The Professionals, which insures some 3,400 SMS members, will continue its coverage until PIC-Wisconsin is approved by the Insurance Department, the House of Delegates has met, and the conversion to PIC-Wisconsin is complete.

Members having further questions are urged to call either the State Medical Society (Earl Thayer 1-800-362-9080 or 608-257-6781) or The Professionals (608-833-8866).■

ROCHE
ME
MEDICATION EDUCATION

The *New* Roche Product Books

- **Offer a supplement to, not a substitute for, patient contact**
- **Support your specific instructions to the patient**
- **Provide a permanent general reinforcement of your oral counseling**

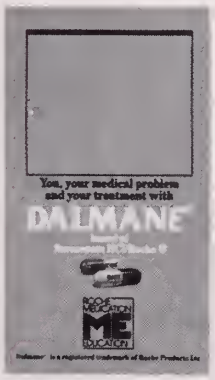
An ongoing Roche commitment to patient education

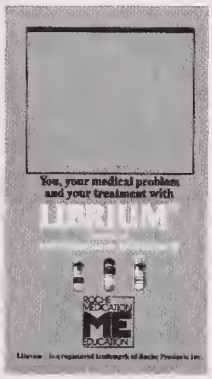
Roche has always believed that knowledge is each individual's key to good health and has long been committed to providing health care information to both professionals and the public. However, we have also always believed that the health care professional is and should be the prime source of medication information to patients. The Roche Medication Education (ME) program, begun in 1978, is one example of this commitment.

In the past seven years, over 50 million "WHAT IF" and "HOW TO" booklets have been provided by Roche for distribution to patients by physicians and other health care professionals.

Because you are the prime source of medication information for your patients, we invite you to look over the booklets listed below and request a complimentary supply of those applicable to your practice.

Complete the coupon and mail it to Professional Services Department, Roche Laboratories, Division of Hoffmann-La Roche Inc., Nutley, New Jersey 07110.





☐ ☐ ☐ ☐ ☐

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

ROCHE®
Medicines that matter
from people who care

ROCHE MEDICATION ME EDUCATION

We Wrote the Books on Patient Medication Education...

You, your medical problem and your treatment with

DALMANE®

brand of flurazepam HCl/Roche ®

You, your medical problem and your treatment with

LIBRIUM®

brand of chlordiazepoxide HCl/Roche ®

You, your medical problem and your treatment with

BACTRIM™

brand of trimethoprim and sulfamethoxazole/Roche

You, your medical problem and your treatment with

VALIUM®

brand of diazepam/Roche ®

You, your medical problem and your treatment with

LIMBITROL®

brand of chlordiazepoxide and amitriptyline HCl/Roche ®

ROCHE®

Copyright © 1986 by Hoffmann-La Roche Inc. and Roche Products Inc. All rights reserved.

To order a complimentary supply of Roche Product Books, please see preceding page.

Official Publication of the State Medical Society of Wisconsin

WISCONSIN MEDICAL JOURNAL

LIBRARY OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA
NOV 11 1986
M.D.S.

House reaffirms Resolution 27 in special session

The SMS House of Delegates, convening in special session October 17, reaffirmed the action of the House in April adopting Resolution 27 which authorizes the establishment of a physician-owned, stock liability insurance company. An overwhelming majority of the 89 delegates, alternate delegates, and specially-appointed delegates attending the special session supported establishment of the insurance company. During the intervening period from April to October, negotiations with the Insurance Commissioner and the increasing unavailability of reinsurance for occurrence-type insurance plans forced the new insurance company, Physicians' Insurance Company of Wisconsin (PIC-Wisconsin), to offer only claims-made coverage. It was this change in coverage that prompted the Board of Directors to call the special session of the House to reaffirm Resolution 27. The resolution appeared in the June BLUE BOOK issue on page 159. Further details of the special session and PIC-Wisconsin will appear in subsequent issues of the *Wisconsin Medical Journal* and MEDIGRAM.

Living will in Wisconsin

A group of Milwaukee authors have collaborated in reporting the results of a study that assessed the impact on physicians of Wisconsin's recently-enacted living will legislation. The results indicate that Wisconsin's legislation is viewed as promoting physician/patient communication regarding the patient's care at the end of life, and assuring legal protection for the physician who honors a patient's living will. (See page 17)

V. 85, NO. 10

OCTOBER 1986

WISCONSIN MEDICAL JOURNAL

ISSN 0043-6542/Established 1903

Owned and published by
State Medical Society of Wisconsin

Medical Editor
Victor S Falk MD, Edgerton

Associate Medical Editor
Richard D Sautter MD, Marshfield

Editorial Board
Victor S Falk MD, Edgerton *Chairman*
Melvin F Huth MD, Baraboo
M C F Lindert MD, Milwaukee
Andrew B Crummy Jr MD, Madison
Richard D Sautter MD, Marshfield
Dean M Connors MD, Madison
George W Kindschi MD, Monroe
Charles H Raine MD, Racine
Garrett A Cooper MD, Madison *Emeritus*

Editorial Director
Wayne J Boulanger MD, Milwaukee

Editorial Associates
R Buckland Thomas MD, Monroe
Russell F Lewis MD, Marshfield
Thomas H Cogbill MD, La Crosse
Victor S Falk MD, Edgerton
Richard D Sautter MD, Marshfield

Staff
Earl R Thayer, Madison
Secretary-General Manager
State Medical Society of Wisconsin

H B Maroney II, Madison
Assistant Secretary-Corporate Counsel
State Medical Society of Wisconsin

Mrs Mary Angell, Madison
Managing Editor

Mrs Marjorie Stafford, Madison
Publications Assistant

NATIONAL ADVERTISING REPRESENTATIVE: State Medical Journal Advertising Bureau, Inc, 711 South Blvd, Oak Park, Ill 60302. Ph 312/383-8800.

LOCAL (WISCONSIN) ADVERTISING: Contact: Mrs Mary Angell, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701. Ph 608/257-6781.

SUBSCRIPTION RATES: Members, $12.50 per year (included in dues); nonmembers, $25.00. Single copy: current year, $2.00; previous years, $3.00. SPECIAL RATES: Foreign and Canada, $30.00. Blue Book issue, $8.00. Membership Directory issue, $15.00.

SECOND CLASS POSTAGE PAID at Madison, Wisconsin, and at additional mailing offices.

PUBLISHED MONTHLY. "Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized August 7, 1918." Address all communications to THE WISCONSIN MEDICAL JOURNAL. Street address: 330 East Lakeside Street. Mailing address: Box 1109, Madison, Wis 53701.

POSTMASTER: Send address changes to Wisconsin Medical Journal, PO Box 1109, Madison, Wis 53701.

COPYRIGHT 1986
State Medical Society of Wisconsin

CONTENTS

October 1986

SPECIAL FEATURES

President's Page

5 Patients' life styles—a deep concern, by *John P Mullooly, MD,* Milwaukee

Editorials

7 Our Chinese colleagues, by *Wayne J Boulanger, MD,* Milwaukee

7 Inflexible cookbookery, by *Victor S Falk, MD,* Edgerton

8 Some enjoyment, by *Victor S Falk, MD,* Edgerton

Letters

8 ATV group rebuts, by *James J Baxter,* Dane

8 Editor's note, by *Victor S Falk, MD,* Edgerton

Special

17 Living will in Wisconsin, by *Robyn S Shapiro, JD; Frederick Tavill, MD, DPH; Gwen Rivkin, MPA;* and *Harvey Gruchow, PhD,* Milwaukee

23 "Living will" form now available

Soundings

24 Twice in a while, by *Barry Blackwell, MD,* Milwaukee

24 Viper, by *David L Schiedermayer, MD,* Milwaukee

Socioeconomics

42 President Mullooly shares liability issues with Representative Shoemaker

44 WISPAC backs many winners

News you can use

66 Illinois physicians warned about medical malpractice insurer

66 Physicians note: WIPRO contract applies only to Medicare

66 Physician mediators still needed

Miscellaneous

32 Identification of papillomavirus can help detect child abuse—*AMA Brief Report*

SCIENTIFIC MEDICINE

27 The impact of electrophysiologic testing on patient management in a tertiary care, nonurban medical center, by *James S Cole, MD; John E Mielke, MD; Lowell F Peterson, MD; Robert L Wilson, MD,* and *Stephen T Denker, MD,* Appleton

30 CLINICAL CANCER: Viral oncology: 75 years of progress, by *Frank J Rauscher Jr, PhD,* New York, New York (Number 10 of a series)

31 Indium-111 leukocyte scan in the diagnosis of inflammatory bowel disease, by *Ali A Diba, MD,* Milwaukee

WISCONSIN MEDICAL JOURNAL (ISSN 0043-6542) is the official publication of the State Medical Society of Wisconsin, devoted to the interests of the medical profession and health care in Wisconsin. Its affairs are handled by the Editorial Board, subject to policy direction of the Society's Board of Directors. The Managing Editor is responsible for the production, business operation, and coordination of contents as well as the final responsibility of the entire publication. The Editorial Director is responsible for Editorials. Unsigned Editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed Editorials express personal views of the author for which the Society takes no responsibility. Neither the Editors nor the State Medical Society will accept responsibility for statements made or opinions expressed in the pages of the Journal. Indexed in "Index Medicus," "Hospital Literature Index," and "Cambridge Scientific Abstracts."

Vol. 85 No. 10

CONTENTS

STATE MEDICAL SOCIETY OF WISCONSIN

ORGANIZATIONAL

8 Licensed-physician directory available

37 Dues payment options available

37 SMS Services, Inc launches new management venture

37 SMS slates meetings series with Hospital Association

37 PIC-Wisconsin incorporated

38 SMS's Health Workshop stresses teen awareness

38 CES Foundation begins Antiquarian book sale

38 Membership Directory—Update

39 County societies: Brown . . . Kenosha . . . Winnebago

39 *Blue Book* update

40 Membership facts

44 Statement of Ownership, Management and Circulation of the *Wisconsin Medical Journal*

50 OBITUARIES:
Donald T Rendel, MD, Watersmeet, MI (Eagle River)
Harvey K Guth, MD, Green Lake
Chester J Mroczkowski, MD, Milwaukee
Christopher R Dix, MD, Elm Grove
Charles J Picard, MD, Superior
Howard W Mahaffey, MD, Madison
Paul J Niland, MD, Milwaukee
Jameel S Mubarak, MD, Tomah
James W Laird, MD, Appleton
Charles D Brummitt, MD, Oconomowoc
Clemens Kirchgeorg, MD, Leesburg, FL (Neenah)
H R Peters, MD, Rockford, IL and Green Bay (Sturgeon Bay)
Dean P Epperson, MD, Naples, FL (Oconomowoc)
Delbert L Miner, MD, East Troy
Clarence A Rothe, MD, Green Bay
Frank F Gollin, MD, Middleton
Horace J Hansen, MD, Sheboygan
George L Boyd, MD, Kaukauna

DEPARTMENTS

47 PHYSICIAN BRIEFS

48 SPECIALTY SOCIETIES: Milwaukee Ophthalmological Society . . . Wisconsin Society of Internal Medicine

48 NEWS HIGHLIGHTS

61 MEDICAL YELLOW PAGES:
- Physicians exchange
- Medical facilities
- Miscellaneous
- Medical meetings—Continuing medical education
- Advertisers ■

THE STATE MEDICAL SOCIETY OF WISCONSIN, created by the Territorial Legislature in 1841, represents over 6600 member physicians in Wisconsin, comprising 55 county medical societies and 26 medical specialty sections. The purpose of the Society is to "bring together the physicians of the State of Wisconsin to advance the science and art of medicine and the better health of the people of Wisconsin, and to secure the enactment and enforcement of just medical laws." The major activities of the Society include continuing medical education, peer review, legislation, community health education, scientific affairs, socioeconomics, health planning, services for physicians, operation of a Charitable, Educational and Scientific Foundation, and publication of the *Wisconsin Medical Journal.*

Officers

PRESIDENT: *John P Mullooly, MD,* Milwaukee
PRESIDENT-ELECT: *Kenneth M Viste Jr, MD,* Oshkosh
SECRETARY-GENERAL MANAGER: *Earl R Thayer,* Madison
TREASURER: *John J Foley, MD* Menomonee Falls

Board of Directors

CHAIRMAN: *Darold A Treffert, MD* Fond du Lac
VICE CHAIRMAN: *Roger L von Heimburg, MD,* Green Bay

FIRST DISTRICT
Jerome W Fons Jr, MD, Cudahy
Roger Laubenheimer, MD, Milwaukee
Thomas A Hofbauer, MD, Menomonee Falls
Wayne H Konetzki, MD, Waukesha
H Leslie Ericson, MD, Racine
William L Treacy, MD, Milwaukee
Richard D Fritz, MD, Milwaukee
William J Listwan, MD, West Bend
Glenn H Franke, MD, Milwaukee
Lucille B Glicklich, MD, Milwaukee
Thomas A Reminga, MD, Milwaukee
H Myron Kauffman, MD, Elm Grove

SECOND DISTRICT
J D Kabler, MD, Madison
Cyril M Hetsko, MD, Madison
James J Tydrich, MD, Richland Center
Alwin E Schultz, MD, Madison
Kenneth I Gold, MD, Beloit
John D Wegenke, MD, Madison

THIRD DISTRICT
Pauline M Jackson, MD, La Crosse

FOURTH DISTRICT
William E Raduege, MD, Woodruff
Jung K Park, MD, Wisconsin Rapids
Richard H Ulmer, MD, Marshfield

FIFTH DISTRICT
Darold A Treffert, MD, Fond du Lac
James L Basiliere, MD, Oshkosh
C William Freeby, MD, Appleton

SIXTH DISTRICT
Roger L von Heimburg, MD, Green Bay
Joseph C DiRaimondo, MD, Manitowoc
John E Kraus, MD, Marinette

SEVENTH DISTRICT
Marwood E Wegner, MD, St Croix Falls
Philip J Happe, MD, Eau Claire

EIGHTH DISTRICT
Joseph M Jauquet, MD, Ashland

PRESIDENT: *Doctor Mullooly*
PRESIDENT-ELECT: *Doctor Viste*
PAST PRESIDENT: *John K Scott, MD,* Madison
SPEAKER: *Duane W Taebel, MD,* La Crosse
VICE SPEAKER: *Vernon M Griffin, MD,* Mauston

Are you practicing your specialty?

In a small group or solo practice, it's easy to become overwhelmed by the demands of accounting and financial management. But then, that's not your specialty. It's ours. At Gaarder & Miller, we make it our business to provide comprehensive financial and office management so you can concentrate on diagnosis and treatment.

Gaarder & Miller services include:

- Accounting & tax preparation
- Patient billing
- Insurance review & analysis
- Personnel policy & evaluation
- Long-range planning
- Benefit plan development
- Personal financial planning

Gaarder & Miller consultants are the best outside help you can have, complete financial management support that is well-organized and affordable. Individual physicians and small group practices are our specialty. Let us free you up to practice yours. **Contact one of these Gaarder & Miller offices now for a copy of our services brochure.**

Gaarder & Miller/Madison, Inc.
5530 Medical Circle
Madison, WI 53719-1282
608 274-1422

Gaarder & Miller Associates, Ltd.
1111 North Lynndale Drive
Appleton, WI 54914-3098
414 739-6261

ANNOUNCING

A combined effort to improve the quality of life.

Qualified, competent orthotists and prosthetists have been the trademark of Acme Laboratories since its beginning in 1950. Now, with the acquisition by Acme of one of the most respected and oldest names in the business, the House of Bidwell, the trademark has only been strengthened.

Professional patient care, human understanding, custom orthoses or prostheses, high standards, quality service. We also accept all insurance, including Medicare and Medicaid.

Acme Laboratories, and now the House of Bidwell – where quality of life is our main concern.

Acme Laboratories, Inc. | House of Bidwell

IMPROVING THE QUALITY OF LIFE

Acme Laboratories, Inc Main Office
10702 W Burleigh St
Milwaukee, WI 53222
(414)259-1090

Acme Laboratories, Inc.
525 E Division St
Fond du Lac, WI 54935
(414) 923-6676

House of Bidwell, Inc.
7954 W Harwood Ave
Milwaukee, WI 53213
(414)774-6250

Green Bay Orthopedic Division of Acme
428 S Adams St
Green Bay, WI 54301
(414)435-1461

Madison Prosthetic-Orthotic Division of Acme
7817 Mineral Point Road
Madison, WI 53717
(608)833-9660

John P Mullooly, MD

Patients' life styles—a deep concern

THE STATE MEDICAL SOCIETY faces many serious issues as the year winds down, and the solutions to these issues are far from clear. These issues affect each and everyone of us and our patients, as well as society. The ongoing medical liability problems, the cost of medical care, the lack of medical care for those without insurance, the ethical dilemmas posed by biotechnological advances, the devastating consequences of acquired immunodeficiency syndrome, the continued impact of environmental pollutants on our citizens' health are but a few of the areas of great concern to all of us. While they may seem overwhelming at times, we should take comfort in the fact that great efforts are being made on our behalf and that in the long run these problems will be solved. The history of medicine and of society attests to this fact. It is appropriate to pause and contemplate the fact that for most problems a solution usually is found. It may not be the solution we expected or hoped for; nevertheless, it is a solution.

The wise man usually adapts to the new situation and adjusts to change. Perhaps this is the best attitude to have in these rapidly changing times in medicine. As we look at new therapeutic modalities in our practice, so we should look at new ways of practicing medicine. "Be not the first to try the new, nor be the last to abandon the old."

While we physicians attempt not to be judgmental in the sense that we do not wish to impose our value systems on others, it must concern most of us deeply when we see the consequences to the health of our patients from various types of life styles. The ill effects of smoking, alcohol, and drugs to the human organism are well documented. However, knowledge of these effects does little to deter people from using them. Vast efforts to educate our patients seem to have done little to ameliorate the continued morbidity from the use of these substances. Perhaps, the educational efforts will take time to change the habits of society. Harbingers of change are being seen even now with the decreased use of alcohol and the enthusiasm of people for exercise, physical fitness, etc.

In regard to sexually transmitted diseases, the fear generated by the AIDS epidemic has dampened sexual expression in recent times. Coming hard after the genital herpes explosion, this ongoing AIDS epidemic has had a most sobering effect. Reflecting upon these societal reactions, I'm reminded of an old adage, "God always forgives, man sometimes forgives, but nature never forgives." I guess that sums it up well. Prevention always is the best kind of medicine. As physicians we should continue to emphasize this message to our patients. Responsibility for our own health begins with avoiding anything that would be a danger to it. This message also should be conveyed to our adolescents who are either sexually active or thinking of going in that direction. The consequences to their health are well known and they should be taught to say "no!" We are all familiar with the economic consequences to our country from illegitimacy, etc. It is in the country's and patient's interest to return to basic moral values if we are to reverse these disturbing trends.

While the State Medical Society can lend assistance in educating the public, it is the proper duty and function of society to affirm and implement policies to better the health of its citizens. To this the State Medical Society is dedicated as well, but it lacks the vast resources necessary to implement these worthwhile goals. However, with enlightened leadership of our governmental agencies, community service organizations, churches and schools, such worthwhile goals can be accomplished.

On an organizational note, it has become apparent to me that the State Medical Society would do well to create a committee or a commission to study and advise its Board of Directors on an ongoing basis of the bioethical implications of modern biotechnological advances in medicine. Under its purview, this new committee/commission also should serve as a forum for airing many of the ethical problems faced by medicine today. Much of our time on the Board is spent on educational socioeconomic, legislative, and peer review issues. As a profession which prides itself upon its medical ethics, perhaps it is time to return to our roots, our professional ethics. For it is our medical ethics and our adherence to it, that society will judge us.■

John P Mullooly MD

We know you.
We've talked with you.
We have a continuing commitment to serve you.

For professional liability insurance, the stakes are too high to depend on anyone else.

That's why the State Medical Society has endorsed a professional liability plan which has been developed especially for Wisconsin physicians.

Available only to members of the SMS—and offered through SMS Services, Inc.—this medical malpractice policy has superior features including:

- Consent of the physician is required before settlement of any claim.
- Availability of legal counsel, experienced in defendant medical liability.
- All members of claims and underwriting committees are Wisconsin physicians.
- Occurrence coverage provided for claims arising during the policy period, even if claim is reported at a later time.

For the best in professional liability coverage, contact SMS Services, Inc. at (608) 257-6781 or toll-free 1-800-362-9080

Endorsed by the
State Medical Society
of Wisconsin

We know how vital it is to safeguard the present... and to protect the future.

Underwritten by:

A respected leader in coverage for preferred markets.

Unsigned editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed editorials express personal views of the author for which the Society takes no responsibility.

Our Chinese colleagues

IN THE RECENT past most editorial writers for medical publications have tended to "view with alarm" the degradation of American medical practice. This is especially true of writers old enough to remember the nearly complete freedom from government and insurance company interference in the nineteen fifties and sixties.

That golden age was indeed a great time in which to practice, and it probably will never again be experienced, so there probably is some justification for the current pessimism and generally negative editorial approach.

After all, it is not easy to be optimistic about the future as our freedom slips away, and there is need for vigilance and effort on our part if we are to preserve what we still have, but we still have far more freedom than doctors in any country I have visited.

That fact was never more clearly demonstrated than during an August 1986 visit to the Peoples' Republic of China. The Chinese Medical Association had requested a visit from a delegation of surgeons sponsored by People-to-People International. Twenty-six surgeons from a variety of backgrounds made up the party, visiting five cities, their medical schools and hospitals, spending just over two weeks exchanging information with surgeons in Beijing, Shanghai, Suzhou, Hangzhou, and Guangzhou (Peking, Shanghai, Soochow, Hangchow, and Canton if you went to school when I did.)

Surgeons the world over have much in common in spite of language and cultural barriers, and we got along very well, learning much from each other—a lot of which would never appear on the pages of *JAMA* or the *Chinese Journal of Experimental Surgery*. Perhaps most of all we westerners learned how fortunate we are to live and work in North America.

Now every time I gripe about having to call WIPRO on the telephone, I think about my colleague in China who doesn't even need a telephone book, because there aren't enough private telephones to make it worthwhile. And when I'm called out at night and get out of my comfortable home into my comfortable car, I think about my Chinese colleague who hops out of his little apartment and onto his bike when summoned, and pedals to the hospital.

Of course, my Chinese colleague, who does major hepatic resections as often as I do breast biopsies, could wait for the bus, which is old and crowded and slower than the bike, but maybe his pride won't let him take the bus, because after all, the bus driver has a higher salary than he has. (Several Beijing surgeons said this is true; I didn't check it out with the Rapid Transit System.)

In any event, when my Chinese colleague arrives at the bedside of his patient, he will find him in a badly lighted ward with eight-to-ten beds. If a transfusion is being given, it will be administered through old, soft, cracked rubber tubing such as I haven't seen in thirty-five years. And when he's finished, if he's lucky, he won't kick over the spittoon on the way out.

If I become disgusted with things in Wisconsin, I can move to Phoenix or Seattle as long as I can pass the licensure examination. My Chinese colleague is assigned to a spot, and there he will stay until otherwise assigned by the communist party, which is quite unlikely.

And so on and so on—the contrasts are endless and unbelievable until you remind yourself that China is a country in which social classes were abolished in 1949. As part of the revolution and the equalization process, medical schools were closed, communication with the west was forbidden, and medical progress was suspended. Perhaps sociologists can find some benefit in this sort of self-destruction, but it escapes me. And I can't help wondering how many of my Chinese colleagues would trade places with me if they could, WIPRO and the insurance companies notwithstanding.

Here we still have a great deal of freedom. Our Chinese colleagues had freedom once, too. How or why they lost it is a complicated issue. We must see to it that it doesn't happen to us.

—*Wayne J Boulanger, MD,* Milwaukee

Inflexible cookbookery

NOT TOO MANY years ago there was a strict rule or policy that there must be a second physician present in the operating room for any major surgical procedure. True, occasionally this requirement was fulfilled by a warm body with an MD degree who could stand at the opposite side of the operating table. But it passed the surveyor's scrutiny.

Now Medicare through its cookbook denies payment to an assistant in a situation that clearly requires a second surgeon.

Here is an example: The Medicare patient is an aphasic hemiplegic with carcinoma of the prostate and skeletal metastasis. Assistance was specifically requested by the operating urologist for the suprapubic pros-

tatectomy. Medicare rejected the assistant's claim because "our (Medicare's) surgery guidelines don't allow the separate service of an assistant surgeon for this procedure."

A letter of explanation was written and Medicare responded exactly the same way, but indicated a hearing could be requested. How many physicians are going to waste more time before a hearing officer?

Although some interns and residents used to refer to retractors as "idiot sticks," properly placed retractors are invaluable in providing adequate exposure. This is especially true where bleeding can be profuse (as in a suprapubic prostatectomy) and where operating and anesthetic times can be reduced with adequate assistance.

Who compiles the guidelines for Medicare? Perhaps it is someone with a host of residents on hand who can assist at surgery, but who do not count as an assistant surgeon for Medicare accounting. Certainly not every minor procedure requires a surgical assistant, but for major procedures assistants should be mandated rather than denied.

The type of inflexible cookbook mentality reflected in some Medicare decisions is frustrating and discouraging to anyone trying to practice good medicine.

—*Victor S Falk, MD,* Edgerton

Some enjoyment

"We're considered total vultures, I've made a ton of money in this, and I could quit tomorrow. But I enjoy suing the bastards." This is a direct quote in *The Miami Herald* attributed to a prominent Miami attorney.

This particular attorney has won more than 20 $1-million-plus malpractice suits against doctors. Earlier this year he won a $3.9 million award against a medical center and he and his firm got half the money. Last year he and a partner got $1.8 million out of a case they settled for $5 million against another medical center.

This attorney is a former president of the Dade County (Miami) Bar and was once national chairman of the medical malpractice committee of the Association of American Trial Lawyers.

The ironical twist of the story is that this outstanding attorney has filed for divorce from his wife, and she is out to share his assets which exceed $3 million. One would hope that the wife has an attorney who also gets his enjoyment out of "suing bastards" even outside the medical profession.

—*Victor S Falk, MD,* Edgerton ■

Licensed-physician directory available

The 1986 Directory of Licensed Physicians in Wisconsin is now available from the State Medical Examining Board. The annual directory lists all currently-registered physicians in the state, their mailing address, and specialties.

The directory can be purchased for $6.30 (including tax and shipping) from the Medical Examining Board, PO Box 8935, Madison, WI 53708.■

LETTERS

The Editors would like to encourage physicians to contribute to the LETTERS section where they can ventilate their frustrations as well as opinions. This feature is intended to be lively and spirited as well as informative and educational. As with other material which is submitted for publication, all letters will be subject to the usual editing. Address correspondence to: The Editor, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701.

ATV group rebuts

To the *Capital Times,* Mr Dan Allegretti: As you might expect from the letterhead (Wisconsin All-Terrain Vehicle Association), I and the people I represent were not enthralled with your article on ATVs (September 15).

The "studies" you cite and indirectly your article misrepresent our sport, the mechanical sophistication of ATVs, Wisconsin's new ATV law, and the magnitude of the ATV safety problem.

I have no qualms about physicians being experts in their chosen specialties. However, when they start making sweeping statements that infer they are skilled in engineering analysis, accident reconstruction and causation, and have full command of a law that took three years of hard work to pass, my patience wears thin.

I am also troubled by the fact that you apparently made no effort to discuss the findings of these "studies" with people such as myself who have been and are deeply involved in a multitude of ATV related issues.

Your article states that 28 people were killed in ATV accidents since 1983. No question that their loss of life is regrettable. However, from 1983–85 there were 53 people killed on bicycles; should we ban their production and sale? With an estimated 90,000 ATVs rolling in Wisconsin a certain number of accidents have to be expected. We have worked hard to reduce the incidence of these accidents.

The legislation we created, supported, and are now implementing will make major strides in the safety arena. The medical community never devoted a minute's effort or a penny's support to our legislative program and now they have the unmitigated arrogance to criticize its worth.

Our ATV law is the best there is in the United States, period. It blends

the interests of the users, regulators, landowners, and industry into a workable program of accommodation, regulation, education, training, and enforcement. It is designed to be self-funded and practical.

Now we have to tolerate criticism from a group of people who pioneered today's national liability crisis.

Our ATV law not only requires adult supervision for children under 12 but also sets up a safety and training program and provides incentives for youngsters to take the program. It is through this program that the importance of proper riding skills and the use of safety equipment will be taught.

From philosophical and practical perspectives, it is our contention that education and positive incentives are the best way to improve ATV safety. Mandating safety requirements that will be resented, ignored, and rendered unenforceable is not the direction we have chosen to follow.

One of the primary reasons for ATV accidents is the absence of adequate riding opportunities. Our legislation addresses this problem through the provision of funding and authorization for ATV trails. As quality trails become available we will see fewer "ditch running" accidents, ATV-auto collisions and other mishaps that occur when ATV enthusiasts try to find a place to ride.

In the interest of fairness and accuracy I hope our side of the ATV story will grace the front page of *The Capital Times* in the near future. [It appeared as a "Letter of the Day" in the *VOICE of the People* section in the September 23 issue.]

—*James J Baxter,* President
Wisconsin All-Terrain Vehicle Association
6678 Pertzborn Road
Dane, Wisconsin 53529

* * *

EDITOR'S NOTE: After the ATV articles appeared in the *Wisconsin Medical Journal,* a number of newspapers from the state published feature stories on the same subject. One of these resulted in a Letter-to-the-Editor of Madison *Capital Times.* The letter is reproduced above and was written by the President of the Wisconsin All-Terrain Vehicle Association. (A copy also was sent to the State Medical Society.)

The concern of the medical profession for safety is not limited to ATVs. We have also written about dirt bikes, snowmobiles, and motorcycles (especially bikers without helmets). The concern has especially been directed toward underaged drivers and those whose judgment has been impaired by high alcohol levels.

The writer's comparison of ATVs with bicycles is hardly appropriate since bicycles are not motorized. Also the sheer numbers of bicycles (more than 10,000 on the University of Wisconsin Madison campus alone) makes the comparison unrealistic. Many of the bicycle accidents involved collisions with motor vehicles and this is not unexpected since bicycle riders weave in and out of traffic and rarely seem to obey traffic signals.

The writer faults the medical profession for the current liability crisis. He overlooks the suing society in which we live and the plethora of eager trial lawyers.

It does not require an engineering degree to recognize the characteristics of top-heavy vehicles such as ATVs that have the potential to roll over or backwards.

The problem seems to be mainly with who is permitted to drive the ATVs and where they are driven. Obviously the ATVs must have been purchased by adults. But the accidents often involve young children, and that is where more stringent control is necessary. Certainly it is very exciting for kids to drive any sort of vehicle. We do not want to be spoilsports, but imagine how the permissive family of a child crushed by an ATV must feel.

In early October the Associated Press released an article from Washington stating that government safety experts say manufacturers should voluntarily stop selling motorized all-terrain vehicles for use by children or face the threat of a federal ban. This follows an 18-month study by the Consumer Product Safety Commission of three-wheeled, off-road vehicles which have been implicated in 559 deaths since 1982; and more than 50,000 injuries have been reported in the first half of this year. The article points out that these motorized vehicles have become increasingly popular and that more than 2 million are in use across the country.

The study, which included six public hearings across the country, found many possible causes for accidents, including the use of alcohol, riding double, rider inexperience, and riding of the vehicles on highways.

The staff concluded that children under 12 years of age are unable to operate any size ATV safely. The agency said that children under 12 "lack physical size and strength, cognitive abilities, motor skills, and perception needed to operate these vehicles." The staff recommended that the commission ask manufacturers to voluntarily stop marketing the lower-power ATVs for children under 12. As a solution, a label was proposed warning vehicle owners that ATVs were not recommended for anyone under 16.

Thus the national figures confirm those from Wisconsin and reaffirm the need for control of ATVs.

—*Victor S Falk, MD,* Edgerton ■

ALL-IN-ONE

Computerized Accounting System

FOR THE SMALL MEDICAL PRACTICE

including:

- Hardware
- Software
- Installation
- 15 Hours of consulting time in system setup and conversion

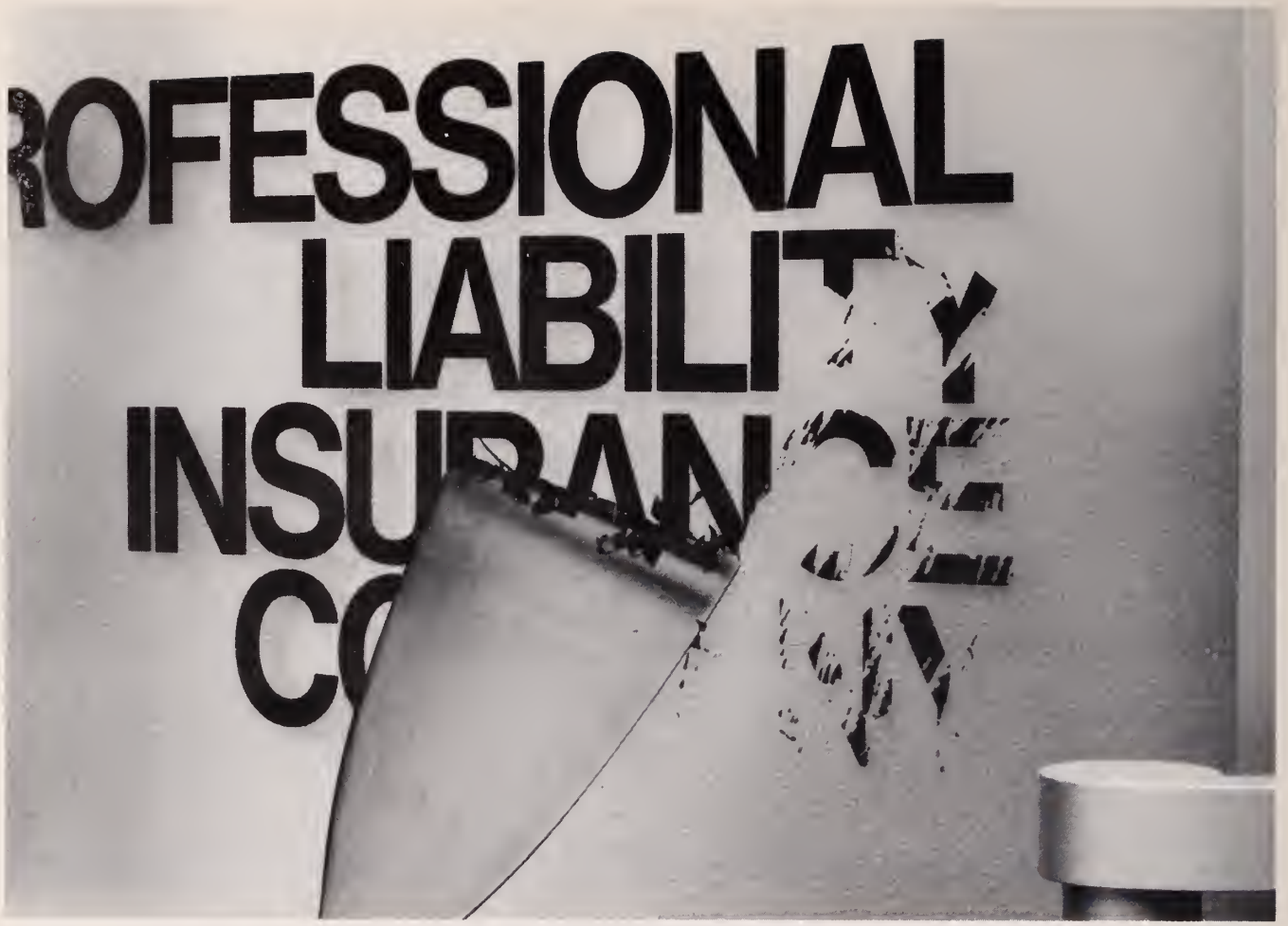
IBM-AT based hardware

We write own software programs, making alterations easy. We design own forms. Program helps establish fee schedules. Designed for Medicare, Medicaid, HMO, private, and accepting assignment functions.

REFERENCES CAN BE PROVIDED

LOFDAHL LEASING COMPANY

R F LOFDAHL, CPA/President
3313 University Ave, Madison, WI 53705
608/233-9404



In ten years your malpractice carrier may be just a memory.

Unless it's Medical Protective.

As you consider professional liability insurance, consider this. The coverages stated in the policy are basically a promise — a promise to be here when needed regardless of legal climate or economic conditions. A company's ability to keep this promise is critical because your financial security may depend on it. Unfortunately, too many firms are now finding the task impossible.

Analyze your liability insurance options carefully just as you would any important investment. Go beyond the agent and the policy to the company that stands behind both. How long has it been in operation? Has it weathered some of the tough times? Will it be there for you when you need help?

The Medical Protective Company pioneered professional liability coverage before the turn of the century and has served doctors exclusively ever since. Over 500,000 of them. Through good times and bad. We'll be here when you need us.

Contact The Medical Protective Company through one of our general agents. History shows we keep our promises.

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

Jerome E. Kronsnoble, William E. Herte
850 North Elm Grove Road, Elm Grove, WI 53122, (414) 784-3780

CONFIRMED

CONFIRMED BY CLINICAL EVIDENCE

ZANTAC® 150 h.s.

ranitidine HCl/Glaxo 150 mg tablets

EFFECTIVE MAINTENANCE THERAPY

for healed duodenal ulcer patients

CONFIRMED

In two randomized, double-blind, and well-controlled clinical trials, ZANTAC 150 mg h.s. significantly superior to cimetidine 400 mg h.s. for maintenance therapy in healed duodenal ulcers.

Percent of patients with observed duodenal ulcer recurrence

		0-4 months	0-8 months	0-12 months	No. patients
USA[1]	ranitidine 150 mg h.s.	9%	14%*	16%†	60
	cimetidine 400 mg h.s.	23%	34%	43%	66
UK, Ireland, Australia[2]	ranitidine 150 mg h.s.	8%‡	14%‡	23%‡	243
	cimetidine 400 mg h.s.	21%	34%	37%	241

*p=0.02
†p=0.01
‡p≤0.004
%=life-table estimates
All patients were permitted prn antacids for relief of pain.

These two trials used the currently recommended dosing regimen of cimetidine (400 mg h.s.) and ranitidine (150 mg h.s.). A comparison of other dosing regimens has not been studied.

The studied dosing regimens are not equivalent with respect to the degree and duration of acid suppression or suppression of nocturnal acid.

The superiority of ranitidine over cimetidine in these trials indicates that the dosing regimen currently recommended for cimetidine is less likely to be as successful in maintenance therapy.

Convenient once-a-night dose with a

low incidence of side effects[3]

Headache, sometimes severe, seems to be related to ranitidine administration. Other side effects have been reported; for a complete listing, see the **ADVERSE REACTIONS** section in the Brief Summary.

No significant interference with the hepatic cytochrome

P-450 enzyme system at recommended doses

ZANTAC 150 mg has no significant drug interactions with theophylline, phenytoin, or warfarin. The bioavailability of certain medications whose absorption is dependent on a low gastric pH may be altered when ZANTAC or other medications that decrease gastric acidity are administered.

Zantac® 150

ranitidine HCl/Glaxo 150 mg tablets

One tablet at bedtime
for maintenance

See next page for references and
Brief Summary of Product Information.

Glaxo/ ROCHE®

CONFIRMED

Zantac® 150

ranitidine HCl/Glaxo 150 mg tablets

One tablet at bedtime for maintenance therapy in healed duodenal ulcer patients

References:

1. Silvis SE, Griffin J, Hardin R, et al: Final report on the United States multicenter trial comparing ranitidine to cimetidine as maintenance therapy following healing of duodenal ulcer. *J Clin Gastroenterol* 1985;7(6):482-487.
2. Gough KR, Korman MG, Bardhan KD, et al. Ranitidine and cimetidine in prevention of duodenal ulcer relapse: A double-blind, randomised, multicentre, comparative trial. *Lancet* 1984;ii:659-662.
3. Data available on request, Glaxo Inc.

ZANTAC® 150 Tablets (ranitidine hydrochloride)
ZANTAC® 300 Tablets (ranitidine hydrochloride)

BRIEF SUMMARY OF PRODUCT INFORMATION

See complete product information before prescribing. The following is a brief summary.

INDICATIONS AND USAGE: ZANTAC® is indicated in:
1. Short-term treatment of **active duodenal ulcer**. Most patients heal within four weeks.
2. **Maintenance therapy** for duodenal ulcer patients at reduced dosage after healing of acute ulcers.
3. The treatment of **pathological hypersecretory conditions** (eg, Zollinger-Ellison syndrome and systemic mastocytosis).
4. Short-term treatment of **active, benign gastric ulcer**. Most patients heal within six weeks and the usefulness of further treatment has not been demonstrated.
5. Treatment of **gastroesophageal reflux disease (GERD)**. Symptomatic relief commonly occurs within one or two weeks after starting therapy. Therapy for longer than six weeks has not been studied.

In active duodenal ulcer; active, benign gastric ulcer; hypersecretory states; and GERD, concomitant antacids should be given as needed for relief of pain.

CONTRAINDICATIONS: ZANTAC® is contraindicated for patients known to have hypersensitivity to the drug.

PRECAUTIONS: General: 1. Symptomatic response to ZANTAC® therapy does not preclude the presence of gastric malignancy. 2. Since ZANTAC is excreted primarily by the kidney, dosage should be adjusted in patients with impaired renal function. Caution should be observed in patients with hepatic dysfunction since ZANTAC is metabolized in the liver.

Laboratory Tests: False-positive tests for urine protein with Multistix® may occur during ZANTAC therapy, and therefore testing with sulfosalicylic acid is recommended.

Drug Interactions: Although ZANTAC has been reported to bind weakly to cytochrome P-450 in vitro, recommended doses of the drug do not inhibit the action of the cytochrome P-450-linked oxygenase enzymes in the liver. However, there have been isolated reports of drug interactions which suggest that ZANTAC may affect the bioavailability of certain drugs by some mechanism as yet unidentified (eg, a pH-dependent effect on absorption or a change in volume of distribution).

Carcinogenesis, Mutagenesis, Impairment of Fertility: There was no indication of tumorigenic or carcinogenic effects in lifespan studies in mice and rats at doses up to 2,000 mg/kg/day.

Ranitidine was not mutagenic in standard bacterial tests (*Salmonella, E coli*) for mutagenicity at concentrations up to the maximum recommended for these assays.

In a dominant lethal assay, a single oral dose of 1,000 mg/kg to male rats was without effect on the outcome of two matings per week for the next nine weeks.

Pregnancy: ***Teratogenic Effects: Pregnancy Category B:*** Reproduction studies have been performed in rats and rabbits at doses up to 160 times the human dose and have revealed no evidence of impaired fertility or harm to the fetus due to ZANTAC. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: ZANTAC is secreted in human milk. Caution should be exercised when ZANTAC is administered to a nursing mother.

Pediatric Use: Safety and effectiveness in children have not been established.

Use in Elderly Patients: Ulcer healing rates in elderly patients (65 to 82 years of age) were no different from those in younger age groups. The incidence rates for adverse events and laboratory abnormalities were also not different from those seen in other age groups.

ADVERSE REACTIONS: The following have been reported as events in clinical trials or in the routine management of patients treated with oral ZANTAC®. The relationship to ZANTAC therapy has been unclear in many cases. Headache, sometimes severe, seems to be related to ZANTAC administration.

Central Nervous System: Rarely, malaise, dizziness, somnolence, insomnia, and vertigo. Rare cases of reversible mental confusion, agitation, depression, and hallucinations have been reported, predominantly in severely ill elderly patients.

Cardiovascular: Rare reports of tachycardia, bradycardia, and premature ventricular beats.

Gastrointestinal. Constipation, diarrhea, nausea/vomiting, and abdominal discomfort/pain.

Hepatic: In normal volunteers, SGPT values were increased to at least twice the pretreatment levels in 6 of 12 subjects receiving 100 mg qid IV for seven days, and in 4 of 24 subjects receiving 50 mg qid IV for five days. With oral administration there have been occasional reports of reversible hepatitis, hepatocellular or hepatocanalicular or mixed, with or without jaundice.

Musculoskeletal: Rare reports of arthralgias.

Hematologic: Rare reports of reversible leukopenia, granulocytopenia, thrombocytopenia, and pancytopenia.

Endocrine: Controlled studies in animals and man have shown no stimulation of any pituitary hormone by ZANTAC and no antiandrogenic activity, and cimetidine-induced gynecomastia and impotence in hypersecretory patients have resolved when ZANTAC has been substituted. However, occasional cases of gynecomastia, impotence, and loss of libido have been reported in male patients receiving ZANTAC, but the incidence did not differ from that in the general population.

Integumental: Rash, including rare cases suggestive of mild erythema multiforme, and, rarely, alopecia.

Other: Rare cases of hypersensitivity reactions (eg, bronchospasm, fever, rash, eosinophilia) and small increases in serum creatinine.

DOSAGE AND ADMINISTRATION: Active Duodenal Ulcer: The current recommended adult oral dosage is 150 mg twice daily. An alternate dosage of 300 mg once daily at bedtime can be used for patients in whom dosing convenience is important. The advantages of one treatment regimen compared to the other in a particular patient population have yet to be demonstrated.

Maintenance Therapy: The current recommended adult oral dosage is 150 mg at bedtime.

Pathological Hypersecretory Conditions (such as Zollinger-Ellison Syndrome): The current recommended adult oral dosage is 150 mg twice a day. In some patients it may be necessary to administer ZANTAC® 150-mg doses more frequently. Doses should be adjusted to individual patient needs, and should continue as long as clinically indicated. Doses up to 6 g/day have been employed in patients with severe disease.

Benign Gastric Ulcer: The current recommended adult oral dosage is 150 mg twice a day.

GERD: The current recommended adult oral dosage is 150 mg twice a day.

See full prescribing information for dosage adjustment for patients with impaired renal function.

HOW SUPPLIED: ZANTAC® 300 Tablets (ranitidine hydrochloride equivalent to 300 mg of ranitidine) are yellow, capsule-shaped tablets embossed with "ZANTAC 300" on one side and "Glaxo" on the other. They are available in bottles of 30 (NDC 0173-0393-40) and unit dose packs of 100 tablets (NDC 0173-0393-47).

ZANTAC® 150 Tablets (ranitidine hydrochloride equivalent to 150 mg of ranitidine) are white tablets embossed with "ZANTAC 150" on one side and "Glaxo" on the other. They are available in bottles of 60 tablets (NDC 0173-0344-42) and unit dose packs of 100 tablets (NDC 0173-0344-47).

Store between 15° and 30°C (59° and 86°F) in a dry place. Protect from light. Replace cap securely after each opening.

© Copyright 1983, Glaxo Inc. All rights reserved. June 1986

Glaxo

Glaxo Inc.
Research Triangle Park, NC 27709

Motrin® 800 mg TABLETS

ibuprofen

Extra strength
Convenience
Economy

Upjohn

A Century of Caring

1886·1986

©1986 The Upjohn Company

J-6138 January 1986

Before prescribing, see complete prescribing information in SK&F CO. literature or *PDR*. The following is a brief summary.

* **WARNING**
This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

Contraindications: Concomitant use with other potassium-sparing agents such as spironolactone or amiloride. Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. **Associated widened QRS complex or arrhythmia requires prompt additional therapy.** Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available. Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma. Possible exacerbation or activation of systemic lupus erythematosus has been reported with thiazide diuretics.

Precautions: The bioavailability of the hydrochlorothiazide component of 'Dyazide' is about 50% of the bioavailability of the single entity. Theoretically, a patient transferred from the single entities of triamterene and hydrochlorothiazide may show an increase in blood pressure or fluid retention. Similarly, it is also possible that the lesser hydrochlorothiazide bioavailability could lead to increased serum potassium levels. However, extensive clinical experience with 'Dyazide' suggests that these conditions have not been commonly observed in clinical practice. Angiotensin-converting enzyme (ACE) inhibitors can elevate serum potassium; use with caution with 'Dyazide'. Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids, and during concurrent use with amphotericin B or corticosteroids or corticotropin [ACTH]). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Cumulative effects of the drug may develop in patients with impaired renal function. Thiazides should be used with caution in patients with impaired hepatic function. They can precipitate coma in patients with severe liver disease. Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic and hemolytic anemia have been reported with thiazides. Thiazides may cause manifestation of latent diabetes mellitus. The effects of oral anticoagulants may be decreased when used concurrently with hydrochlorothiazide; dosage adjustments may be necessary. Clinically insignificant reductions in arterial responsiveness to norepinephrine have been reported. Thiazides have also been shown to increase the paralyzing effect of nondepolarizing muscle relaxants such as tubocurarine. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. Triamterene has been found in renal stones in association with the other usual calculus components. Therefore, 'Dyazide' should be used with caution in patients with histories of stone formation. A few occurrences of acute renal failure have been reported in patients on 'Dyazide' when treated with indomethacin. Therefore, caution is advised in administering nonsteroidal anti-inflammatory agents with 'Dyazide'. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine. Hypokalemia is uncommon with 'Dyazide', but should it develop, corrective measures should be taken such as potassium supplementation or increased dietary intake of potassium-rich foods. Corrective measures should be instituted cautiously and serum potassium levels determined. Discontinue corrective measures and 'Dyazide' should laboratory values reveal elevated serum potassium. Chloride deficit may occur as well as dilutional hyponatremia. Concurrent use with chlorpropamide may increase the risk of severe hyponatremia. Serum PBI levels may decrease without signs of thyroid disturbance. Calcium excretion is decreased by thiazides. 'Dyazide' should be withdrawn before conducting tests for parathyroid function. Thiazides may add to or potentiate the action of other antihypertensive drugs. Diuretics reduce renal clearance of lithium and increase the risk of lithium toxicity.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances; postural hypotension (may be aggravated by alcohol, barbiturates, or narcotics). Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and respiratory distress including pneumonitis and pulmonary edema, transient blurred vision, sialadenitis, and vertigo have occurred with thiazides alone. Triamterene has been found in renal stones in association with other usual calculus components. Rare incidents of acute interstitial nephritis have been reported. Impotence has been reported in a few patients on 'Dyazide', although a causal relationship has not been established.

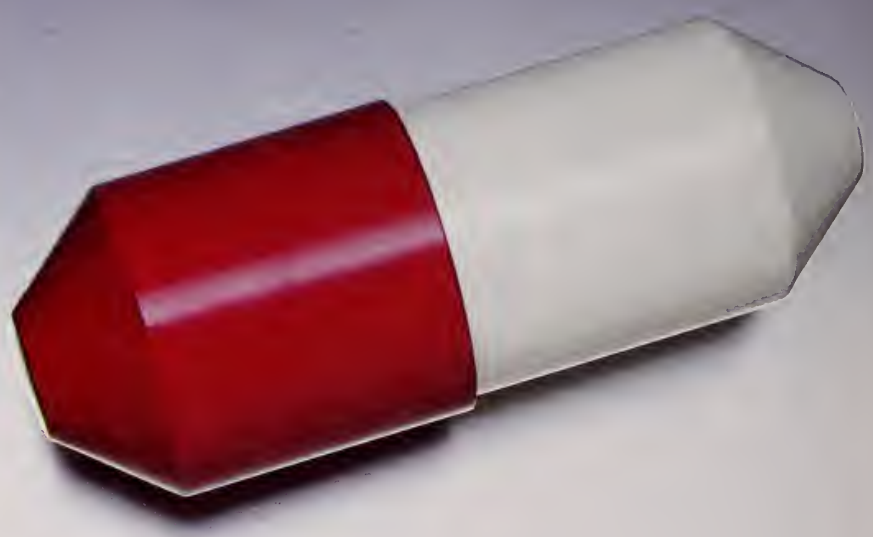
Supplied: 'Dyazide' is supplied as a red and white capsule, in bottles of 1000 capsules; Single Unit Packages (unit-dose) of 100 (intended for institutional use only); in Patient-Pak™ unit-of-use bottles of 100.

BRS-DZ:L42

In Hypertension*... When You Need to Conserve K+

Remember the Unique Red and White Capsule: Your Assurance of SK&F Quality

Serum K^+ and BUN should be checked periodically (see Warnings and Precautions)



Potassium-Sparing

DYAZIDE®

25 mg Hydrochlorothiazide/**50 mg** Triamterene/SKF

Over 20 Years of Confidence

The unique red and white Dyazide® capsule: Your assurance of SK&F quality.

a product of
SK&F CO.
Carolina, P.R. 00630

©SK&F Co., 1983

Living will in Wisconsin

Robyn S Shapiro, JD; Frederick Tavill, MD, DPH; Gwen Rivkin, MPA; and *Harvey Gruchow, PhD,* Milwaukee, Wisconsin

ABSTRACT. *The purpose of this study was to assess the impact on physicians of Wisconsin's recently-enacted living will legislation. The Long Term Care Gerontology Center and the Center for the Study of Bioethics at the Medical College of Wisconsin conducted a survey on a sample of Wisconsin physicians to elicit their knowledge of and attitudes toward living wills, and their experiences in the management of terminally ill patients. The results indicate that Wisconsin's legislation is viewed as promoting physician/patient communication regarding the patient's care at the end of life, and assuring legal protection for the physician who honors a patient's living will. Also, the legislation has raised the level of consciousness and fostered a dialogue among physicians and patients on the issues of a person's right to make choices regarding medical interventions at the end of life, and the law's liability protection provisions that allow physicians to honor such expressions of choice, when in accordance with the terms of the legislation. However, there are certain restrictive provisions in the Wisconsin law that need to be amended in order to enhance the utility and effectiveness of the legislation.*

Key words: Living will; Terminal disease; Informed consent

RECENT DEVELOPMENTS in medical technology and modern resuscitative techniques, such as respirators and heart-lung machines, have made it possible for patients with certain terminal diseases to be kept alive beyond the time when cardiac activity would otherwise have ceased. However, not all terminally ill patients may wish to take advantage of such technology but rather opt to die in a natural, dignified manner.[1] The living will allows for this choice by declaring the signer's intent that no extraordinary means be used to prolong life should he or she suffer an illness or injury for which extraordinary care cannot provide a cure or effectuate significant recovery, and from which death is inevitable.

Ms Shapiro is Director, Center for the Study of Bioethics, Medical College of Wisconsin, Milwaukee; Doctor Tavill is Director, Milwaukee Long Term Care Gerontology Center; and Associate Dean of Gerontology, Medical College of Wisconsin, Milwaukee; Ms Rivkin is Service Systems Development Coordinator, Milwaukee Long Term Care Gerontology Center, Milwaukee; and Doctor Gruchow is Associate Professor, Biostatistics, Medical College of Wisconsin, Milwaukee. The authors' research was supported in part by a grant from the Administration on Aging, Office for Human Development Services, Department of Health and Human Services: Grant #90AL0010-01. Reprint requests to: Robyn S Shapiro, JD, Center for the Study of Bioethics, Medical College of Wisconsin, 8701 Watertown Plank Road, Milwaukee, Wisconsin 53226 (phone: 414/257-8498). Copyright 1986 by the State Medical Society of Wisconsin.

The notion of the living will is well grounded in American law. Both the doctrine of informed consent and one's constitutional right to privacy allow a terminal patient to refuse extraordinary medical treatment which will not provide a cure or effectuate significant recovery. First, under the common-law doctrine of informed consent, no medical procedure may be performed unless the patient's consent is obtained after explanation of the nature of the treatment, the substantial risks, and alternative therapies.[2] In *Schloendorff v. Society of N.Y. Hospital,* 211 N.Y. 125, 129, 105 N.E. 92, 93 (1914), Judge Cardozo articulated the doctrine as follows:

> "Every human being of adult years and sound mind has a right to determine what shall be done with his own body; and a surgeon who performs an operation without his patient's consent commits an assault, for which he is liable in damages."[3]

The goal behind the doctrine of informed consent is the patient's exercise of self-determination, as expressed by the Kansas Supreme Court:

> "Anglo-American law starts with the premise of thoroughgoing self-determination. It follows that each man is considered to be master of his own body, and he may, if he be of sound mind, expressly prohibit the performance of life-saving surgery or other medical treatment. A doctor might well believe that an operation or form of treatment is desirable or necessary, but the law does not permit him to substitute his own judgment for that of the patient by any form of artifice or deception."[4]

One's right to refuse consent to allegedly life-saving medical treatment has also been upheld based on his constitutionally guaranteed right of privacy, which encompasses the right

to refuse medical treatment. In *In re Quinlan,* 70 N.J. 10, 355 A.2d 647, cert. denied 429 U.S. 922 (1976), involving a 20-year-old woman in a permanently vegetative state whose guardian was allowed to discontinue her respirator; in *Superintendent of Belchertown State School v. Saikewicz* 373 Mass. 728, 370 N.E. 2d 417 (1977), where the court answered in the negative the question of whether Saikewicz, an incompetent 67-year-old man, had to receive chemotherapy treatments for incurable acute monocytic leukemia;[5] in *Severns v. Wilmington Medical Center, Inc.,* 421 A.2d 1334 (Del. Sup. Ct. 1980), upholding discontinuance of a respirator for a 73-year-old terminally ill man; and in *In re Welfare of Colyer,* 99 Wash. 2d, 114, 660 P. 2d 738 (1983), wherein life support systems for a woman in a chronic vegetative state were discontinued, the courts' decisions were based on the patients' constitutional rights of privacy.[6]

Despite this case-law support for the living will, 39 states, including Wisconsin, have passed statutes which explicitly authorize the execution of living wills. Wisconsin's law became effective October 1, 1984 and contained a controversial provision which defined terminal condition as that which "reasonable medical judgment" concludes will result in death within 30 days and required two physicians to certify in writing that the patient would die within 30 days, regardless of whether life-sustaining procedures were used.* Additionally, the law exempted the provision of fluid maintenance and nutritional support from the list of life-sustaining procedures which may be withdrawn or withheld; and it voided the effect of the declaration while a patient is pregnant.

To study the impact of the legislation, the Milwaukee Long Term Care Gerontology Center and the Center for the Study of Bioethics at the Medical College of Wisconsin conducted a survey of Wisconsin physicians to determine their knowledge, attitudes, and experiences concerning living wills and their management of the terminally ill. Specifically, the questionnaire addressed the following areas: physicians' knowledge of the Wisconsin legislation; physicians' support for specific portions of the law; physicians' attitudes toward the concept of withholding or withdrawing life-sustaining procedures; and the legislation's probable impact on physicians' clinical decision-making relative to the terminally ill. The survey findings unequivocably support the public policy initiative that led to the bill's enactment. At the same time, they point out certain provisions of the bill that could, with advantage, be revised so as to facilitate its application in practice, thereby enhancing its effectiveness in achieving the goal of greater humaneness in the medical management of the terminally ill.

METHODS

A sample of 1000 Wisconsin physicians was randomly selected from the listing of 8335 physicians in the 1984 Wisconsin Physician Licensure file. During the first week of October 1984, a questionnaire and letter explaining the study were mailed to each physician in the sample. This was followed by a second mailing to nonrespondents after four weeks, and a final contact by telephone that yielded a total of 399 responses (40% of the sample). This response rate compares favorably with rates obtained in other surveys of health professionals.[7] Most importantly, the age and practice specialty characteristics of the respondents indicated that they were representative of all licensed Wisconsin physicians. The distribution of the survey respondents according to age, gender, and specialty groups is shown in Table 1. Physicians were grouped into three main practice categories—primary care, surgical, and nonsurgical—according to specialty. Physicians not engaged in patient care were omitted from these practice categories. The total number of responses by category varied because of different response rates to questions. The confidence limits for response percentages varied from ± 3 percentage points when $N = 395$ (*eg,* overall survey results) to ± 9 percentage points when $N = 100$ (*eg,* in specialty practice subgroups). Differences of these magnitudes, or greater, between groups were statistically significant ($p \leq .05$).

RESULTS

Knowledge of and support for the legislation. The majority of physicians, 84.6%, knew of the legislation (Table 2). Among the three physician categories, more physicians in the surgical specialties, 90.5%, were aware of the legislation, followed by primary care at 85.4%, and the nonsurgical category at 78.3%. Although the legislative mandate required the Wisconsin Department of Health and Social Services to publicize the legislation and make living will forms available to healthcare providers, physicians identified the State Medical Society of Wisconsin as their main source of information on the subject.

The respondents were divided on the law's definition of a "terminal condition." At the time of the survey, this definition required two physicians to certify that the patient would die within 30 days. Just over half of all physicians, 53.8%, agreed with the definition. Although no explanatory comment was requested, many physicians noted that they found the 30-day provision to be a particular problem because it required an exact prognosis as to when death will occur. There were no signiticant differences among either the specialty groups, age categories or sexes, in their responses to this question.

Another controversial aspect of the legislation was that of the withdrawal or withholding of life-sustaining procedures, defined as "any medical procedure or intervention that, in the judgment of the attending physician, would serve only to prolong the dying process but not avert death when applied to a qualified patient." This

*Since this article was written, 1985 Wisconsin Act 199 has been enacted which changes the definition of "terminal condition" to allow withdrawal or withholding of life-sustaining procedures when death is imminent.

Table 1—*Distribution of survey respondents according to age, gender, and specialty group*

	Specialty Group*									
	Primary Care		Surgical		Nonsurgical		Retired		Nonpatient care or no specialty indicated	
Age Group	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
<40 years	78	19	65	2	54	10	0	0	7	0
40–60 years	52	3	30	2	38	1	4	1	7	0
>60 years	7	0	5	0	3	0	1	0	5	1
Total	137	22	100	4	95	11	5	1	19	1

4 physicians did not provide an age

*Primary care = family practice, general practice, internal medicine, pediatrics.
Surgical = neurosurgery, OB-GYN, ophthalmology, orthopedics, proctology, emergency medicine, otolaryngology, plastic surgery, surgery, urology, geriatrics.
Nonsurgical = allergy, anesthesiology, cardiology, dermatology, endocrinology, gastroenterology, nephrology, neurology, oncology, pathology, physical medicine and rehabilitation, psychiatry, pulmonary disease, radiology, rheumatology, neonatology.
Nonpatient care = nuclear medicine, pharmacology, research, occupational medicine, aerospace medicine, public health, academic medicine, immunology, preventive medicine.
Retired = retired.

includes such procedures as assistance in respiration, artificial maintenance of blood pressure and heart rate, blood transfusion, kidney dialysis and "other similar procedures." Fluid maintenance and nutritional support or the alleviation of pain by the administration of medication or by performing any medical procedure are expressly excluded from the definition. The vast majority of physicians, 83%, agreed with the legislation's definition of "life-sustaining procedures." There were no significant differences in the response rates either by specialty groups, age categories, or sex. Some respondents, in commenting on the question, thought that fluid maintenance and nutritional support should fall within the scope of the legislative definition of life-sustaining procedures, but that blood transfusion and dialysis procedures should be excluded.

Table 2—*Physicians' knowledge of the living will legislation by practice category*

	Primary Care (n = 158)	Surgery (n = 105)	Nonsurgical (n = 106)	Overall (n = 369)*
Yes	85.4	90.5	78.3	84.6
No	14.6	10.5	21.7	15.4

*Total does not include physicians in nonpatient care specialties, retired physicians, or nonrespondents to this question.

Table 3—*Physicians' level of support for liability and compliance provision of the living will legislation*

	Liability Provision (Overall opinion) (n = 395)	Compliance Provision (Overall opinion) (n = 395)
Support	94.7	68.4
Oppose	3.0	21.5
No Opinion	2.3	10.1

The respondents expressed overwhelming support for the provision that relieves physicians from civil or criminal liability, and from charges of unprofessional conduct, for actions taken in accordance with a living will declaration. Almost 95% of all respondents supported this provision, with no significant differences being observed among the response rates of the specialty, age, and sex subgroups (Table 3).

Support was not high, however, for the provision which states that a physician, although not required to comply with a living will, will be guilty of unprofessional conduct if he or she fails to make good faith attempts to find another doctor who will comply. Only 68% of the respondents supported this provision.

Attitudes toward withdrawing or withholding life support procedures in the terminally ill. Physicians were asked if they agreed with the withholding or the withdrawal of life-sustaining procedures when a patient is determined to be terminally ill. As a corollary, respondents were asked how they felt about a person being able to instruct them in this regard. Just over 90% of the physicians agreed

with the principle of withholding or withdrawing life-sustaining procedures when it is determined that a patient is terminally ill (Table 4). There were no significant differences in the response rates of the specialty, age, or sex subgroups. Nearly a third of the respondents specifically commented to the effect that they did not believe that life-sustaining measures at the terminally ill stage served any useful purpose, and were against interventions that simply prolonged the dying process and compromised the quality of remaining life. Several respondents commented that they supported the notion that a terminal patient has a right to die, and that the patient (or family, when the latter is incompetent) has the right to make this decision. A number of physicians noted the financial and emotional burdens that are often associated with the use of heroic measures in extending the life of terminally ill patients. Only a small minority, 2.2%, of respondents said that they did not agree with the principle of withholding or withdrawing life-sustaining measures in the terminally ill patient. Their reasons, according to their comments, included the difficulty of being certain as to what constitutes a "terminal condition," and such philosophical considerations as the belief that a physician's responsibility is, at all times, to maintain life.

There also was strong support among respondents, 89.7%, for a person's right to instruct the physician to withhold or withdraw life-sustaining procedures. No significant differences were found among the specialty, age, and sex subgroups (Table 5). In commenting on their answers, 45% of those in support said that if a terminally ill patient is competent, treatment or nontreatment should be simply a matter of that patient's choice. Some physicians made a distinction between the right of the patient to instruct and the right to compel a physician to act in accordance with the provisions of a living will. Several respondents underscored that only when a patient is unequivocally terminally ill should a physician honor the terms of a living will, expressing concern about physicians becoming involved in and abetting suicides, or engaging in "positive acts" to terminate life. Of the 3.5% of respondents who did not feel that a patient should be able to instruct his or her physician to withhold or withdraw life-sustaining measures, some expressed the fear of legal repercussions, while others were apprehensive that a patient's judgments may be clouded by illness, or that the patient may make decisions without either having all the facts or fully understanding the circumstances of the situation. A number of physicians favored the idea of eliciting a patient's view and wishes about the nature and extent of medical care interventions if and when terminally ill, as a guideline for the treating physician, but not necessarily requiring that the physician be obligated to carry these out.

Table 4—*Withholding or withdrawing life support from patients in terminal condition*

	Primary Care (n = 159)	Surgery (n = 104)	Nonsurgical (n = 106)	Overall (n = 369)
Yes	91.8	92.3	85.8	90.2
No	.6	2.9	3.8	2.2
Not sure	7.5	4.8	10.4	7.6

Table 5—*Patient's right to instruct his or her physician to withhold or withdraw life-sustaining procedures*

	Primary Care (n = 159)	Surgery (n = 104)	Nonsurgical (n = 106)	Overall (n = 369)
Yes	91.8	91.3	84.9	89.7
No	3.8	2.9	3.8	3.5
Not sure	4.4	5.8	11.3	6.8

Table 6—*Physicians' opinion whether the law would be an effective means to allow withdrawal/withholding of life-sustaining procedures*

	Primary Care (n = 158)	Surgery (n = 102)	Nonsurgical (n = 106)	Overall (n = 366)
Yes	37.3	31.4	38.7	36.1
No	20.3	29.4	14.2	21.0
Not sure	42.4	39.2	47.2	42.9

Effectiveness of the legislation and impact on clinical practice. Physicians were asked whether they thought that the present law would be an effective means to allow for withholding or withdrawal of life-sustaining procedures from terminal patients. Given the overwhelmingly strong support for the idea of living wills among physicians, it was somewhat surprising to find that only 36.1% thought the law would be effective (Table 6). While 42.9% said that they were not sure about the potential effectiveness of the law, 21% thought that it would not be effective. Most of those who thought that the law would be effective cited the law's sanctions against physicians who fail to carry out patients' wishes. Most of those who doubted that the law would be effective cited the 30-day provision and the medical infeasibility of being so specific in predicting death. Many worried that litigation would result, while others said that the law would not change current practice. Among the nearly half who said they were unsure about the law's impact, there was a "wait and see" attitude. They cited potential implementation and definition prob-

lems, particularly regarding the 30-day provision, and wondered whether the law would meet legal tests.

When asked whether the law would make a difference in their clinical decisions about their patients, 18.2% of the respondents said "yes." Approximately two-thirds said that it would not make a difference, and 15.9% said that they were unsure. In commenting on the answers, nearly one-half of the respondents said that the law would be helpful in their practice, in terms of clarifying patients' wishes, making these treatment withdrawal decisions easier, and supporting the practice of humane medicine. Several implied a negative impact, saying that the law complicates the issue by injecting legal questions and increasing pressure to discontinue life support. One third of those who said the law would not make a difference in their clinical decisions said that they never treat this type of patient. Just under 15% replied that they already practice according to the intent of the law, while others said good ethical judgment was more important than legislation, and that this kind of personal decision should not be legislated. Several commented that these decisions should be left to the will of God and that they would refuse to treat patients who presented with living wills.

DISCUSSION

Identifying and fulfilling needs and goals that prompted the legislation. As discussed above, specific legislation was not needed to establish the terminally ill patient's right to refuse life-prolonging medical treatment, because that right was well-established before the statute's enactment. Furthermore, survey results indicate that this common law right is not so controversial or neglected as to require statutory reinforcement. Nearly 90% of the respondents agreed with both the idea of withholding or withdrawing treatment in appropriate situations and with the patient's right to instruct physicians to that effect. Fewer than 10% have ever refused a request to withhold or withdraw treatment. Thus, it appears that Wisconsin physicians were complying with patients' wishes in this regard even prior to the legislation.

Response to other survey questions indicate that the legislation aims not at enshrining the patient's right to refuse life-prolonging treatment, but rather at (a) fostering communication between physician and patient regarding the patient's care at the end of life, and (b) assuring legal protection for the physician who follows the terminally ill patient's nontreatment instructions.

(a) ***Fostering physician/patient communication.*** Recent literature suggests that individual autonomy is restricted by widespread reluctance among physicians to discuss distressing prospects with their patients.[8] In a recent study by Bedell and Delbanco about CPR decision-making, for instance, only 10% of the patients who were resuscitated had been asked earlier whether they wished cardiopulmonary resuscitation (CPR) if it became necessary, despite the fact that 86% of the patients were competent; and nearly all of the physicians favored participation of patients in these decisions "at least sometimes."[9] In almost the same number of cases, the families were consulted instead of the patients, although these patients were just as likely to be competent.[10] According to Bedell and Delbanco, often the possibility of CPR was not discussed because physicians felt that such discussion was unnecessary. The private physicians in particular ". . . believe(d) that patients will initiate a discussion about resuscitation" if they wish to and that they will usually tell you in other ways beside words that they do (or do not) want to be resuscitated.[11] In that survey, in 68% of the cases the physicians thought that they knew what the patients would have wished.

However, recent data indicate that physicians are wrong in their assumption that such discussion is unnecessary. Several surveys indicate that most people, whether well or seriously ill, wish to be informed of their condition and to participate in medical decisions.[12] And patient participation via nonverbal communication is not accurate. Of the 24 competent patients in the Bedell/Delbanco study who survived to discharge, 8 stated that they had not desired CPR and would not want it again; yet only 1 of the 16 physicians caring for these 8 patients suspected that the patient felt this way. Furthermore, the wisdom of waiting for the patient to initiate the exchange of information necessary for joint decision-making is questionable. The patient may not have information necessary to know when to speak and what is at stake, and he may be fearful that asking questions will offend the physician.[13] The President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research surveyed a large sample of the general public about who should initiate such conversations, and the results were as follows: 66% said that it is the doctor's responsibility to ensure that the patient is fully informed about his or her condition and treatment; 20% said that it is the patient's responsibility to ask; and 12% felt that they are equally responsible.[14]

The Bedell and Delbanco study indicated that in place of physician/patient joint decision-making, medical information and decisions are often shared with the competent patient's family. Even recent medical literature tacitly assumes the practice of consulting first with families. For example, the ninth edition of *Harrison's Principles of Internal Medicine* suggests that "the wishes of the family" be one determinant of "how much the patient is told."[15] Surveys of physicians show that 20% to 50% consider the family's wishes an important reason for withholding information from a patient.[16] This implies that many physicians talk first with the family; and, depending upon the outcome of that conversation, they may not discuss substantive issues with the patient at all;[17] and without information, the patient cannot participate in decisions.

The Wisconsin living will legislation may foster more open and meaningful dialogue between physicians and patients on issues surrounding terminal care. Indeed, in commenting on their responses to a question regarding the impact of the law on their clinical decision-making, nearly 50% of the respondents said that the law would be helpful in their practice in terms of clarifying patients' wishes, making such decisions easier, and supporting the practice of humane medicine.[18]

Certain restrictive legislative requirements in the law as originally passed, hindered utilization of the living will as a catalyst for such communication. For instance, the law required the living will to be witnessed by two people who are not: (a) related to the declarant; (b) entitled to any portion of the declarant's estate; or (c) the attending physicians, an employee of the attending physicians, or an employee of the inpatient healthcare facility in which the declarant is a patient. These conditions unduly inhibited the execution of living wills. In the same vein, the law's requirement that the living will be re-executed every five years was inhibitory and served no clear purpose.

(b) ***Protecting physician compliance with living wills.*** Even in the absence of living will statutes, living wills are legally binding by the force of case law protecting one's right to refuse medical treatment. Despite such case law support, however, physicians fear criminal and/or civil legal liability for following living will directives. Some, for instance, fear that homicide charges will be brought if they discontinue life-prolonging treatment for a terminally ill patient pursuant to his living will. Even in states without living will legislation, such living will effectuation would clearly not constitute homicide because there is no legal causation between such effectuation and the patient's death; and such effectuation is neither an act nor an omission of duty, as required by homicide definitions. First, as noted by the court in the Quinlan case, when a doctor terminates the use of life-prolonging treatment for a declarant whose condition is hopeless, the underlying disease or injury —not the doctor's removal of the treatment—causes that patient's ensuing death.[19] The failure of this causation link precludes guilt of homicide.

Furthermore, the doctor's discontinuance of the life-prolonging care is neither an act nor an omission of duty. Such discontinuance is not positive action taken to end the declarant's life. Rather, it is failing to take positive action to prolong the insufferable existence of an incurable patient. As such, since the discontinuance does not *cause* death to occur, but merely permits it to happen, it is an omission, not an act.[20] And this omission is not criminal because there is no *duty* on the part of the doctor to provide such treatment, whether the doctor's duty is defined in terms of contract or tort law. Viewing the doctor-patient relationship contractually, the patient is the offeror when he contacts the physician for medical services; and when the physician begins treating the patient, he has accepted the offer, and a contract is formed.[21] Thereafter, the doctor-patient relationship is a series of offers on the part of the patient, which become contracts as the doctor performs his services.[22] The patient who presents his physician with a living will makes the living will directive part of his contract with the doctor. One clause of their contract is that the physician is not to use life-prolonging treatment if the patient's death is inevitable and such treatment will not effectuate cure or significant recovery. Thus, the doctor has no duty to aggressively treat the declarant in such circumstances; indeed, he has a contractual duty *not* to so act.

Similarly, under tort law analysis of the doctor's duty of due care, the physician is not required to render life-prolonging treatment to the critically ill living will declarant. Under tort law, once a doctor has accepted a patient, he has a duty to treat him with such care as doctors would ordinarily exercise under like circumstances for as long as the case requires, unless there is agreement to the contrary.[23] However, case law construing that duty does not require doctors to exhaust every possible means to preserve life.[24] The most commonly suggested limitation of the doctor's duty to the terminally ill patient requires the doctor to render ordinary care but allows him to withdraw extraordinary care, "extraordinary care" being those medicines, treatments, and operations which cannot be obtained or used without excessive expense, pain or other inconvenience, or which, if used, would not offer reasonable hope of benefit.[25] Thus, under contract and/or tort law analysis, the doctor's omission in withholding or withdrawing extraordinary treatment from the declarant does not violate his duty, and thus does not result in criminal liability.

Similarly, a doctor does not risk *civil* malpractice liability if he appropriately honors a living will—even in states without living will statutes. A doctor only exposes himself to malpractice liability if he fails to exercise that degree of care which doctors ordinarily would exercise under like circumstances.[26] However, as discussed above, a doctor does not violate that duty when he follows a living will and withdraws extraordinary care from the terminal patient-declarant, for whom such treatment will not effectuate cure or recovery.[27]

Living will statutes legislatively affirm that physicians who comply with living wills will not be civilly or criminally liable; and in so clarifying such legal protection, the legislative intent, most likely, was to promote utilization of living wills. Indeed, the physicians surveyed in the Wisconsin study overwhelmingly (more than 94%) supported the provision in Wisconsin's law which relieves them from civil or criminal liability and charges of unprofessional conduct for actions taken in accordance with the declaration's provisions. However, the initial law's attempt to go beyond judicial protection of one's right to refuse treatment and to specify exactly *when* and *how* a living will may be honored were flawed and some of

the specifications in the amended law are still flawed. These flaws greatly diminish the value of the legal protection endowed. More specifically, Wisconsin's law stated that a declarant may authorize the withholding of life-sustaining procedures, should a terminal condition occur; and it defined "terminal condition" as "an incurable condition caused by injury or illness, that reasonable medical judgment finds would cause death within 30 days, regardless of the application of life-sustaining procedures." Given the difficulty of determining that death will occur within 30 days (as opposed to 31, 32, etc), physicians were reluctant to honor a living will, despite the legal liability protection sections. It is not surprising that in the Wisconsin survey, only slightly more than half of the respondents agreed with the definition of "terminal condition;" and although no explanatory comment was requested in the questionnaire, many respondents indicated that they were troubled by the 30-day provision. In amending the law to change the definition of "terminal condition" to one where "death is imminent," the Legislature recognized the need to make the physician's determination of hopelessness more practically attainable.

A restriction in the law which was not amended concerns the definition of "life-sustaining procedure." The law restrictively defines "life-sustaining procedure" which a living will declarant may refuse, as "any medical procedure or intervention that, in the judgment of the attending physician, would serve only to prolong the dying process but not avert death when applied to a qualified patient." "Life-sustaining procedures" include assistance in respiration, artificial maintenance of blood pressure and heart rate, blood transfusion, kidney dialysis, and other similar procedures. "Life-sustaining procedures" do *not* include the provision of fluid maintenance and nutritional support or the alleviation of pain by administering medication or by performing any medical procedure. Despite the legal liability protection section in the law, the express exclusion of "nutritional support" from the definition of "life-sustaining procedures" may create great discomfort for the physician who, for example, feels that it would be medically inappropriate to provide hyperalimentation for his permanently-vegetative, terminal cancer patient/declarant who cannot be nutritionally supported any other way.

In the Wisconsin survey, many respondents did indicate that fluid maintenance, IVs, and nutritional support should be included in the definition of "life-sustaining procedures." Indeed, by so severely restricting the clinical situations in which physicians who withhold life-support are legally immune, the living will statute may, ironically, make physicians more reluctant than they otherwise would be to withhold such support, in cases that fall outside of the statute.

CONCLUSION

The living will is a document which allows an individual to make his or her own decision about medical care at the end of life. Wisconsin law has raised both the public's and professionals' consciousness about a person's right to make such decisions and as such, will foster better patient/physician communication and encourage physicians to honor such documents under appropriate circumstances.

Although certain restrictive provisions in the law still need to be amended so as to enhance the utility of living wills, the law has stimulated statewide recognition and discussion of ethical decision processes which are now at the center of medical practice. Hopefully, the survey results reported above will not only add important data to such discussion, but will also contribute to the further development of public policy on the subject.

FOOTNOTES, numerically cited in the text, are available upon request to the authors. ■

"Living will" form now available

The Wisconsin Division of Health recently announced that copies of the state's revised "Declaration to Physicians" form, commonly referred to as the 'living will,' are now available from that office.

The form was created in 1984 by the Wisconsin Legislature to enable adults in the state to legally authorize the withholding or withdrawal of life-sustaining procedures.

The Legislature revised the form earlier this year. Revisions include:

- requiring physicians to certify that death is imminent rather than to occur within 30 days;
- making 'living wills' permanent unless revoked by the signer, rather than expiring five years after signing; and
- allowing inpatient health facility employees who do not provide treatment to the declarant to act as witnesses to the signing of a 'living will.'

Single copies are available free to anyone sending a self-addressed stamped envelope to: "Living Will," Division of Health, PO Box 309, Madison, Wisconsin 53701. ■

SOUNDINGS

Physicians are encouraged to submit brief essays on any subject that reflects an in-depth perspective. Essays will be subject to the usual approval by the Editorial Board.

Twice in a while

Barry Blackwell, MD
Milwaukee, Wisconsin

IN EVERY AGE there are medicines of the moment that divide doctors and patients down the middle. In the eighteenth century it was opium; in the nineteenth, bromides; and in the early twentieth century, barbiturates. The 1960s ushered in the benzodiazepines (like Valium®) in an era of John Kennedy's Camelot. By George Orwell's 1984 it was clear that some people were more equal than others and that these drugs were prescribed unequally often to women, the indigent, the elderly, and the maimed.

These new drugs were so safe that they could be used more often and for less reason, raising hackles on segments of the public. Were mind-tampering drugs being used to correct a social or chemical imbalance? Were doctors dabbling in existential predicaments beyond their bailiwick? Was there a medicine for mother-in-lawness or a pharmacologic lid to Pandora's box?

These are all appropriate questions to be asked in an age that has amplified "anxiety" and invented safer "tranquilizers" to treat it. But the problem is broader and older than that. It has existed as long as there have been panaceas, a physician to prescribe them, and a public eager to seek such comfort. Even if the correct agenda is caretaking and not chemicals, the drugs often help in uncertain ways.

Which drug it is doesn't really matter. But how it happens does. It could be (and has been) various tonics, liver extract, Vitamin B_{12} shots, iron tablets, or thyroid pills. They are given to patients who visit doctors when life events have loaded up on them. Often these are symptom-sensitive people with the amplifier turned up on their autonomic arousal. They voice distress in body language and invite doctors to collude with diagnoses and prescriptions.

After they leave the office, life subsides or the pills placate them. A cycle is set. Next time a spouse leaves, a job ends, or a child sickens they return expectantly for more. "Those pills you gave me really helped," they say.

Doctors disagree about all this. Prescribers are "chemophilic hedonists" say the withholders. Withholders are "pharmacologic calvinists" say the prescribers. My partner and I sit in friendly disagreement on opposite sides of this rhetorical fence. She is younger and knows where the benzodiazepine receptors are in the brain. When her patients see me, we talk briefly about their troubles. Some, in a minor way, seem more tranquil. Others sense the skepticism with which I write their refills.

"There isn't any harm," they ask, "if I just take them once in a while?" "The only risk," I reply, "is twice in a while."■

Doctor Blackwell is Professor and Chairman, Department of Psychiatry, University of Wisconsin Medical School (Milwaukee Clinical Campus), Milwaukee. Reprint requests to: Barry Blackwell, MD, Mount Sinai Medical Center, 950 North 12th St, PO Box 342, Milwaukee, Wis 53201 (phone: 414/289-8620). Copyright 1986 by the State Medical Society of Wisconsin.

Viper

David L Schiedermayer, MD
Milwaukee, Wisconsin

THE THIRD WORLD private was brought in by a group of his fellow soldiers, nursing a small laceration on his trigger finger. They had been out on maneuvers, he explained, green beret jungle training, and he had not seen the tiny little snake until he noticed its head go down the end of his gun barrel. The little snake had mistaken the opening for a small hole in the ground and crawled in. He grabbed it and pulled it out, but as it came free it twisted and sunk its fangs into his finger. Like nearly all of the snakes here, it was poisonous.

I bandaged his hand. It had swollen to nearly twice its normal size, and the tiny pinpricks where the snake had bitten had been obscured by redness. It was obvious that this was a reaction to venom, but I had no antidote.

The soldier's companion said: "Dat man be scad! Dat vipa, he craw smaw, and bide him. He finga boins lye peppa. See de ting! Da knot be risin! O! Docta! He be awrigh?"

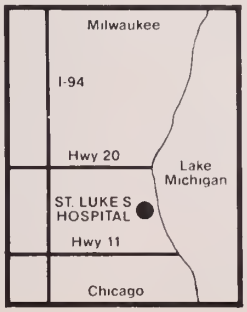
"Dat man be awright," I said. I hospitalized him for observation and local treatment measures. Within a day or two, the swellings had gone down and he was ready to be discharged, out into the jungle, for more maneuvers.■

Doctor Schiedermayer, formerly Assistant Professor, Dept of Medicine, Medical College of Wisconsin, Milwaukee, and currently Visiting Scholar and Fellow, Center for Clinical Medical Ethics, The University of Chicago, 5841 S Maryland Ave, BH Box 72, Chicago, IL 60637 (phone: 312/962-1453). Copyright 1986 by the State Medical Society of Wisconsin.

Dr. Joseph Geenen, Director of St. Luke's Digestive Disease Center

Why are patients from Caracas, Venezuela, London, England & Hartford, Connecticut coming to Racine, Wisconsin?

People from all parts of the United States and abroad who suffer from unexplained abdominal pain and other internal disorders have found answers in Racine, Wisconsin. That's because the internationally acclaimed Digestive Disease Center at St. Luke's Hospital is located in Racine. This center, one of the few of its caliber, is staffed with physicians who serve as the leading authorities on gastric and digestive tract disorders in the United States—skilled specialists who have pioneered the most-up-to-date surgical techniques available anywhere. Expertise that is backed by sophisticated technology and state-of-the-art equipment.



The Digestive Disease Center at St. Luke's Hospital is unmatched in its commitment to complete diagnosis and individualized patient care, and has served as a forerunner in the treatment of polyps, ulcers, pancreatitis, gallstones and liver disease since its beginnings in 1973. If you have a patient you're interested in referring, give us a call at 636-2348 and we'll help you with patient arrangements. Or if you'd like more information, we'll send you a brochure about the center and answer any questions you may have.

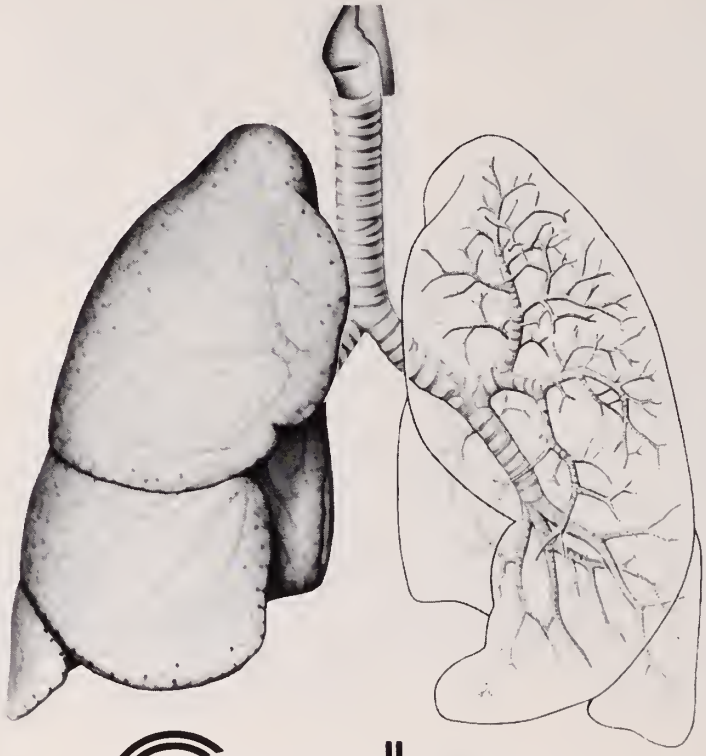
The Hospital Built On Care.

St. Luke's Hospital

1320 Wisconsin Avenue, Racine, Wisconsin 53403

An affiliate of the Voluntary Hospitals of America.

Consider the causative organisms...



Ceclor®
cefaclor

250-mg Pulvules® t.i.d. offers effectiveness against the major causes of bacterial bronchitis

Haemophilus influenzae, H influenzae, Streptococcus pneumoniae, Streptococcus pyogenes
(ampicillin-susceptible) (ampicillin-resistant)

Note: Ceclor® is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

Ceclor® (cefaclor)

Summary. Consult the package literature for prescribing information.

Indications: Lower respiratory infections, including pneumonia, caused by susceptible strains of *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *S. pyogenes* (group A beta-hemolytic streptococci).

Contraindications: Known allergy to cephalosporins.

Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:
- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of nonsusceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- In renal impairment, safe dosage of Ceclor may be lower than that usually recommended. Ceclor should be administered with caution in such patients.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:
- Gastrointestinal (mostly diarrhea): 2.5%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, erythema multiforme, serum-sickness-like reactions): 1.5%; usually subside within a few days after cessation of therapy. These reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%.

Abnormalities in laboratory results of uncertain etiology
- Slight elevations in hepatic enzymes.
- Transient fluctuations in leukocyte count (especially in infants and children)
- Abnormal urinalysis; elevations in BUN or serum creatinine
- Positive direct Coombs' test
- False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly)

© 1986, ELI LILLY AND COMPANY [060485LR]

Lilly

Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285

Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630

600332

The impact of electrophysiologic testing on patient management in a tertiary care, nonurban medical center

James S Cole, MD; John E Mielke, MD; Lowell F Peterson, MD; Robert L Wilson, MD, and *Stephen T Denker, MD,* Appleton, Wisconsin

ABSTRACT. *In recent years the diagnosis and treatment of cardiac arrhythmias has been advanced by the use of electrophysiologic studies of the heart. Such evaluations permit precise diagnosis and, by programmed pacing of the heart, allow initiation of the arrhythmia in the controlled environment of the cardiac catheterization laboratory. Thus, intermittent arrhythmias can be better observed and defined, and potentially life-threatening arrhythmias can be uncovered. Most importantly, the efficacy of therapy can be assessed. Therapy is thereby individualized rather than empiric. The present study shows the feasibility and impact such testing can have in a nonurban setting where such studies are generally unavailable. Diagnostic dilemmas such as wide QRS tachycardias and syncope of unknown etiology were resolved in greater than 50% of patients studied. Major changes in therapy occurred in 50% of patients with a resultant decrease in the use of antiarrhythmic medications. Drug aggravation of arrhythmias or ineffective drug regimens were initially found in 20% of patients thought to need antiarrhythmic therapy. Moreover, the vast majority of patients were evaluated in familiar surroundings with real savings in cost, both monetary and emotional.*

Key words: Cardiac arrhythmia; Electrophysiologic studies; Antiarrhythmic drug therapy

TWO PROBLEMS frequently encountered in clinical cardiology are the treatment of ventricular arrhythmias and the evaluation of syncope. These problems arise for several reasons. First, arrhythmias which have similar morphologic appearances may have distinctly different mechanisms. Secondly, serious ventricular arrhythmias with or without syncope are intermittent and often difficult to record, analyze, and treat. Thirdly, current antiarrhythmic therapy has significant disadvantages. The drugs must be taken two to four times per day and the cost is considerable. Annoying side effects are also frequently encountered and, on occasion, intolerable or life-threatening problems arise. Finally, premature ventricular contractions in one patient may be associated with a high incidence of sudden death while in another they may be totally benign. Therefore, to treat all patients with premature ventricular contractions alike is clearly not appropriate.

The selected use of intracardiac electrical recordings combined with programmed electrical stimulation (electrophysiologic studies) have added another dimension to both the diagnosis and treatment of cardiac arrhythmias and to the evaluation of syncope.[1-7] This technique has been particularly useful in evaluating the mechanism of complex arrhythmias, especially those of an intermittent nature, and also in evaluating the effectiveness of specific drug regimens. Such studies involve right heart catheterization and the use of one to three multipolar electrode catheters. Due to the relative complexity of the study and training and expertise of the electrophysiologist, patients are usually referred to urban medical centers for evaluation.[1] Here, the electrophysiologist is fully devoted to cardiac electrophysiology and has available a full spectrum of management including newer antiarrhythmic medications, implantable antitachycardia and defibrillator devices and intraoperative surgical techniques.

However, in our experience, travel to an urban center proved to be extremely difficult for many patients. Transportation and uncertain length of stay proved to be a monetary and a psychological burden for both the patient and the family. Thus, an attempt has been made to establish an electrophysiologic laboratory in a tertiary care hospital serving a relatively rural portion of the state. The program already supported a fully equipped cardiac catheterization laboratory and, therefore, only equipment specifically needed for the elec-

From the Appleton Heart Institute and Appleton Medical Center, Appleton, Wisconsin. Reprint requests to: James S Cole, MD, American Heart Institute, 820 East Grant St, Appleton, Wis 54911 (phone: 414/731-8900). Copyright 1986 by the State Medical Society of Wisconsin.

Table 1—*Patient population*

No. Patients	Indication for Study	Results of EP Study				
		VT	NSVT	RVR	SVT	NL
20	Complex PVCs	2	4	10	0	4
23	Nonsustained VT	4	8	7	0	4
12	Syncope	4	3	0	0	5
8	Palpitations	0	2	0	3	3
2	Supraventricular tachycardia	0	0	0	2	0
1	A-V block	0	0	1	0	0
1	Wide QRS tachycardia	1	0	0	0	0
3	Sustained VT	3	0	0	0	0
1	Sudden death	0	1	0	0	0
71		14	18	18	5	16

Table 2—*Structural heart disease*

Coronary artery disease	46
Cardiomyopathy	8
Valvular disease	8
No structural abnormalities	9
TOTAL	71

trophysiologic studies was added. The studies are performed on a regular, timely basis by a visiting electrophysiologist whose primary practice is in Milwaukee. Three to five cases are studied per session, and each case is carefully coordinated with the attending cardiologist to ensure appropriate prestudy evaluation and poststudy followup. This report describes the first year's experience with this new program.

Methods. Patients were studied after obtaining informed signed consent. Studies were performed using previously described techniques of electrode catheter placement and programmed electrical stimulation.[2] All patients, regardless of the specific indication for the study, were initially studied off all antiarrhythmic medications. If medications had been previously prescribed, they were discontinued under continuous monitoring for 48 hours prior to testing. If drug therapy was then initiated, followup testing was performed after achieving stable serum drug levels.

The left side of Table 1 summarizes the patient population which consisted of 71 individuals, 52 males and 19 females, ranging in age from 17 to 82 years. The majority of the studies (43 cases) were done to evaluate the significance of high-grade premature ventricular contractions and establish a need for long-term therapy. These included complex premature ventricular contractions (20 cases) and nonsustained ventricular tachycardia (23 cases). There were 12 cases evaluated to help clarify the cause of syncope, while 8 cases were studied to assess the potential presence of arrhythmias contributing to severely symptomatic palpitations. There were 4 cases evaluated to define the mechanism of a documented arrhythmia (supraventricular tachycardia, A-V block, wide QRS tachycardia). Finally, 4 cases clearly needed treatment (sustained ventricular tachycardia or sudden cardiac death) and were initially studied off drugs to provide baseline data prior to specific therapy.

Table 2 summarizes the underlying structural heart disease and includes 46 patients with coronary artery disease, 8 patients with cardiomyopathy, 8 patients with valvular heart disease and 9 with no clinically detectable heart disease.

Initial study results. Findings at the time of study were defined as follows:

(1) Sustained ventricular tachycardia (VT)—Ventricular tachycardia lasting at least 30 seconds or requiring intervention for termination.

(2) Nonsustained ventricular tachycardia (NSVT)—Ventricular tachycardia lasting more than five beats but less than 30 seconds.

(3) Repetitive ventricular response (RVR)—One to five consecutive ventricular beats.

(4) Supraventricular tachycardia (SVT)—Tachycardia arising above the His bundle including atrial flutter/fibrillation, atrial tachycardia or AV junctional re-enterant tachycardia.

(5) Normal study (NL)—No inducible or spontaneous arrhythmias or conduction abnormalities occurring during the study.

The right side of Table 1 summarizes the electrophysiologic findings at the time of initial study. In 20 patients with complex premature ventricular contractions as an indication for study, 6 were found to have significant inducible ventricular arrhythmias, 2 with sustained and 4 with nonsustained ventricular tachycardia, while 14 of these patients had no significant inducible arrhythmias. In 23 patients clinically presenting with nonsustained ventricular tachycardia, 4 had sustained and 8 had nonsustained ventricular tachycardia. Thus, in 43 cases studied primarily to decide if antiarrhythmic therapy was indicated, significant arrhythmias justifying therapy were induced in 20 cases (46%). In addition, all 3 cases of clinically sustained ventricular tachycardia also had inducible sustained ventricular tachycardia as did the single case of wide QRS tachycardia. Therefore, more than 50% (24/47) of the cases evaluated primarily for clinically known ventricular arrhythmias had significant ventricular arrhythmias induced by electrophysiologic studies.

The studies obtained in patients with syncope and palpitations were also informative. Of 12 patients presenting with unexplained syncope, a likely arrhythmic etiology was uncovered in 7 with 4 demonstrating sustained ventricular tachycardia and 3 having nonsustained ventricular tachycardia. The remaining 5 patients were normal, and none had supraventricular tachycardia. These findings of malignant ventricular arrhythmias in syncope patients are comparable with reported studies from larger centers.[4,5] In contrast, in

patients presenting with palpitations, 2 had nonsustained ventricular tachycardia and 3 had supraventricular arrhythmias while 3 were normal. None of these patients had sustained ventricular tachycardia. Finally, 1 case resuscitated from sudden cardiac death had inducible but nonsustained ventricular tachycardia during the initial study.

Followup study results. Followup studies were required by 24 patients to evaluate the efficacy of drug therapy initiated on the basis of results of the initial EP study. A second followup study was required by 10 patients, and 1 required a third study to evaluate further changes in antiarrhythmic therapy. Of these 24 patients, 10 were transferred to Milwaukee for their followup studies primarily because of the malignant nature of the arrhythmias induced at the time of the initial study.

Clinical implications. As a consequence of the initial electrophysiologic study plus appropriate followup studies, approximately 50% of the patients had major modifications in their management. Table 3 summarizes antiarrhythmic drug therapy prior to study and the recommended therapy following electrophysiologic testing. Of 44 patients not on drug therapy prior to study, 23 were started on antiarrhythmic agents which were found to be efficacious at the time of study. On the other hand, of 27 cases treated prior to study with Class I drugs (*ie,* quinidine, procainamide, disopyramide and tocainide), 8 were thought not to require any specific therapy. Of the remaining 19 patients, a change in therapy requiring either additional conventional or investigational agents or the use of the automatic implantable defibrillator occurred in 7 patients. It should also be stressed that of 46 patients thought to need antiarrhythmic therapy after the initial study, 22% (10/46) were found to be not adequately controlled with the initial conventional Type I drugs at the time of followup testing and, therefore, required additional therapeutic changes.

Discussion. Several observations are apparent from the above data. The first, and probably most significant, feature was the ability to safely and effectively obtain this type of information in a nonurban setting. There were no major complications as a direct result of the electrophysiologic studies performed in the nonurban setting. One patient developed venous thrombosis and subsequent pulmonary emboli. However, sustained ventricular tachycardia was initiated at the initial study, and he was transferred to Milwaukee by ambulance for followup testing prior to the development of this complication. Specifically, there were no arrhythmic complications either during the initial study or as a consequence of the followup assessment.

Secondly, antiarrhythmic therapy was not felt to be indicated in 29 patients after the initial study. Most of these patients (24/29) were felt to be potential candidates for drug therapy prior to study because of complex premature ventricular contractions or short runs of NSVT, and thus a significant number of cases were spared long-term drug therapy. This not only reduced the incidence of unnecessary side effects but also afforded considerable cost savings. For example, 100 Quinadur® tablets cost $46 at a retail pharmacy. Two tablets every eight hours are often required to obtain therapeutic blood levels resulting in a yearly cost of approximately $1000. There is also a considerable difference in hospital costs between urban and nonurban institutions. Only 14% of our patients required transfer to Milwaukee for further sequential studies or investigational therapies. With an approximate cost differential between hospitals of $250 per day, per patient, substantial savings were further obtained.

Table 3—*Comparison of treatments before and after EP testing*

Before EP testing
No antiarrhythmic treatment = 44
(Group A)
Antiarrhythmic treatment = 27
(Group B)

After EP testing
Group A = 44
No antiarrhythmic treatment = 21
Antiarrhythmic treatment = 23
(a) Class IA drugs = 14
(b) Class IA and IB drugs = 2
(c) Beta blockers = 6
(d) Amiodarone = 1

Group B = 27
No antiarrhythmic treatment = 8
Antiarrhythmic treatment = 19
(a) Class IA drugs = 12
(b) Class IA and IB drugs = 3
(c) Amiodarone = 3
(d) Automatic implantable defibrillator = 1

Finally, by eliminating the initial need for long distance travel, this approach increased the availability of electrophysiologic studies to a much greater number of patients. The data as outlined above, particularly regarding the evaluation of ventricular arrhythmias and patients with syncope, indicates that this approach significantly enhanced patient care.

References

1. Surawicz B: Intracardiac extrastimulation studies: How to? Where? By whom? *Circulation* 1982; 65:428.
2. Horowitz LN, Josephson ME, Kastor JA: Intracardiac electrophysiologic studies as a method for the optimization of drug therapy in chronic ventricular arrhythmia. *Prog Cardiovasc Dis* 1980; 23:81.
3. Ruskin JN, DiMarco JP, Garan H: Out-of-hospital cardiac arrest. Electrophysiologic observations and selection of long-term antiarrhythmic therapy. *N Engl J Med* 1980; 303:607.
4. DiMarco JP, Garan H, et al: Intracardiac electrophysiologic techniques in recurrent syncope of unknown cause. *Ann Intern Med* 1981; 95:542.
5. Hess DS, Morady F, Scheinman MM: Electrophysiologic testing in the evaluation of patients with syncope of undetermined origin. *Am J Cardiol* 1982; 50:1309.
6. Denes P, Dhingra RC, Wu D, et al: Sudden death in patients with chronic bifascicular block. *Arch Intern Med* 1977; 137:1005.
7. Kim SG, Seiden SW, Elder SD, et al: Is programed stimulation a value in predicting the long term success of antiarrhythmic therapy for ventricular tachycardia? *N Engl J Med* 1986; 315:356–362. ■

CLINICAL CANCER: Number 10 of a series

Viral oncology: 75 years of progress

Frank J Rauscher Jr, PhD, New York, New York

THIS YEAR we recognize the 75th anniversary of the beginning of the modern eras of viral oncology and, therefore, of molecular biology.

The sciences of viral oncology began around 1910 when a farmer walked into the relatively primitive laboratory of a young intern at Rockefeller Institute with a sick chicken. The doctor's name was Peyton Rous, and the chicken had a tumor. He cut the tumor out, ground it with saline and sand, passed its fluid through a diatomaceous filter capable of withholding intact cells, and induced the same kind of tumor in normal chickens inoculated with the brew. A new filterable agent was thus isolated, similar perhaps to that peculiar phenomenon of Twort and d'Herelle and the lysis of bacteria in 1917 and perhaps even to that of Ellerman and Bang (Denmark) in 1908 who transmitted avian leucosis without cells. But Rous and Murphy, at the respected Rockefeller Institute, with chickens and a reproducible neoplastic lesion, a fibrosarcoma, were frequently criticized with comments such as "but it's infectious and, therefore, an inflammatory reaction and in any event what does it have to do with mouse or human cancer?"

There followed the early seminal confirmations and contributions of scientists like Andervont, Beard, Bittner, Bryan, Duran-Reynals, Gross, Groupe, Luke, Moore, Shimkin, Shope, and Syverton. Then it happened—the "sciences" became quantifiable, and the observations of Rous and Murphy were accepted, albeit with some reluctance. However, as late as about 1950 viral oncology people had to assemble in someone's hotel room to exchange information even at annual meetings of cancer research scientists.

Today we know of over 100 different viruses that induce cancers in nearly all animals that have been studied well. Indeed, we can engineer new tumor viruses through the resultant sciences of recombinant DNA technology, itself a product of research on viruses. We recognize at least six viruses that cause or are an important component in the causation of cancers in people (HTLV-I, HTLV-III, hepatitis B virus, papilloma, EBV, and various other herpes viruses). If these probabilities are true, then up to 25% of the world's cancers may be virus-induced or accountably related—especially regarding hepatitis B virus and primary hepatoma.

In the 1950–60s we were looking for extractable viruses from human tissues that essentially had the same properties as the many viruses already isolated from animal cancers. For the most part, and for reasons not yet well understood, "human cancer viruses" were not there or did not behave predictably. Brave souls began talking about parasitism at the genetic level or the heritable and transmissible insertion by viruses of information into cellular genome. To virologists this was elegant but near heresy because it could have meant that the continued presence of the intact virus was not necessary for the continuation of the tumor as a tumor.

Then emerged the concept of the "hit and run" mechanism attributed largely to DNA viruses such as polyoma virus, SV-40, and later to other adeno viruses. (I can remember none who attributed this capacity to RNA viruses.) At least some of this RNA-thinking had to do with many studies of their cousin RNA viruses of influenza, polio, measles, mumps, and the like. Also in particular, because of the concept and then proof, of vertical transmission. Mice born to carriers of AKR leukemia or C_3H mammary tumor viruses developed these diseases because they were infected with intact and *recoverable* viruses *in utero*.

But then came the identification and biologic characterization of reverse transcriptase, by Baltimore at Massachusetts Institute of Technology (MIT) and Temin at the University of Wisconsin-Madison, as a function of RNA tumor viruses. This greatly enhanced the supposition that the intact virus was not necessary for infection and disease induction; that only a piece was necessary;

Doctor Rauscher is a former director of the National Cancer Institute and now is senior vice-president for research of the American Cancer Society. Reprint requests to: Frank J Rauscher Jr, PhD, American Cancer Society, 90 Park Ave, New York, NY 10016 (phone: 212/973-8737). Copyright 1986 by the State Medical Society of Wisconsin.

Series Coordinator:

Ernest C Borden, MD, Madison

American Cancer Society Professor of Clinical Oncology, University of Wisconsin Clinical Cancer Center, 600 Highland Ave, Madison, Wisconsin 53792

Physicians are encouraged to contact the authors if they wish to discuss these topics further or obtain additional information. Comments or suggestions for topics would be welcome.

that this piece might be a viral gene, and that this gene might be insertable into and transmissible in a heritable fashion by the cellular genome. Thus was born and extended the field of molecular virology/oncology.

The road ahead may not be straighter or quicker but the questions seem cleaner to ask and even possibly to answer:

• To what extent can and do viruses pick up "normal" cellular genes required for normal growth and function; are they changed in the pick up; are their protein products changed or made in overabundance? How many oncogenes are there; are two or more involved in initiation and promotion; are they involved at all or are relatively few etiologically involved as common denominators in the 100 or more diseases we call cancer?

• If oncogenes become oncogenic somewhere along the chain of events that leads to clinical cancer, what can be done to prevent them from being turned on? And what can we do to turn them off? (Is cancer of adults so tied to the aging process that these questions are moot?)

The American Cancer Society has long supported research in virtually all areas discussed. Most recently into the biology, including clinical and pharmokinetic trial studies of the interferons, tumor necrosis factor, and lymphotoxin. Past support has contributed to the development of effective vaccines for cat leukemia and Marek's disease of chickens. Current virology support by the Society includes further research into the cancer sequelae of AIDS and the development and preventive potential of vaccines, etc, against the herpes and papilloma viruses that are probably causatively related to some cancers in people. Projections as to when these newer technologies will be usable for high-risk people by the community physician are risky, and worse, smack of overpromise and overexpectation. But the hepatitis B vaccine is here now and some other newer technologies for prevention and treatment should be no longer than two to five years down the road.

As virtually all clinician-scientists recognize well, there is now a frontline body of information that may be exploitable for prevention and for new drug design, treatment, earlier detection of risk and disease, and prognostic evaluation.

And therein lies some of the new challenge—the obligatory opportunity for physicians who treat patients with cancer to test and use interferons, other cytokines, monoclonal antibodies, and antivirals (antisubcomponents?) for patient benefit. After 75 years one can view with unabashed respect the efforts of those who argued steadfastly in the early years for support of a major research effort in this area.■

Indium-111 leukocyte scan in the diagnosis of inflammatory bowel disease

Ali A Diba, MD, Milwaukee, Wisconsin

ABSTRACT. *Indium-111 leukocyte scan showed the extent of previously undiagnosed ulcerative colitis in a debilitated patient with nonspecific sigmoiditis.*

Key words: Inflammatory bowel disease; Indium-111 leukocyte scan.

INDIUM-111 LABELING of leukocytes obtained from a patient thought to have intraabdominal sepsis or inflammation, followed by intravenous reinjection of the labeled cells, will aid in localization of the suspected abnormality.[1,2] This method is especially useful when the patient is not a candidate for more invasive diagnostic studies—due to either lack of tolerance or chance of worsening the condition. The following is a recent case in which the above examination helped confirm the diagnosis and initiate appropriate treatment.

CASE REPORT: A 74-year-old white female was admitted with a one-week history of severe watery diarrhea which became bloody during the hospital stay. The patient complained of anorexia, 10-lb weight loss, and lower abdominal crampy pain. Diverticulosis of the colon with intermittent diarrhea and bleeding hemorrhoids was present for two years. Height was 5 ft 5 in; weight 91 lb; temperature 102 F (39 C); pulse rate 84/min; and blood pressure 134/70 mmHg. Positive findings were mild generalized abdominal distention, tenderness in the left lower quadrant, thrombosed external hemorrhoids, and a tight anal sphincter, making rectal examination very painful. Hemoglobin level was 10.9 g/dL with normal red blood cell indices. The white blood cell count was 4800 μl per cu mm with 67% stab forms. Stool was positive for polymorphonuclear leukocytes and guaiac. Electrolytes, chemical profile, and urinalysis were normal. Plain abdominal x-ray films were unremarkable; in particular, the silhouette of the colon showed no evidence of mucosal irregularity. Cultures of urine, blood, and stool were negative. No *Clostridium* difficile toxin was detected. Stool was negative for ova and parasites.

Doctor Diba is an Assistant Clinical Professor of Medicine, Medical College of Wisconsin, Milwaukee. Reprint requests to: Ali A Diba, MD, 3201 South 16th St, Milwaukee, Wis 53215 (phone 414/671-0121). Copyright 1986 by the State Medical Society of Wisconsin.

FIGURE 1—*Abdominal view showing uptake of indium-111 leukocytes by the entire colon indicating inflammatory process.*

Despite treatment with intravenous tobramycin and cefoperozone for possible acute diverticulitis, she continued with a spiking temperature of 102 F (39 C) and diarrhea. Eventually, on the fourth day, she agreed to a fiberoptic sigmoidoscopy, demonstrating loss of vascular pattern, edema, inflammation, small superficial serpiginous ulcers, and blunting of the haustral folds with narrowing of the sigmoid lumen. The rectum was relatively spared. The pathology findings of the biopsy specimens were compatible with severe nonspecific colitis. Indium-111 leukocyte scan obtained on the following day demonstrated involvement of the entire colon in the inflammatory process (Fig 1). Marked improvement in the patient's condition was achieved by changing the treatment to daily intravenous corticosteroid infusion.

COMMENT: Occurrence of inflammatory bowel disease in patients after age 60 has been well described in the literature.[3,4,5] This process seems to most commonly affect the rectosigmoid area of the large bowel in the form of segmental colitis (probably granulomatous type). In this older age group, involvement of diverticula by granulomatous colitis may increase the incidence of diverticulitis. In fact, diverticulitis in the elderly, if associated with rectal bleeding, fistula, or persistence of the disease after colonic resection, should suggest the possibility of inflammatory bowel disease.[5] The incidence of ulcerative colitis in individuals older than 50 years is basically the same as in younger patients—24% of whom will have universal colitis.[4]

Difficulty in differentiating from ischemic colitis and acute diverticulitis may be encountered, while other infectious causes of diarrhea such as *Campylobacter, Clostridium* difficile, *Shigella, Salmonella,* and amoebiasis may usually be excluded by cultures and blood tests. In many cases a barium-enema examination may be contraindicated during the acute phase of the disease when diagnosis is most important.

The indium-111 leukocyte scan has been shown to be an accurate, relatively noninvasive method of assessing the extent and severity of inflammation in active inflammatory bowel disease,[1] as well as in other intraabdominal infections and abscess formation.[2] While normal activity is present in the liver, spleen, and bone marrow, activity elsewhere would be compatible with inflammatory disease. Diagnostic images are usually available within the first 24 hours following the injection of the radionuclide.

The case discussed above clearly demonstrates that the indium-111 leukocyte scan noninvasively determined the extent of the disease in a patient where barium studies and colonoscopy were relatively contraindicated and the presumptive clinical impression had been localized disease in the sigmoid colon with possible abscess formation.

Identification of papillomavirus can help detect child abuse

Researchers at Johns Hopkins University, writing in the October *Archives of Dermatology,* say anogenital papillomas (warts) found in children can be caused by the same kinds of human papilloma virus reponsible for sexually transmitted papillomas in adults. Barbara Rock, MD, and colleagues, say such a diagnosis often—but not always—can be a sign of child sexual abuse. The researchers studied five children with genital papillomas and identified three different types of HPV, all the same as those causing adult genital warts. Sexual abuse was suspected in three cases, the study notes. But the researchers say nonvenereal transmission of such warts should be considered when there is no evidence of abuse, when the lesions are somewhat distant from the anal-genital area or when the child is less than 9 months old when the lesions first appear. —*AMA Brief Report* ■

References

1. Stein DT, Gray GM, Gregory PB, et al: Location and activity of ulcerative and Croh's colitis by Indium-111 Leukocyte Scan. *Gastroenterol* 1983; 84:388-393.
2. Coleman RE, Black RE, Welch DM, et al: Indium 111-labeled leukocytes in the evaluation of suspected abdominal abscess. *Am J Surg* 1980; 139:99-103.
3. Schofield PF, Carr N: Inflammatory bowel disease in the older patient. *Br J Surg* 1982; 69:223-225.
4. Sleisenger MH, Fordran JS: *Gastrointestinal Disease,* 3rd ed. Philadelphia: WB Saunders Co, 1983; p1147, pp1681-1683.
5. Berman IR, Corman ML, Caller JA, et al: Late onset Crohn's disease in patients with colonic diverticulitis. *Dis Col Rct* 1979; 22:524-529. ■

Every day more and more physicians are hearing something remarkable from some of their hypertensive patients...

SILENCE...

from the ones on once-daily

INDERAL® LA
(PROPRANOLOL HCl)

with a side-effect profile unsurpassed by atenolol or metoprolol.

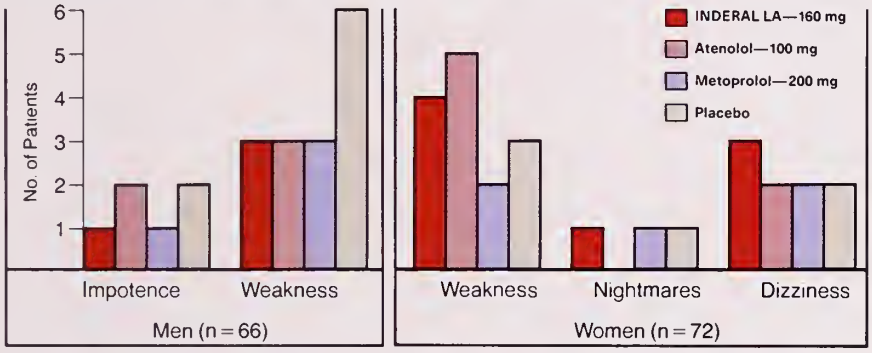
As seen in this double-blind, crossover, placebo-controlled study.[1]

Which shows you how truly well tolerated once-daily INDERAL LA can be.

What comes as *no* surprise, of course, is that it gives you the antihypertensive effectiveness you've come to expect from INDERAL.

Selected Side Effects

INDERAL LA as well tolerated as atenolol and metoprolol in a double-blind, crossover, placebo-controlled study of 138 hypertensives[1]



INDERAL® LA. For control.
Comfortable control. Once a day.
It's the last word.

Hypertensives: Feeling well and doing well, all in one.

INDERAL® LA
(PROPRANOLOL HCl)
LONG ACTING CAPSULES

or

INDERIDE® LA
(PROPRANOLOL HCl [INDERAL® LA]/ HYDROCHLOROTHIAZIDE)
LONG ACTING CAPSULES

As with all fixed-combination antihypertensives, INDERIDE LA is not indicated for the initial treatment of hypertension.

INDERAL LA should not be used in the presence of congestive heart failure, sinus bradycardia, cardiogenic shock, heart block greater than first degree, and bronchial asthma.

Please turn page for brief summary of prescribing information.

Feeling well and doing well, all in one.

ONCE-DAILY LONG ACTING CAPSULES 80 mg 120 mg 160 mg

INDERAL® LA
(PROPRANOLOL HCl)

ONCE-DAILY LONG ACTING CAPSULES 80/50 120/50 160/50

INDERIDE® LA
Each capsule contains propranolol HCl (INDERAL® LA), 80 mg, 120 mg, or 160 mg, and hydrochlorothiazide, 50 mg

BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE CIRCULARS.)*

INDERAL® LA Brand of PROPRANOLOL HYDROCHLORIDE **(Long Acting Capsules)**
INDERIDE® LA Brand of PROPRANOLOL HYDROCHLORIDE (INDERAL® LA) and HYDROCHLOROTHIAZIDE **(Long Acting Capsules)**
INDERAL LA and INDERIDE LA Capsules should not be considered simple mg-for-mg substitutes for INDERAL and INDERIDE Tablets. Please see package circulars.

CONTRAINDICATIONS

Propranolol hydrochloride (INDERAL® LA): Propranolol is contraindicated in 1) cardiogenic shock, 2) sinus bradycardia and greater than first degree block, 3) bronchial asthma, 4) congestive heart failure (see WARNINGS) unless the failure is secondary to a tachyarrhythmia treatable with propranolol.

Hydrochlorothiazide: Hydrochlorothiazide is contraindicated in patients with anuria or hypersensitivity to this or other sulfonamide-derived drugs.

WARNINGS

Propranolol hydrochloride (INDERAL® LA): CARDIAC FAILURE: Sympathetic stimulation may be a vital component supporting circulatory function in patients with congestive heart failure, and its inhibition by beta blockade may precipitate more severe failure. Although beta blockers should be avoided in overt congestive heart failure, if necessary, they can be used with close follow-up in patients with a history of failure who are well compensated, and are receiving digitalis and diuretics. Beta-adrenergic blocking agents do not abolish the inotropic action of digitalis on heart muscle.

IN PATIENTS WITHOUT A HISTORY OF HEART FAILURE, continued use of beta blockers can, in some cases, lead to cardiac failure. Therefore, at the first sign or symptom of heart failure, the patient should be digitalized and/or treated with diuretics, and the response observed closely, or propranolol should be discontinued (gradually, if possible).

IN PATIENTS WITH ANGINA PECTORIS, there have been reports of exacerbation of angina and, in some cases, myocardial infarction following *abrupt* discontinuance of propranolol therapy. Therefore, when discontinuance of propranolol is planned the dosage should be gradually reduced and the patient carefully monitored. In addition, when propranolol is prescribed for angina pectoris, the patient should be cautioned against interruption or cessation of therapy without the physician's advice. If propranolol therapy is interrupted and exacerbation of angina occurs, it usually is advisable to reinstitute propranolol therapy and take other measures appropriate for the management of unstable angina pectoris. Since coronary artery disease may be unrecognized, it may be prudent to follow the above advice in patients considered at risk of having occult atherosclerotic heart disease who are given propranolol for other indications.

THYROTOXICOSIS: Beta blockade may mask certain clinical signs of hyperthyroidism. Therefore, abrupt withdrawal of propranolol may be followed by an exacerbation of symptoms of hyperthyroidism, including thyroid storm. Propranolol does not distort thyroid function tests.

IN PATIENTS WITH WOLFF-PARKINSON-WHITE SYNDROME, several cases have been reported in which, after propranolol, the tachycardia was replaced by a severe bradycardia requiring a demand pacemaker. In one case this resulted after an initial dose of 5 mg propranolol.

MAJOR SURGERY: The necessity or desirability of withdrawal of beta-blocking therapy prior to major surgery is controversial. It should be noted, however, that the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures.

Nonallergic Bronchospasm (eg, chronic bronchitis, emphysema)—PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD, IN GENERAL, NOT RECEIVE BETA BLOCKERS. INDERAL should be administered with caution, since it may block bronchodilation produced by endogenous and exogenous catecholamine stimulation of beta receptors.

DIABETES AND HYPOGLYCEMIA: Beta-adrenergic blockade may prevent the appearance of certain premonitory signs and symptoms (pulse rate and pressure changes) of acute hypoglycemia in labile insulin-dependent diabetes. In these patients, it may be more difficult to adjust the dosage of insulin. Hypoglycemic attacks may be accompanied by a precipitous elevation of blood pressure.

Hydrochlorothiazide: Thiazides should be used with caution in severe renal disease. In patients with renal disease, thiazides may precipitate azotemia. In patients with impaired renal function, cumulative effects of the drug may develop.

Thiazides should also be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Thiazides may add to or potentiate the action of other antihypertensive drugs. Potentiation occurs with ganglionic or peripheral adrenergic-blocking drugs.

Sensitivity reactions may occur in patients with a history of allergy or bronchial asthma.

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

PRECAUTIONS

Propranolol hydrochloride (INDERAL® LA): GENERAL: Propranolol should be used with caution in patients with impaired hepatic or renal function. Propranolol is not indicated for the treatment of hypertensive emergencies.

Beta-adrenoreceptor blockade can cause reduction of intraocular pressure. Patients should be told that propranolol may interfere with the glaucoma screening test. Withdrawal may lead to a return of increased intraocular pressure.

CLINICAL LABORATORY TESTS: Elevated blood urea levels in patients with severe heart disease, elevated serum transaminase, alkaline phosphatase, lactate dehydrogenase.

DRUG INTERACTIONS: Patients receiving catecholamine-depleting drugs, such as reserpine, should be closely observed if propranolol is administered. The added catecholamine-blocking action may produce an excessive reduction of resting sympathetic nervous activity, which may result in hypotension, marked bradycardia, vertigo, syncopal attacks, or orthostatic hypotension.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY: Long-term studies in animals have been conducted to evaluate toxic effects and carcinogenic potential. In 18-month studies, in both rats and mice, employing doses up to 150 mg/kg/day, there was no evidence of significant drug-induced toxicity. There were no drug-related tumorigenic effects at any of the dosage levels. Reproductive studies in animals did not show any impairment of fertility that was attributable to the drug.

PREGNANCY: Pregnancy Category C. Propranolol has been shown to be embryotoxic in animal studies at doses about 10 times greater than the maximal recommended human dose. There are no adequate and well-controlled studies in pregnant women. Propranolol should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

NURSING MOTHERS: Propranolol is excreted in human milk. Caution should be exercised when propranolol is administered to a nursing mother.

PEDIATRIC USE: Safety and effectiveness in children have not been established.

Hydrochlorothiazide: GENERAL: Periodic determination of serum electrolytes to detect possible electrolyte imbalance should be performed at appropriate intervals.

All patients receiving thiazide therapy should be observed for clinical signs of fluid or electrolyte imbalance, namely: Hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Medication such as digitalis may also influence serum electrolytes. Warning signs irrespective of cause are: Dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting.

Hypokalemia may develop, especially with brisk diuresis, when severe cirrhosis is present, or during concomitant use of corticosteroids or ACTH.

Interference with adequate oral electrolyte intake will also contribute to hypokalemia. Hypokalemia can sensitize or exaggerate the response of the heart to the toxic effect of digitalis (eg, increased ventricular irritability). Hypokalemia may be avoided or treated by use of potassium supplements, such as foods with a high potassium content.

Any chloride deficit is generally mild and usually does not require specific treatment, except under extraordinary circumstances (as in liver or renal disease). Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction, rather than administration of salt, except in rare instances when the hyponatremia is life-threatening. In actual salt depletion, appropriate replacement is the therapy of choice.

Hyperuricemia may occur or frank gout may be precipitated in certain patients receiving thiazide therapy.

Insulin requirements in diabetic patients may be increased, decreased, or unchanged. Diabetes mellitus which has been latent may become manifest during thiazide administration.

If progressive renal impairment becomes evident, consider withholding or discontinuing diuretic therapy.

Thiazides may decrease serum PBI levels without signs of thyroid disturbance.

Calcium excretion is decreased by thiazides. Pathologic changes in the parathyroid gland with hypercalcemia and hypophosphatemia have been observed in a few patients on prolonged thiazide therapy. The common complications of hyperparathyroidism, such as renal lithiasis, bone resorption, and peptic ulceration, have not been seen. Thiazides should be discontinued before carrying out tests for parathyroid function.

DRUG INTERACTIONS: Thiazide drugs may increase the responsiveness to tubocurarine.

The antihypertensive effects of thiazides may be enhanced in the postsympathectomy patient. Thiazides may decrease arterial responsiveness to norepinephrine. This diminution is not sufficient to preclude effectiveness of the pressor agent for therapeutic use.

PREGNANCY: Pregnancy Category C. Thiazides cross the placental barrier and appear in cord blood. The use of thiazides in pregnancy requires that the anticipated benefit be weighed against possible hazards to the fetus. These hazards include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

NURSING MOTHERS: Thiazides appear in human milk. If use of the drug is deemed essential, the patient should stop nursing.

PEDIATRIC USE: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Propranolol hydrochloride (INDERAL® LA): Most adverse effects have been mild and transient and have rarely required the withdrawal of therapy.

Cardiovascular: Bradycardia, congestive heart failure, intensification of AV block, hypotension; paresthesia of hands; thrombocytopenic purpura; arterial insufficiency, usually of the Raynaud type.

Central Nervous System: Lightheadedness, mental depression manifested by insomnia, lassitude, weakness, fatigue; reversible mental depression progressing to catatonia; visual disturbances, hallucinations; an acute reversible syndrome characterized by disorientation for time and place; short-term memory loss, emotional lability; slightly clouded sensorium; and decreased performance on neuropsychometrics.

Gastrointestinal: Nausea, vomiting, epigastric distress, abdominal cramping, diarrhea, constipation; mesenteric arterial thrombosis, ischemic colitis.

Allergic: Pharyngitis and agranulocytosis, erythematous rash; fever combined with aching and sore throat, laryngospasm and respiratory distress.

Respiratory: Bronchospasm.

Hematologic: Agranulocytosis; nonthrombocytopenic purpura, thrombocytopenic purpura.

Auto-Immune: In extremely rare instances, systemic lupus erythematosus has been reported.

Miscellaneous: Alopecia; LE-like reactions, psoriasiform rashes, dry eyes, male impotence; and Peyronie's disease have been reported rarely. Oculomucocutaneous reactions involving the skin, serous membranes, and conjunctivae reported for a beta blocker (practolol) have not been associated with propranolol.

Hydrochlorothiazide:

Gastrointestinal: Anorexia, gastric irritation, nausea, vomiting, cramping, diarrhea, constipation; jaundice (intrahepatic cholestatic jaundice); pancreatitis, sialadenitis.

Central Nervous System: Dizziness, vertigo; paresthesias, headache, xanthopsia.

Hematologic: Leukopenia, agranulocytosis; thrombocytopenia, aplastic anemia.

Cardiovascular: Orthostatic hypotension (may be aggravated by alcohol, barbiturates, or narcotics).

Hypersensitivity: Purpura, photosensitivity, rash; urticaria; necrotizing angiitis (vasculitis, cutaneous vasculitis), fever, respiratory distress, including pneumonitis; anaphylactic reactions.

Other: Hyperglycemia, glycosuria, hyperuricemia, muscle spasm; weakness, restlessness; transient blurred vision.

Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn.

* The appearance of these capsules is a registered trademark of Ayerst Laboratories

REFERENCE:

1. Ravid M, Lang R, Jutrin I. The relative antihypertensive potency of propranolol, oxprenolol, atenolol, and metoprolol given once daily. *Arch Intern Med* 1985;145:1321–1323.

6213/686

Ayerst® AYERST LABORATORIES
New York, NY 10017

Copyright © 1986 Ayerst Laboratories

Dues payment options available

State Medical Society members have several options when paying membership dues in organized medicine. These programs are designed to provide SMS members with a plan most convenient for them.

Members classified as "regular," "part-time practice," and "over age 70" may take advantage of the installment payment option. This plan allows members to pay one-half of the total dues amount prior to January 1, with the balance due on or before May 15. Members should note that they will continue to receive monthly statements indicating the outstanding balance.

New members should be aware that AMA publications which they will receive as an *AMA member* will be sent only after the full AMA dues are received by the Association.

A second option allows members to pay dues using their Mastercard or VISA credit cards. The membership dues statement will include an easy-to-use form if members select the credit card plan.

Of course, members may opt to pay their dues by check in one lump sum. This method avoids any delays in receiving publications and other "tangible" benefits. As with the options listed above, SMS collects county society and AMA dues and distributes them to the appropriate organization.

If you have any questions regarding these payment alternatives, please contact the State Medical Society toll-free 1-800-362-9080.■

SMS Services, Inc launches new management venture

SMS Services, Inc, the for-profit arm of the State Medical Society, has expanded its services to specialty societies and other medically-related groups.

A new unit, to be known as Associated Management Services, will act as a third-party administrator for various groups and organizations. Lanny Hardy, an SMS field representative, has been named to manage the unit.

"Lanny brings with him five fruitful years of experience in working closely with individual physicians and many groups as a field representative in southcentral Wisconsin," Lee Johnson, SMS Services Executive Vice President, said. "We are confident that his extensive background and talents will build a large clientele and strong base of business for this new venture," Mr Johnson added. Mr Hardy will assume his new duties November 1.■

SMS slates meetings series with Hospital Association

SMS executives met September 17 in Green Lake with officers of the Wisconsin Hospital Association (WHA) to discuss legislative issues of common concern, including cooperative 1987 tort reform efforts.

WHA officials also reviewed their efforts to sunset the Wisconsin Hospital Rate Setting Commission, repeal capital expenditure review, and update data collection measures. The two groups will meet twice in 1987 to further advance common legislative objectives.

"We view these meetings as progressive attempts to communicate and establish a long-term, cooperative relationship with another very influential group of patient care providers to advance healthcare across Wisconsin," Thomas L Adams, SMS Secretary-General Manager Designate, said.

Attending the September 17 meeting were SMS Board of Directors Chairman Darold A Treffert, MD, Fond du Lac; SMS Board Vice Chairman Roger L von Heimburg, MD, Green Bay; and Mr Adams.

In other member-relations news, Society staff members and officers are conducting a host of meetings with county medical societies around the state, primarily to review new developments in medical liability and the proposed Physicians Insurance Company of Wisconsin. Those desiring to meet with SMS should feel free to contact their SMS Medical Society Relations (MSR) representatives to schedule a meeting.■

PIC-Wisconsin is incorporated

Physicians Insurance Company of Wisconsin (PIC-Wisconsin) has been issued its Certificate of Incorporation by the Office of the Commissioner of Insurance, thus legally activating the proposed physician-owned, SMS-sponsored medical liability insurance company. The certificate was issued October 6, a first step in obtaining operating authority.

A certificate of authority to begin sales of stock and insurance will be issued if the House of Delegates, at a Special Session October 17, approves the decision to go ahead with the insurance company.■

SMS's Health Workshop stresses teen awareness

More than 600 high school seniors and their teachers will attend a November 11 day-long workshop to help teens make the right decisions about issues affecting their health. *Awareness is the Answer: Sex, Stress, and Survival,* to be held at the Paper Valley Hotel and Conference Center in Appleton, is sponsored by the State Medical Society and its Auxiliary.

Keynote speaker, Robert J Samp, MD, University of Wisconsin–Madison Medical School professor, will describe the good news happening in teen lifestyles. Stephen B Webster, MD, La Crosse, will warn of the risks of sexually transmitted diseases, and Darold A Treffert, MD, Fond du Lac, will offer advice on how teens can handle stress.

Teen leaders and teachers attending the free workshop will be able to return to their schools with a variety of valuable information to pass on to their fellow students.

SMS has offered health workshops annually to various sectors of the public since 1963. LaVerne Bartel, executive director of the Auxiliary, is the workshop coordinator.■

CES Foundation begins Antiquarian book sale

The Charitable, Educational and Scientific Foundation of SMS has begun the sale of Antiquarian books owned by the Foundation. Those persons interested in receiving a copy of the sale catalog should notify Kristin Bjurstrom, director of the CESF, at SMS Headquarters in Madison: 608/257-6781 or 1-800-362-9080.■

Membership Directory—Update

The following information is being provided from Membership reports and from individual members for updating the 1986 Membership Directory as published in the July 1986 issue of the *Wisconsin Medical Journal.* Because of space limitations address changes and phone numbers will not be included in this Update; however, they will be changed in Membership Records. County transfers will be included when processing has been completed by Membership Records. **Changes in practice specialties** (as used by the AMA) and changes in **Board-certified specialties** as listed by the American Board of Medical Specialties (see July 1986 Membership Directory) are included. **Practice specialties** appear before the slash (/) and **Board-certified specialties** appear after the slash.

By County Society

BARRON/WASHBURN/BURNETT

Steven R Vogel
Rte 3, Box 26
Grantsburg WI 54840

DANE

David A Kindig
610 Walnut St, Rm 707
Madison WI 53705

FOND DU LAC

Gary F Steele
PO Box 157
Brownsville WI 53006

GREEN

OTO / OTO
Thomas J Erbach
1515 10th St
Monroe WI 53566

AN / OS
Jose A Villacrez
PO Box 518
Monroe WI 53566

KENOSHA

Nazario R Cruz
723 58th St
Kenosha WI 53140

LA CROSSE

James L Dummett
2106-B Sims Pl
La Crosse WI 54601

FP
Gretchen E Johnsen
700 W Avenue South
La Crosse WI 54601

AN
Kellen R Moen
2301 32nd St
La Crosse WI 54601

NPM PD / PD
Michael A Porte
2250 Hickory Ln
La Crosse WI 54601

IM PUD / IM
Alan D Pratt
1836 South Ave
La Crosse WI 54601

FP
William R Votel
700 W Avenue South
La Crosse WI 54601

FP
Mark W Williams
700 West Avenue
La Crosse WI 54601

MILWAUKEE

M A Archeta Gregorio
5910 W Burnham St
West Allis WI 53219

Hanno H Mayer
1229 N Jackson St, #101
Milwaukee WI 53202

PIERCE/ST CROIX

Alex P Avestruz
Spring Valley WI 54767

Nerissa L Avestruz
Spring Valley WI 54767

WALWORTH

P
Barbara J Murray
County Trk NN, Box 1005
Elkhorn WI 53121

WAUKESHA

EM
Timothy J Helz
4774 N Pinecrest Dr
Nashotah WI 53058

WINNEBAGO

Thomas J Micholowski
1823 South Commercial
Neenah WI 54956

County society transfers

DANE

(from Grant)
Stephen M Mokrohisky III
6321 Keelson Dr
Madison WI 53705

(Manitowoc)
Mark A Sager
1402 Seminole Highway
Madison WI 53711■

COUNTY SOCIETIES

BROWN: Sixty members of the Brown County Medical Society attended the September meeting held in Green Bay. MDs Kaarn A Heida,* Jeri A Nelson,* William L Hingtgen,* Stephen L Blonsky,* Joseph M Brand, DO,* and Joseph Dobson, DO* all of Green Bay, were accepted to membership in the Society.

KENOSHA: The following physicians were elected to membership at the September meeting of the Kenosha County Medical Society. They are Ramanuja R Manda,* Robert E Wilson,* Rebecca Williams,* Donald J Kash,* and Michael J Wempe,* all of Kenosha.

WINNEBAGO: Thirty-eight members and eight guests heard Steven Seekins, vice president for Public and Professional Communications of the AMA, speak on "AMA Public Awareness and Activities" at the September meeting of the Winnebago County Medical Society held in Neenah. A question and answer session followed.■

BLUE BOOK UPDATE

On page 131 of the June "Blue Book" issue, under the Commission on Continuing Medical Education, Mahendra S Kochar, MD, Milwaukee, is serving as the Medical School Deans' designee from the Medical College of Wisconsin. Doctor Kochar replaces Willard M Duff, PhD, who has accepted a Fulbright scholarship to the Arab Republic of Yemen.

On page 138 of the June BLUE BOOK issue under the Officers of Specialty Sections of SMS, the following changes have been made for the Section on Internal Medicine:

C—Charles S Geiger Jr, MD
279 South 17th Ave
West Bend, WI 53095
ST—Susan Turney, MD
1000 North Oak Ave
Marshfield, WI 54449.

Under the Section on Dermatology the following change has been made:

AD—Nyles Eskritt, MD
3508 East Maria Dr
Stevens Point, WI 54481.

Under the Section on Obstetrics-Gynecology the following changes have been made:

C—Charles Hammond, MD
411 Lincoln St
Neenah, WI 54956.

On page 140 of the June BLUE BOOK issue under the Officers of Specialty Societies of SMS, the following changes have been made for the Wisconsin Society of Obstetrics and Gynecology:

P—Thomas A Hofbauer, MD
W180 N7950 Town Hall Rd
Menomonee Falls, WI 53051
PE—William E Martens, MD
10425 West North Ave, #226
Wauwatosa, WI 53226.■

CLASSICAL ITALIAN RESTAURANT
5518 UNIVERSITY AVENUE
MADISON (608) 233-2200
ELEGANT DINING • FINE WINES • INTIMATE COCKTAIL LOUNGE • OPEN DAILY AT 5:30 PM

Voted Best Italian Restaurant 1985-86—MADISON MAGAZINE poll

"For an elegant night of Italian dining." —PROF HERBERT KUBLY, *Milwaukee Journal* writer

Membership facts

Whether you're just starting medical school, maintaining a full-time practice, or retiring, SMS has a membership classification to fit your individual needs. Election to membership by the County Medical Society in which your principal place of practice is located carries with it membership in the State Medical Society of Wisconsin and, if you wish, the American Medical Association. If you qualify for resident membership at the time of your election, your membership dues are greatly reduced. This may also qualify you for reduced dues the first two years of your practice. In addition, two-physician families may be eligible for a $50 discount on total SMS membership dues. Dues for regular membership in 1987 are $465 for SMS, $375 for AMA, and county society dues vary. A more detailed listing of SMS membership classifications and their corresponding dues follows:

State Medical Society of Wisconsin

DESCRIPTION OF MEMBERSHIP CLASSIFICATIONS

Regular: Member in active practice. • ***First year in practice***—physicians elected to SMS membership within six months of completing residency, fellowship, or fulfillment of government obligation enjoy a dues reduction of 50 percent for the first year. • ***Second year in practice***—physicians who quality by meeting the above criteria enjoy a 25 percent dues reduction during their second year of practice. • ***Two-physician family***—one member (spouse) of a two-physician family is entitled to a dues reduction of $50 or the amount of their State Society dues whichever is less.

Resident: Physician who at January 1 of dues year is in an approved training program as a hospital resident or research fellow who is licensed to practice medicine and surgery in Wisconsin.

Military Service: Members who are serving in the U.S. armed forces (generally not to exceed five years).

Associate: Member whose dues are waived because of financial hardship due to illness or disability. This classification is temporary and is reviewed on an annual basis.

Life: Member who has held membership in a state medical society for 50 years or is a Past President of the State Medical Society of Wisconsin.

Honorary: Member who was named by the Board of Directors in recognition of long and distinguished service to the cause of medicine.

Retired: Member who has completely retired from practice (works less than 240 hours per year). All dues are waived unless county society indicates they wish to charge county dues.

Part-time Practice: Physician, regardless of age, who practices 1,000 hours or less during the calendar year but does not qualify for retired membership.

Over Age 70: Member in active practice who is over 70 years of age as of January 1.

Candidate: Member attending a medical school in Wisconsin or fulfilling a postgraduate obligation prior to eligibility for licensure.

Scientific Fellow: The Board of Directors may by invitation and unanimous consent confer upon any person engaged in teaching of or research in one or more of the basic sciences at an accredited college or university, and not holding the degree of Doctor of Medicine or Osteopathy, the status of Scientific Fellow.

Emeritus: Retired members who have chosen not to renew their license.

1987 DUES AMOUNTS FOR THESE CLASSIFICATIONS

	SMS	AMA	COUNTY
Regular	$465.00	$375.00	Normal County Dues
1st Year in Practice	$232.50	$187.00	Normal County Dues
2nd Year in Practice	$348.75	$281.00	Normal County Dues
Two Physician Family	$415.00	$375.00	Normal County Dues
Part-Time Practice	$232.50	$375.00/-0-*	Normal County Dues
Part-Time—Over Age 70	$232.50	$187.00*	Normal County Dues
Resident	$ 46.50	$ 45.00	Varies
Military Service	-0-	$250.00/$45.00	-0-
Associate	-0-	-0-	-0-
Retired	-0-	$375/$75/-0-*	-0-
Retired—Over Age 70	-0-	-0-	-0-
Life	-0-	$375.00/-0-*	-0-
Honorary	-0-	$375.00/-0-*	-0-
Over Age 70	$232.50	$375.00/-0-*	Normal County Dues
Candidate—			
Students	[1]$ 10.00	[2]$ 20.00	
Postgraduate—One	$ 10.00	$ 45.00	Varies
Scientific Fellow	-0-	-0-	-0-
Emeritus	-0-	-0-	-0-

[1]Students' SMS and County Dues for four academic years.
[2]Students' AMA Dues for the calendar year 1987.

*Physicians in these categories may be eligible for exemption from paying AMA dues under the grandfather clause:

AMA dues-exempt members who were granted exemption before 1986 based on previously established criteria, with the exception of financial hardship or disability, will automatically be dues-exempt in 1986 and beyond under the grandfather clause.

Under new AMA policy, only the following two categories of physicians will qualify for new dues exemption:
(1) Financial hardship and/or disability.
(2) 70 years of age or older *and* fully retired.

Under age 70 and fully retired AMA dues may be reduced to $75.00.

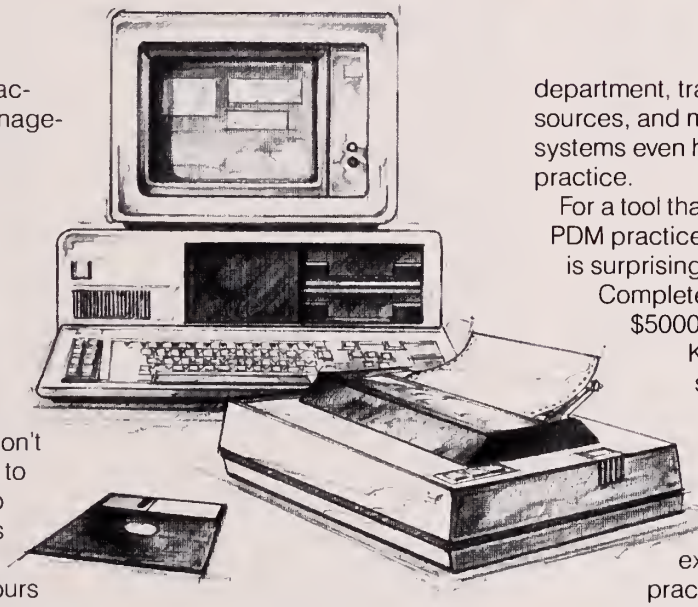
State Society dues are prorated on a monthly basis for those elected to membership July 1 through September 30. Those elected after September 30 have no dues payable for the balance of the year in which they are elected. AMA dues follow the same pattern except prorating is on a semiannual basis rather than monthly basis.

To begin the membership process, if your practice is or will be located in Wisconsin, or you have any questions, you may contact your local county society or call the Membership and Communications Division of the State Medical Society, if in Wisconsin: 1-800-362-9080 (Madison area number: 257-6781).■

14 MONTHS FOR THE PRICE OF 12!

Membership policy allows physicians to join their county and state societies and the AMA, or just their county and state societies. Physicians are encouraged to join organized medicine now. Regular membership dues for 1987 are: $465 for SMS, $375 for AMA, and county society dues vary. However, physicians who join now will not pay any dues for the balance of 1986. That's 14 months for the price of 12! Membership applications may be obtained by contacting the secretary of your county medical society or by calling the Membership and Communications Division at the State Medical Society offices in Madison at 608/257-6781 or toll free: 800/362-9080.■

MIND YOUR OWN BUSINESS



For small or medium-sized practices, affordable business management has been a big problem.

Until now.

Now Professional Data Management has the help you need: affordable computer hardware and software designed especially for practices like yours.

PDM provides installation, service and training. So you don't have to be a computer genius to use your system. In fact, it's so complete, all you have to do is turn it on.

One person can perform hours of tedious accounting and billing work effortlessly. What's more, you've got instant access to information about your patients and your practice.

You can provide more responsive treatment, as well as analyze revenues, track billing by patient or department, trace profit and loss sources, and much more. Some PDM systems even help you market your practice.

For a tool that can do so much, a PDM practice management system is surprisingly affordable.

Complete systems start under $5000.

Keep in mind, PDM systems are not "adaptations" of general purpose business systems. Each program has been designed exclusively for medical practice management.

That's why it's so important to see a PDM system for yourself. So call PDM, and find out more about our remarkable practice management systems. After that, you can mind your own business.

Call 612-731-1822, or write Professional Data Management.

BETTER

Professional Data Management™

7582 Currell Blvd., Suite 212
Woodbury, MN 55125

President Mullooly shares liability issues with Representative Shoemaker

On October 1 President John P Mullooly, MD sent a letter to Representative Richard Shoemaker, chairman of the Legislative Council Special Committee on Liability, in which he presented the views of the State Medical Society relative to the current medical liability crisis. The letter is being printed below in an effort to keep the membership fully informed.

* * *

THANK YOU for the opportunity to offer some recommendations to your committee regarding the current liability crisis, particularly with respect to medical malpractice. The State Medical Society of Wisconsin, representing 6500 physicians throughout the state, remains very concerned with the crisis in medical malpractice insurance and litigation, and its resultant impact on the delivery of health care.

The passage earlier this year of Wisconsin Act 340, the special session legislation on medical malpractice, was an important step in the right direction and helped to avert an immediate crisis with the Patients' Compensation Fund. This legislation also included many of the recommendations made by last session's Legislative Council Special Committee on Medical Malpractice, chaired by Senator Van Sistine. However, much remains to be done to restore to health our medical malpractice system.

The driving factors behind the crisis in medical malpractice are significant increases in the number of claims filed, corresponding increases in the number of claims resulting in some form of payment, and significant increases in the size of payments. This increase in both frequency and severity has led to huge increases in malpractice insurance costs, higher costs to consumers for healthcare, and significant reductions in the availability of medical services in many areas. Some specifics:

Frequency of Claims

1978: 145 cases filed with Patients Compensation Panels
1980: 262 cases filed
1982: 413 cases filed
1983: 376 cases filed
1984: 438 cases filed
1985: 454 cases filed
1986: 500 cases (estimate—Director of State Courts)

Frequency of Payments

WHCLIP (Wisconsin Health Care Liability Insurance Plan) experience:

1980: 60 claims paid
1981: 69 claims paid
1982: 108 claims paid
1983: 97 claims paid
1984: 160 claims paid

Patients Compensation Fund experience:

1978: 4 claims paid
1979: 7 claims paid
1980: 10 claims paid
1981: 10 claims paid
1982: 18 claims paid
1983: 25 claims paid
1984: 20 claims paid

Severity of Claims

WHCLIP experience:

1980: $24,889 average payment
1981: $23,928 average payment
1982: $29,093 average payment
1983: $52,618 average payment
1984: $40,660 average payment

Patients Compensation Fund experience:

1978: $138,064 average payment
1979: $339,435 average payment
1980: $203,353 average payment
1981: $354,361 average payment
1982: $238,022 average payment
1983: $426,672 average payment
1984: $604,629 average payment

It should be noted that WHCLIP (or any other primary insurer) pays the first $200,000 per claim and the Patients Compensation Fund pays the balance. All physicians and hospitals must participate in the Fund. Physicians and hospitals may select their primary carrier, but for the years shown, WHCLIP had the largest share of the primary insurance market. Data on payment frequency and size for 1985 and 1986 are not available, but all indications are that the escalation has continued.

Meanwhile, every objective indicator of the health status of Wisconsin's citizen's—infant mortality, incidence of preventable diseases, survival rates after treatment for various diseases and conditions—indicates that Wisconsin's healthcare has gotten better, not worse. There is absolutely no data that would lend any support to a thesis that the quality of Wisconsin physicians has declined or that the likelihood of malpractice has increased, in the last decade.

Wisconsin Act 340 made significant strides by capping awards for noneconomic damages; replacing the Patients Compensation Panel system with a requirement that parties participate in mediation prior to any court action; modifying the Patients Compensation Fund Accounting and Reserving system; requiring experience rating, or surcharging, of physicians by the Patients Compensation Fund; and strengthening and expanding requirements for physician

review and discipline. Some of these areas require further attention to achieve the legislative goals envisioned. Other areas which may have a major impact on the underlying forces of claims frequency and severity were not addressed in Wisconsin Act 340, and warrant consideration at this time.

Recommendations

- *Mediation:* We believe that the legislative intent of Wisconsin Act 340 with regard to mandatory mediation is not being carried out in the program's implementation. The mediation system envisioned by Act 340 would allow face-to-face, informal, nonadversarial discussion of a dispute, and an attempt to resolve it, outside of the adversarial atmosphere of a court proceeding. However, the guidelines developed by the Office of State Courts are essentially a recreation of the old Patients Compensation Panels. For example, under the guidelines, litigants are not required to be present, legal arguments are required from both parties, the attorney member of the panel is automatically named as chair and given the authority to modify procedures, and so on.

  The law creating the mediation system for medical malpractice should be reviewed and revised or expanded as necessary to produce the desired results.

- *Other alternative dispute resolution mechanisms:* In the area of liability generally, further attention should be given to creation and use of alternatives to litigation for dispute resolution: mediation, arbitration, establishment of schedules of benefits, and other approaches to avoid or reduce costly litigation. Sixty to seventy cents of the malpractice premium dollar goes to fund the costs of the system—plaintiffs' and defense attorneys, court costs, witness fees, insurance administrative and claims management costs. The remainder—roughly 30 cents on the dollar—ends up in the pocket of the injured party. Our current system is financially and psychologically costly, and less-costly alternatives to compensating injured parties should be seriously explored. In this regard, we suggest reconsideration of the proposal offered two years ago by Commissioner Fox to research and perhaps pilot-test a "designated compensable event" system, or similar research efforts.

- *Limits on noneconomic damages:* In the average malpractice award, 54% of the award is made for noneconomic damages, which by their very nature are unquantifiable. Numerous studies have found that there is tremendous variation in noneconomic damage awards for similar cases. The Rand Corporation's Institute for Civil Justice, for example, found that awards for virtually identical injuries were four or five times higher in a case involving medical malpractice than in a case involving an automobile accident. The great variation in these awards, their inherently subjective nature, and their cost to society as a whole argues strongly for reasonable limits on noneconomic damages. We support the proposal of the Coalition for Civil Justice to cap noneconomic damages at $250,000.

- *Duplication of benefits:* Currently, there are no provisions to prohibit double recovery for an injury (e.g., lost earnings paid by disability insurance or worker's compensation *and* by a disability insurer as part of a negligence award). In fact, Wisconsin law prohibits even informing the jury of the extent to which the plaintiff's losses are already being made up by other sources. However, numerous researchers have suggested that prohibiting duplicate benefits may have a significant impact on the size of payments and on premiums (several have postulated reductions of as much as 15% to 20%). We strongly urge that duplicate benefits be prohibited with adequate provisions made for insurers (such as health insurers) whose contracts require subrogation of benefits—in which case there should be a mandate that the health insurer be informed of a settlement or award, in order to exercise subrogation rights—and with an offset of the amount paid by the plaintiff to purchase health or disability insurance. Ideally, this type of "coordination of benefits" could be combined with a structured payment system so that payments for lost earnings, for example, are made over time and in the amounts that would have been earned.

- *Structured payments:* As an alternative to mandatory structured payments, or periodic payments over time, Act 340 clarified the requirement that a court award for future economic losses must be discounted to present-value dollars to reflect the earning power of money over time. This requires the jury to make assumptions about inflation, interest rates, and other economic conditions many years in the future. We suggest that uniform guidelines should be developed for courts to use in making present-value reductions to awards for future economic losses.

- *Frivolous suits:* We urge the committee to seriously consider methods to deter frivolous suits and/or to provide for more realistic recovery of defense costs in suits found to be without merit and where the attorney filing the suit knew or should have known that there was insufficient basis in law or fact for bringing an action. As we develop more specific recommendations in this area, we will be happy to share these with the committee.

We believe that these and other reforms will be a positive step toward easing the liability crisis—a crisis which physicians have faced for some years, and which is now being felt by all segments of our society. In the medical liability area, studies by the Rand Corporation have clearly shown that states which enacted these types of reforms had substantially lower increases in malpractice premiums and a more stable market with continued availability of malpractice insurance. I hope that these proposals will receive serious consideration by the Special Committee. ■

WISPAC backs many winners

Increased physician involvement was attributed to the victories of 18 of 21 candidates endorsed by WISPAC in the September 9 primary races. This marks an impressive election record, especially since several races were for open seats or resulted in ousted incumbents.

Election results for candidates backed by the Wisconsin Physicians Political Action Committee are:

Governor: Anthony Earl (won Democratic primary)

Lieutenant Governor: Sharon Metz (won Democratic primary in 5-way race)

Attorney General: Don Hanaway (won Republican primary)

State Senate (by district): 13th—Barbara Lorman (won Republican primary); 31st—Rod Moen (won Democratic primary)

State Assembly (by district): 8th—Peter Bock (won Democratic primary as write-in candidate); 11th—Louis Fortis (won Democratic primary over incumbent Gus Menos); 12th—Barbara Notestein (won Democratic primary); 16th—Spencer Coggs (won Democratic primary; no opponent in general); 20th—Tim Carpenter (won Democratic primary); 38th—Margaret Lewis (won Democratic primary); 42nd—Ben Brancel (won Republican primary in 5-way race for open seat); 48th—Sue Magnuson (won Democratic primary; no opponent in general); 51st—Joe Tregoning (won Republican primary); 56th—Gordon Bradley (won Republican primary); 73rd—Frank Boyle (won Democratic primary); 77th—Spencer Black (won Democratic primary); 82nd—Jim Rutkowski (won Democratic primary)

———

47th—John Manske (lost Republican primary to David Deininger); 94th—Steven Doyle (lost Democratic primary to Virgil Roberts); 99th—John Young (appears to have lost Republican primary to Margaret Farrow; returns indicate a margin of about 100 votes).

In a recent mailing to SMS members, WISPAC made a final plea for membership. Physicians' personal and financial support is essential for WISPAC to successfully complete its political venture in the November elections.■

U.S. Postal Service STATEMENT OF OWNERSHIP, MANAGEMENT AND CIRCULATION of the *Wisconsin Medical Journal,* issued monthly.

PUBLISHER: State Medical Society of Wisconsin, 330 East Lakeside Street, Madison, Wisconsin 53715.

MEDICAL EDITOR: V. S. Falk, MD, 5 West Rollin Street, Edgerton, Wisconsin
MANAGING EDITOR: Mary Angell, 330 East Lakeside Street, Madison, Wisconsin
OWNER: Same as publisher above.

KNOWN BONDHOLDERS, MORTGAGEES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES: None.

THE PURPOSE, FUNCTION, AND NONPROFIT STATUS OF THIS ORGANIZATION AND THE EXEMPT STATUS FOR FEDERAL INCOME TAX PURPOSES have not changed during the preceding 12 months.

EXTENT AND NATURE OF CIRCULATION

	AVERAGE NUMBER COPIES EACH ISSUE DURING PRECEDING 12 MONTHS	ACTUAL NUMBER OF COPIES OF SINGLE ISSUE PUBLISHED NEAREST TO FILING DATE
Total number copies printed (net press run)	7237	7150
Paid circulation (mail subscriptions)	7037	6900
Total paid circulation	7037	6900
Free distribution by mail, carrier or other means (samples, complimentary, and other free copies)	100	100
Total distribution	7137	7000
Office use, left-over, unaccounted spoiled after printing	100	150
TOTAL	7237	7150

I certify that the statements made by me are correct and complete.
/s/MARY ANGELL
Managing Editor

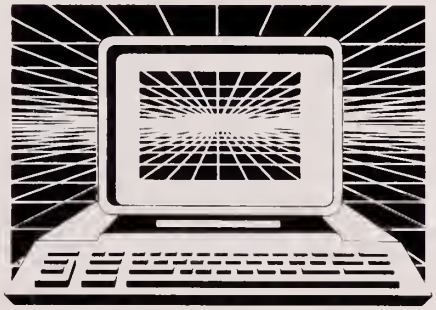
Date of filing: Sept 24, 1986
PS Form 3526, modified above for purposes of printing.

SMS Toll-free
number in Wisconsin
1-800-362-9080

MDX APPOINTMENT SCHEDULING IS AN OPEN BOOK

Today, accurate and efficient patient appointment scheduling is one key to the success of any medical organization, from a single practitioner to a multi-facility clinic. Which is precisely why Advanced Technology Associates suggests that you investigate MDX, the clinical management tool that makes efficient appointment scheduling a matter of routine.

This open book scheduling package combines the flexibility of a manual book with all the speed, accuracy and security of computerization. MDX maintains an appointment calendar containing instantly accessible information on the availability of all providers involved in patient management, and prints out route slips, day sheets and appointment calendars for them all.



When you consider that MDX also lets you automate everything from patient records to accounting to correspondence, and has the unique distinction of being endorsed by SMS Services Inc. for members of the State Medical Society of Wisconsin, you'll see why it's clearly the system of choice for you.

For a *free videotape on MDX, please call us.

*Qualified callers only.

ATA
ADVANCED
TECHNOLOGY
ASSOCIATES

4710 WEST NORTH AVENUE MILWAUKEE, WI 53208 414/445-4280

AMERICAN PHYSICIANS LIFE

Serving All Your Life Insurance Needs.

American Physicians Life's comprehensive and competitively priced line of insurance products is now being offered exclusively through SMS Services Inc., to State Medical Society members.

APL is a majority-owned subsidiary of Physicians Insurance Company of Ohio (PICO) and a sister company of The Professionals Insurance Company, the carrier of the SMS-endorsed Professional Liability Insurance Plan.

APL coverages available to you through SMS Services Inc., and its authorized insurance representatives include:

- Innovative Universal Life coverages
- Low Cost Graded Premium Whole Life plan
- Yearly Renewable and Convertible Term Life protection
- Non-cancellable Disability Income programs
- Single and Flexible Premium Annuities
- Comprehensive Office Overhead Expense protection

Why not contact SMS Services Inc., today to find out how American Physicians Life can solve all your life insurance needs.

CONTACT:

STATE MEDICAL SOCIETY OF WISCONSIN
SMS SERVICES INC.
SUBSIDIARY

SMS SERVICES INC.
330 EAST LAKESIDE STREET
P.O. BOX 1109
MADISON, WISCONSIN 53701
(608) 257-6781 OR TOLL FREE
1-800-362-9080

Edgar T Jones, MD, Ashland, has joined the staff of Northern Wisconsin Radiologists, Ltd and is associated with Markham Fischer, MD* and Robert G Lind, MD.* Doctor Jones graduated from the Medical College of Pennsylvania, Philadelphia, and completed his diagnostic radiology internship and residency at the Naval Hospital in San Diego, CA. Prior to moving to Ashland, Doctor Jones served as chairman of the Division of Nuclear Medicine at the Naval Hospital in Camp Pendleton, CA.

Peter S Marshall, MD, Hayward, recently opened his medical practice at the Medical Specialties Clinic in Hayward. Doctor Marshall graduated from Vanderbilt Medical School in Nashville, TN, and served his family practice residency at North Memorial Medical Center, Robbinsdale, MN.

Paul W Green, MD, Tomah, recently became associated with the Tomah Clinic. Doctor Green graduated from the University of Nebraska School of Medicine in Omaha and completed his family practice residency at the Fox Valley Family Practice Residency Program in Appleton.

David Elvig, MD, Eau Claire, has joined the medical staff at Sacred Heart Hospital as an emergency room physician with the hospital's Emergency Medical and Trauma Center. Doctor Elvig graduated from the University of Minnesota Medical School and completed his residency at the University of Minnesota Affiliated Family Practice Clinic.

Jill Stebbins, MD, has joined the medical staff of the Krohn Clinic in Black River Falls. Doctor Stebbins graduated from the University of Minnesota School of Medicine and completed her family practice residency at the St John's Unit of the University of Minnesota Department of Family and Community Health in St Paul, MN.

Julianne E Koski, MD, Superior, has joined the medical staff of the Mariner Medical Clinic, Ltd, in Superior. Doctor Koski joined MDs Robert L Sellers,* Clarence M Scott,* and Jon C Stephenson.* She graduated from the University of Minnesota School of Medicine and completed her family practice residency at the University of Illinois College of Medicine and the Methodist Medical Center of Illinois in Peoria.

Stephen L Blonsky, MD, Green Bay, recently joined the medical practice of Roy C Lin, MD* of Green Bay. Doctor Blonsky graduated from the University of the East, Manila, The Philippines, and served his residency in internal medicine at Brooklyn Jewish Hospital and Medical Center, Brooklyn, NY. He also completed a clinical and research fellowship in nephrology at Brown University serving at Rhode Island Hospital, Roger Williams General Hospital, and the Veterans Administration Hospital at Providence, RI.

Michael Rethwill, MD, Ellsworth, recently become associated with MDs Eugene R Jonas* and Frederick B Klass at the Ellsworth Clinic. Doctor Rethwill graduated from the University of Minnesota School of Medicine and served an internship at Broadlawns Hospital in Des Moines, IA. His family practice residency was completed at Hennepin County General Hospital in Minneapolis, MN. Prior to joining the Ellsworth Clinic, Doctor Rethwill had practiced in Cold Spring and Sauk Rapids in Minnesota.

Christopher G Koeppl, MD, Rhinelander, has joined the Rhinelander Medical Center. Doctor Koeppl graduated from the University of North Carolina Medical School, Chapel Hill, and completed his residency in internal medicine at the University of Iowa Hospitals and Clinic, Iowa City.

David M Huibregtse, MD, Janesville, recently joined the medical staff of the Janesville Riverview Clinic in the department of orthopedic surgery. Doctor Huibregtse graduated from the University of Wisconsin Medical School, Madison, and completed his residency at the University of Missouri, Columbia.

David J Gattuso, MD, an internist, recently joined the medical staff of the Edgerton Clinic with offices in Edgerton and Milton. Doctor Gattuso is a native of Maryland and completed his residency at the Johns Hopkins Affiliated Hospitals.

Steven A Korn, MD, Antigo, recently became associated with the medical staff at the North Central Health Care Facilities. Doctor Korn, a child psychiatrist, graduated from Northwestern University in Evanston, IL, and served his internship at Framingham Union Hospital, Massachusetts. His residency was completed at Boston Medical Center and a fellowship in child psychiatry was with Tufts-New England Medical Center in Boston.

Linse Baldwin, MD, recently became associated with the medical staff of the Medford Clinic. Doctor Baldwin graduated from the University of Minnesota Medical School and completed a residency in family practice at the UW-Fox Valley residency program in Appleton.■

SPECIALTY SOCIETIES

*Physician members of the State Medical Society of Wisconsin

Milwaukee Ophthalmological Society has announced the following physicians as officers for the year 1986–1987. They are MDs Robert W Pointer,* Sheboygan, president; Jack L Hughes,* Milwaukee; vice president; Gregory P Kwasny,* Milwaukee; secretary; and Gary W Abrams, Milwaukee, treasurer. Further information regarding program, meeting dates, or membership may be obtained by contacting Arline Witherbee, Executive Secretary, PO Box 26244, Milwaukee, WI 53226-0244.

Wisconsin Society of Internal Medicine, at its thirty-first Annual Meeting recently held in Madison, installed Charles S Geiger, MD,* West Bend, as president. He succeeds James R Mattson, MD,* of Green Bay. Doctor Geiger was elected to the WSIM Council in 1980 and served as secretary-treasurer during 1984. He also served as chairman of WSIM's Concurrent Care Committee. Other officers announced include MDs Cyril M Hetsko, MD,* Madison, president-elect; and Susan Turney, MD,* Marshfield, secretary-treasurer. Michael P Dailey, MD,* Menomonee Falls, was elected to a three-year term on WSIM Governing Council and Paul P Carbone, MD,* Madison, was designated an ex-officio member of the Council as the American College of Physician's Governor of Wisconsin. George E Magnin, MD,* Marshfield, was named as the recipient of WSIM's 1986 Addis Costello Internist of the Year Award, and Michael P Mehr, MD,* Marshfield, was presented the 1986 WSIM Distinguished Internist Award. He had served as president of WSIM in 1978.■

NEWS HIGHLIGHTS

*Physician members of the State Medical Society of Wisconsin

St Michael Hospital, Milwaukee, recently elected Andrew A Pandazi, MD,* Whitefish Bay, to a two-year term as president of the medical staff. Doctor Pandazi graduated from Marquette University School of Medicine and has been a member of the medical staff since 1967. He has served as chairman of the department of surgery and as vice president of the executive committee. Members of the executive committee for 1986–87 are MDs William L Semler,* Whitefish Bay, past president; Melvin M Askot,* Glendale, chairman, department of pediatrics; William R Halloran,* Shorewood, chairman, department of family practice; C Hugh Hickey,* Whitefish Bay, chairman, department of surgery; Paul A Lucca, Glendale, chairman, department of OB/GYN; and Mark B Smuckler,* Fox Point, chairman of department of psychiatry.

St Luke's Hospital, Racine, has named Joseph R Wilczynski, MD,* chief of the medical staff for 1986–87. Doctor Wilczynski, an obstetrician-gynecologist, has been in medical practice since 1971. Other members of the executive staff are MDs Dennis J Kontra,* ophthalmologist, vice chief-of-staff; James B Shack, family practitioner, staff secretary; Nasip H Yasatan,* anesthesiologist, staff treasurer; James F Tierney,* internal medicine, chairman of the medical department; Marshall S Cushman,* neurosurgeon, chairman of the surgical department; Donald W Miller,* obstetrician-gynecologist, chairman of the Ob/Gyn department; and Stephen T Flox,* pediatrician, chairman of the pediatric department. Zaezeung Kim, MD,* psychiatrist, is chairman of the psychiatric department, and Jose Reyes, family practitioner, chairman of the family practice department.

St Luke's Hospital Birth Center also has announced the addition of a neonatologist, Rajagopal R Nandyal, MD. Doctor Nandyal, who specializes in the care of premature and intensive care infants, graduated from Andhra Medical College in India and completed his internship at the King George Hospital in India. His residencies were completed at Mercy Hospital and the University of Illinois Hospitals in Chicago. Doctor Nandyal recently completed a two-year fellowship in neonatal-perinatal medicine at Children's Hospital in Detroit.■

IT PAYS TO BE A MEMBER

SMS Services, Inc.

SMS SERVICES . . . A wholly-owned subsidiary of the State Medical Society of Wisconsin has as its primary function the development and offering to SMS members of tangible benefits and services which are of professional, business, and personal advantage.

Insurance Programs

Professional Liability
Group and Individual Health
Disability Income
Auto,,Homeowners, Personal Umbrella
Life, A D & D

*Worker's Compensation
Insured Medical Reimbursement
Business Overhead
General Business Liability
Universal Life
Other Life Lines

More on the way!

SMS Services is the Agent of Record for SMS and its endorsed programs.

Other Endorsed Programs

Uniform Claim Forms
Seminars
Printing Services
*Medical Equipment Leasing
*Auto Rental/Leasing

*Computers—Software and Hardware
*Home/Office Security Systems
*Debt Collection Services
*Credit Cards
Computer Supplies and Furniture

And more of these on the way too!

*Programs not administered by SMS Services

We are here to serve you in any way we can

P.O. BOX 1109, MADISON, WI 53701 • PHONE 608/257-6781 OR TOLL-FREE 1-800-362-9080

OBITUARIES

Donald T Rendel, MD, 74, Watersmeet, MI, died May 20, 1986 in Eagle River, WI. Born Sept 6, 1911 in Munster, IN, Doctor Rendel graduated from Indiana University Medical School and served his residency at the Children's Hospital of Chicago. He practiced medicine in the Hammond and Munster areas for 46 years. Surviving are his widow, Patricia; five daughters, Karen Byers, Rochester, NY; Janet Nizamoff, Indianapolis, IN; Cynthia Somers, Minneapolis, MN; Beth Johnson, Wheaton, IL; Amy Rendel, Watersmeet, MI; and three sons, James, Lisle, IL; George Bauer, Lowell, IN, and Russell Bauer of Crown Point, IN.

Harvey K Guth, MD, 78, Green Lake, died June 21, 1986 in Green Lake. Born May 21, 1908 in Sheboygan, Doctor Guth graduated from Loma Linda Medical School, Loma Linda, CA, and served an internship at St Agnes Hospital in Fond du Lac. He served a residency in surgery at Mercy Hospital, Canton, OH, and at Los Angeles, CA. Doctor Guth had been a member of the Fond du Lac Clinic until his retirement. He was a diplomat of the American Board of Urology and a fellow of the American College of Surgeons. He was a member of the Fond du Lac County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow, Ruth; and one daughter, Mrs Sandy Harpster of Long Beach, CA, and four grandchildren.

Chester J Mroczkowski, MD, 61, Milwaukee, died June 27, 1986 in Milwaukee. Born May 16, 1925 in Milwaukee, Doctor Mroczkowski graduated from Marquette University School of Medicine in 1953 and served his internship at Misericordia Hospital in Milwaukee. Doctor Mroczkowski served in the United States Army from 1943–1946. He was a member of The Medical Society of Milwaukee County, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow and four children.

Christopher R Dix, MD, 79, Elm Grove, died July 2, 1986 in Milwaukee. Born Feb 8, 1907 in Green Bay, Doctor Dix graduated from the University of Wisconsin Medical School, Madison, and served his internship at Milwaukee County Hospital. His residency in plastic surgery was completed at the Mayo Clinic and the University of Minnesota. Doctor Dix began his medical practice in 1942. He had served as a professor at the Marquette University School of Medicine; was chief-of-staff at Lutheran Hospital, Milwaukee; was on the consulting staffs at Veterans Administration Hospital, Wood; Deaconess Hospital, St Alphonsus, and West Bend Memorial Hospital. He was a member of the American College of Surgeons, Wisconsin Society of Plastic Surgeons, Milwaukee Surgical Society, American Society of Plastic and Reconstructive Surgeons, and the International Academy of Medicine. He was a member and president of The Medical Society of Milwaukee County, and was a member of the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow, Evelyn; two daughters, Mary Ellen Haack, Greenfield; Jean Evelyn Seaburg, State College, PA; and a son, Christopher Jr, DDS, of Brookfield.

Charles J Picard, MD, 81, Superior, president of the State Medical Society of Wisconsin in 1976–77, died Aug 2, 1986 in Superior. Born Nov 26, 1904 in L'Anse, MI, Doctor Picard graduated from Marquette University School of Medicine, Milwaukee, and completed his internship and residency at Milwaukee County General Hospital. He served with the US Public Health Service, Indian Division, from 1936–41 and worked with the Minnesota State Health Department from 1937–41, at which time he established a private practice in Superior.

Doctor Picard was active in organized medicine and had been a delegate to the American Medical Society from 1969–74, and an alternate delegate from 1963–68. Doctor Picard is a past president of the Wisconsin Academy of Family Physicians, for which he served in a number of other capacities, including chairman of the board of directors, chairman of the scientific assembly and delegate and alternate to the American Academy of Family Physicians.

He also served as vice chairman of the Wisconsin Heart Association, had been the Superior Health Officer, Douglas County Deputy Coroner, and co-founder and director of the Douglas County Community Blood Bank. He served as medical director of Middle River Health Facility and St Francis Rest Home. He also was medical director of the former St Marys Skilled Nursing Home and St Marys Chemical Dependency Unit.

Doctor Picard had been chief-of-staff of St Joseph's and St Francis hospitals in Superior and was cited as Citizen of the Year in 1974. He had been a member and past president of the Douglas County Medical Society, the State Medical Society of Wisconsin, and had been a member of the American Medical Association. Surviving are children, Mrs. John (Sylvia) Murphy, Lena; Mary Picard, Superior; Dr Charles, Crookston, MN; John, Salinas, CA; and A Gregory of Moose Lake, MN.

Howard W Mahaffey, MD, 68, Madison, died on Aug 3, 1986 in Madison. Born Jan 20, 1918 in West Union, OH, Doctor Mahaffey graduated from Ohio State University School of Medicine in 1942 and served his internship at White Cross Hospital in Columbus, OH, and completed a residency in orthopedics at Ohio State University. He had been associated with the Jackson Clinic, Madison, from 1952 until his retirement in 1985. Doctor Mahaffey had served as chief of the Department of Orthopedic Surgery at the Jackson Clinic and also as president of the Clinic. He had served as chief of the medical staff at Methodist Hospital and also was a clinical professor of orthopedic surgery at the University of Wisconsin School of Medicine. He was a member of the American Academy of Orthopedic Surgery, and served as a counselor from Wisconsin for six years. He was one of the founders of the Mid-America Orthopedic Association, and had served on the City of Madison Board of Health. He was a member of the Dane County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow, Betty; two daughters, Judith Paulsen, Waterford, and Susan, Madison; and a son, James of Madison.

Paul J Niland, MD, 91, Milwaukee, died Aug 13, 1986 in Milwaukee. Born Apr 18, 1895 in Milwaukee, Doctor Niland graduated from Marquette University School of Medicine and served his internship at St Joseph's Hospital, Marshfield, and New York Lying-in-Hospital. Doctor Niland had practiced in Milwaukee from 1923 until his retirement in 1975. He was a member of The Medical Society of Milwaukee County, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are two sons, Paul T Niland, MD, and John D Niland, DDS.

Jameel S Mubarak, MD, 69, Tomah, died Aug 14, 1986 in Tomah. Born Jan 6, 1917 in Brochton, MA, Doctor Mubarak graduated from Marquette University Medical School and served an internship at Milwaukee Lutheran Hospital and a surgical residency at Milwaukee Children's Hospital and St Luke's Hospital in Milwaukee. Doctor Mubarak served in the United States Army during World War II. After service, Doctor Mubarak practiced in Tomah until 1981 when his clinic became part of the Gundersen Clinic. He recently retired from his medical practice. He had served as chief-of-staff of Tomah Memorial Hospital. Doctor Mubarak was a member of the American Academy of Family Physicians, member and past president of the Monroe County Medical Society, a member of the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow, Jean; three sons, Scott, San Diego, CA; Robert and David, Tomah; and a daughter, Mary Hughes of Waukesha.

James W Laird, MD, 73, Appleton, died Aug 15, 1986 in Appleton. Born June 29, 1913 in Black Creek, WI, Doctor Laird graduated from Northwestern University Medical School and served his internship at St Luke's, Chicago, IL. His residency was completed at Cook County Hospital. Doctor Laird began his medical practice in Appleton in 1941 and retired in 1983. He served as Appleton City Health Commissioner and also was the medical director for the Outagamie County Health Center. At the time of his death, he was serving on the Utilization and Review Committee of the Outagamie County Health Center. He was president and a member of the Outagamie County Medical Society, a member of the State Medical Society of Wisconsin, and the American Medical Association. Surviving are a son, John, Hinsdale, IL; and two daughters, Kathy of Appleton, and Betsy of Neenah.

Charles D Brummitt, MD, 56, Oconomowoc, died Aug 17, 1986 in Milwaukee. Born Oct 3, 1929 in Centerville, IA, Doctor Brummitt graduated from the University of Iowa Medical School and served his internship at Fresno County General Hospital in California. His residency was completed at the Veterans Administration Hospital in Iowa City, IA. He had been a member of the Wilkinson Clinic in Oconomowoc since 1969. He was a diplomate of the American Academy of Family Physicians, a member of the Waukesha County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow, Frances; two daughters, Mrs Michael (Sara) Allen, Powell, WY, and Ann, Middleton, WI; one son, Dr Charles F (Mary Jane) of Minneapolis, MN, and his father, Dr Charles F Brummitt, Sr, of Oconomowoc.

Clemens Kirchgeorg, MD, 80, former Neenah ophthalmologist, died Aug 21, 1986 in Leesburg, FL. Born Jan 12, 1906 in Nuremburg, Germany, Doctor Kirchgeorg graduated from Ripon College and Marquette University School of Medicine and served his internship at Milwaukee Passavant and his residency at St Luke's Hospital in Milwaukee. He had a general practice in Frankenmuth, MI, for 15 years. His residency in ophthalmology was completed at Wills Eye Hospital in Philadelphia, PA. Doctor Kirchgeorg practiced ophthalmology in Neenah for 25 years before his retirement in 1976. He was a diplomate of the American Academy of Ophthalmology; member of the Milwaukee Ophthalmological Society; Chicago Ophthalmological Society; Wills Eye Hospital Resident's Society; and a member of the medical staff at Theda Clark Hospital, Neenah. He also was a member of the Winnebago County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow, Freda, Leesburg, FL; a daughter, Mary O'Brien, Cranford, NJ; a son, John, Milwaukee; and one grandson, Scott.

H R Peters, MD, Rockford, IL, and Green Bay, and a former general practitioner in Sturgeon Bay, died Aug 24, 1986 in Woodstock, IL. Surviving are his widow, Catherine; two sons, Howard, Rockford, IL, and John, Green Bay; and a daughter, Jeanne Benoit of Green Bay.

Dean P Epperson, MD, 65, former Oconomowoc physician, died Aug 25, 1986 in Naples, FL. Born Sept 1,

1920 in Aberdeen, SD, Doctor Epperson graduated from Harvard Medical School and served his internship at Boston City Hospital. His residency was completed at the Mayo Clinic in Rochester, MN. Doctor Epperson had practiced general surgery in Oconomowoc and had served as chief-of-staff at Oconomowoc Memorial Hospital. Surviving is a brother, Keith of Milwaukee.

Delbert L Miner, MD, 68, East Troy, died Aug 26, 1986 in West Allis. Born Mar 28, 1918 in Fairview, UT, Doctor Miner graduated from the University of Wisconsin Medical School, Madison, and served an internship at the California Hospital, Los Angeles, CA. Doctor Miner served in the United States Navy on active duty from 1942–1944 and in the Naval Reserve program 1944–1946. Doctor Miner practiced medicine in West Allis for more than 40 years and was a charter board member of the West Allis Memorial Hospital. He was a member of The Medical Society of Milwaukee County, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow, Margaret; three daughters, Margaret Enders, Eau Claire; Mary Ellen Dobbins, Kewaunee; Barbara Miner, Milwaukee; and three sons, Richard, Edina, MN; Edward, Anchorage, AK; and Mark of Dousman.

24 HOUR Radio dispatched truck fleet for

INDUSTRY, INSTITUTIONS, SCHOOLS, ETC.

AUTHORIZED PARTS AND SERVICE FOR CLEAVER—BROOKS
Throughout Wisconsin and Upper Michigan

SALES
Boiler room accessories
O_2 trims
Cleveland controls
And-Car automatic bottom blowdown systems

SERVICE—CLEANING ON ALL MAKES
Complete Mobile Boiler Room Rentals

Stevens Point—715/344-7310
Green Bay—414/494-3675
Madison—608/249-6604

PBBS EQUIPMENT CORP.
5401 N Park Dr
PO Box 365
Butler, WI 53007
Phone: 414/781-9620

Clarence A Rothe, MD, 64, died Aug 30, 1985 in Green Bay. Born July 9, 1921 in Green Bay, Doctor Rothe graduated from the University of Wisconsin Medical School, Madison. He served his internship at Luther Hospital in Eau Claire. Doctor Rothe served in the United States Army from 1947–1949 and was in general practice in Green Bay from 1949–1963. He attended the Nebraska Psychiatric Institute in Omaha, NE, and later served a psychiatric internship in Warren, PA. He practiced psychiatry until his retirement in 1982. He was a member of the Brown County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association. Surviving are his widow, Brigitte; two daughters, Kristina Bottkol, Green Bay; Monika Fiedler, Eau Claire; and four sons, Michael, Milwaukee; Peter, St Paul, MN; Stephen, Milwaukee; and Jonathan at home.

Frank F Gollin, MD, 77, Middleton, died Sept 1, 1986 in Madison. Born Sept 1, 1909 in Milwaukee, Doctor Gollin graduated from Marquette University School of Medicine and served his internship and residency at Milwaukee County General Hospital. From 1937–1960, Doctor Gollin was a family physician in LaFarge and from 1960–1973 he was on the medical staff of the University Hospital and Clinics in Madison. Doctor Gollin served in the United States Army from 1941–1946. He was a member of the Dane County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association. Surviving is his widow, Nerma of Middleton.

Horace J Hansen, MD, 79, Sheboygan Falls, died Sept 7, 1986 in Sheboygan. Born Aug 1, 1907 in Glenbeulah, WI, Doctor Hansen graduated from the University of Wisconsin Medical School, Madison, and served his internship and residency at Milwaukee County General Hospital. Doctor Hansen opened his medical practice in Sheboygan Falls in 1934 and except for serving in the United States Navy from 1943–1946, he practiced there until his retirement in 1979. He had been chief of the medical staff of Sheboygan Memorial Hospital and also had been a member of the original organized staff of St Nicholas Hospital. Doctor Hansen was a member and a fellow of the American Academy of Family Physicians and also was a member and former president of the Sheboygan County Medical Society. He was a member of the State Medical Society of Wisconsin and the American Medical Association. Surviving are his widow, Elizabeth; three daughters, Mrs Charles (Susan) Pehlivanian, Racine; Dr James (Betty) Kuplic, and Christine Hansen, both of Sheboygan Falls; and one son, Dr John Hansen of Rochester, NY.

George L Boyd, MD, 78, Kaukauna physician for 40 years, died Sept 11, 1986 in Kaukauna. Doctor Boyd graduated from the University of Louisville Medical School and served his internship at Good Samaritan Hospital, Portland, OR. Doctor Boyd started his medical practice in 1935 in Kaukauna and retired in 1974. Active in community affairs, he was instrumental in getting the Kaukauna Memorial Hospital built in 1955 and also the Medical Arts building. Doctor Boyd retired from his medical practice, but continued to serve as the hospital's board president. He was a member of the Outagamie County Medical Society, a member of the "Fifty-Year Club" of the State Medical Society of Wisconsin, and a member of the American Medical Association. Surviving are his widow, Rita; two daughters, Barbara Stock, Madison; Elizabeth Kord, Richmond, VA; and a son, Richard J of Madison. ■

100 YEARS

Thank you for your loyal support

DYAZIDE®

25 mg Hydrochlorothiazide/**50 mg** Triamterene/SKF

SK&F CO.

There's never been
a better time for her...
and
PREMARIN®
(Conjugated Estrogens Tablets)

Now the evidence looks better than ever

Significantly reduced risk of endometrial hyperplasia

Endometrial hyperplasia was significantly reduced when progestin was added to PREMARIN therapy for more than ten days a month.[1-4] The risk of endometrial hyperplasia may also be reduced through cyclic administration of unopposed, low-dose PREMARIN.

Effect on lipids—an important feature

PREMARIN used alone does not adversely affect lipid levels. In fact, a clinical study has shown a significant increase in HDL cholesterol—from 49.7 mg/dL to 56.4 mg/dL—and decrease in LDL cholesterol—from 165.1 mg/dL to 138.1 mg/dL—after one year of therapy with PREMARIN, 0.625 mg.[5]

Low-dose control of menopausal symptoms*

PREMARIN effectively relieves vasomotor symptoms, such as hot flashes. When estrogen deficiency is limited to atrophic vaginitis, PREMARIN® (conjugated estrogens) Vaginal Cream restores the vaginal environment to its premenopausal state.

The most widely used, most extensively studied estrogen worldwide.

PREMARIN®

(Conjugated Estrogens Tablets)

Most trusted for more reasons

*PREMARIN is indicated for moderate-to-severe vasomotor symptoms.

Please see following page for brief summary of prescribing information.

For moderate-to-severe vasomotor symptoms

PREMARIN®
(Conjugated Estrogens Tablets)

0.3 mg 0.625 mg 0.9 mg 1.25 mg 2.5 mg

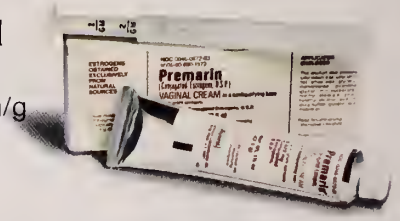
The appearance of these tablets is a trademark of Ayerst Laboratories.

For atrophic vaginitis

PREMARIN®
(Conjugated Estrogens)

Vaginal Cream

0.625mg/g



BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION AND PATIENT INFORMATION, SEE PACKAGE CIRCULARS.)*

PREMARIN® Brand of conjugated estrogens tablets, USP
PREMARIN® Brand of conjugated estrogens Vaginal Cream in a nonliquefying base

1. ESTROGENS HAVE BEEN REPORTED TO INCREASE THE RISK OF ENDOMETRIAL CARCINOMA.

Three independent case control studies have reported an increased risk of endometrial cancer in postmenopausal women exposed to exogenous estrogens for more than one year. This risk was independent of the other known risk factors for endometrial cancer. These studies are further supported by the finding that incidence rates of endometrial cancer have increased sharply since 1969 in eight different areas of the United States with population-based cancer reporting systems, an increase which may be related to the rapidly expanding use of estrogens during the last decade. The three case control studies reported that the risk of endometrial cancer in estrogen users was about 4.5 to 13.9 times greater than in nonusers. The risk appears to depend on both duration of treatment and on estrogen dose. In view of these findings, when estrogens are used for the treatment of menopausal symptoms, the lowest dose that will control symptoms should be utilized and medication should be discontinued as soon as possible. When prolonged treatment is medically indicated, the patient should be reassessed on at least a semiannual basis to determine the need for continued therapy. Although the evidence must be considered preliminary, one study suggests that cyclic administration of low doses of estrogen may carry less risk than continuous administration; it therefore appears prudent to utilize such a regimen. Close clinical surveillance of all women taking estrogens is important. In all cases of undiagnosed persistent or recurring abnormal vaginal bleeding, adequate diagnostic measures should be undertaken to rule out malignancy. There is no evidence at present that "natural" estrogens are more or less hazardous than "synthetic" estrogens at equiestrogenic doses.

2. ESTROGENS SHOULD NOT BE USED DURING PREGNANCY.

The use of female sex hormones, both estrogens and progestogens, during early pregnancy may seriously damage the offspring. It has been shown that females exposed in utero to diethylstilbestrol, a non-steroidal estrogen, have an increased risk of developing in later life a form of vaginal or cervical cancer that is ordinarily extremely rare. This risk has been estimated as not greater than 4 per 1,000 exposures. Furthermore, a high percentage of such exposed women (from 30% to 90%) have been found to have vaginal adenosis, epithelial changes of the vagina and cervix. Although these changes are histologically benign, it is not known whether they are precursors of malignancy. Although similar data are not available with the use of other estrogens, it cannot be presumed they would not induce similar changes. Several reports suggest an association between intrauterine exposure to female sex hormones and congenital anomalies, including congenital heart defects and limb reduction defects. One case control study estimated a 4.7-fold increased risk of limb reduction defects in infants exposed in utero to sex hormones (oral contraceptives, hormone withdrawal tests for pregnancy, or attempted treatment for threatened abortion). Some of these exposures were very short and involved only a few days of treatment. The data suggest that the risk of limb reduction defects in exposed fetuses is somewhat less than 1 per 1,000. In the past, female sex hormones have been used during pregnancy in an attempt to treat threatened or habitual abortion. There is considerable evidence that estrogens are ineffective for these indications, and there is no evidence from well controlled studies that progestogens are effective for these uses. If PREMARIN is used during pregnancy, or if the patient becomes pregnant while taking this drug, she should be apprised of the potential risks to the fetus, and the advisability of pregnancy continuation.

DESCRIPTION: PREMARIN (conjugated estrogens, USP) contains a mixture of estrogens, obtained exclusively from natural sources, blended to represent the average composition of material derived from pregnant mares' urine. It contains estrone, equilin, and 17α-dihydroequilin, together with smaller amounts of 17α-estradiol, equilenin, and 17α-dihydroequilenin as salts of their sulfate esters. Tablets are available in 0.3 mg, 0.625 mg, 0.9 mg, 1.25 mg, and 2.5 mg strengths of conjugated estrogens. Cream is available as 0.625 mg conjugated estrogens per gram.

INDICATIONS AND USAGE: PREMARIN (conjugated estrogens tablets, USP): Moderate-to-severe *vasomotor* symptoms associated with the menopause. (There is no evidence that estrogens are effective for nervous symptoms or depression without associated vasomotor symptoms and they should not be used to treat such conditions.) **Osteoporosis (abnormally low bone mass).** Atrophic vaginitis. Kraurosis vulvae. Female castration.

PREMARIN (conjugated estrogens) Vaginal Cream is indicated in the treatment of atrophic vaginitis and kraurosis vulvae. PREMARIN HAS NOT BEEN SHOWN TO BE EFFECTIVE FOR ANY PURPOSE DURING PREGNANCY AND ITS USE MAY CAUSE SEVERE HARM TO THE FETUS (SEE BOXED WARNING).

Concomitant Progestin Use: The lowest effective dose appropriate for the specific indication should be utilized. Studies of the addition of a progestin for 7 or more days of a cycle of estrogen administration have reported a lowered incidence of endometrial hyperplasia. Morphological and biochemical studies of the endometrium suggest that 10 to 13 days of progestin are needed to provide maximal maturation of the endometrium and to eliminate any hyperplastic changes. Whether this will provide protection from endometrial carcinoma has not been clearly established. There are possible additional risks which may be associated with the inclusion of progestin in estrogen replacement regimens. (See PRECAUTIONS.) The choice of progestin and dosage may be important; product labeling should be reviewed to minimize possible adverse effects.

CONTRAINDICATIONS: Estrogens should not be used in women (or men) with any of the following conditions: 1. Known or suspected cancer of the breast except in appropriately selected patients being treated for metastatic disease. 2. Known or suspected estrogen-dependent neoplasia. 3. Known or suspected pregnancy (See Boxed Warning). 4. Undiagnosed abnormal genital bleeding. 5. Active thrombophlebitis or thromboembolic disorders. 6. A past history of thrombophlebitis, thrombosis, or thromboembolic disorders associated with previous estrogen use (except when used in treatment of breast or prostatic malignancy).

WARNINGS: Long-term continuous administration of natural and synthetic estrogens in certain animal species increases the frequency of carcinomas of the breast, cervix, vagina, and liver. There are now reports that estrogens increase the risk of carcinoma of the endometrium in humans. (See Boxed Warning.) At the present time there is no satisfactory evidence that estrogens given to postmenopausal women increase the risk of cancer of the breast, although a recent study has raised this possibility. There is a need for caution in prescribing estrogens for women with a strong family history of breast cancer or who have breast nodules, fibrocystic disease, or abnormal mammograms. A recent study has reported a 2- to 3-fold increase in the risk of surgically confirmed gallbladder disease in women receiving postmenopausal estrogens.

Adverse effects of oral contraceptives may be expected at the larger doses of estrogen used to treat prostatic or breast cancer or postpartum breast engorgement; it has been shown that there is an increased risk of thrombosis in men receiving estrogens for prostatic cancer and women for postpartum breast engorgement. Users of oral contraceptives have an increased risk of diseases, such as thrombophlebitis, pulmonary embolism, stroke, and myocardial infarction. Cases of retinal thrombosis, mesenteric thrombosis, and optic neuritis have been reported in oral contraceptive users. An increased risk of postsurgery thromboembolic complications has also been reported in users of oral contraceptives. If feasible, estrogen should be discontinued at least 4 weeks before surgery of the type associated with an increased risk of thromboembolism, or during periods of prolonged immobilization. Estrogens should not be used in persons with active thrombophlebitis, thromboembolic disorders, or in persons with a history of such disorders in association with estrogen use. They should be used with caution in patients with cerebral vascular or coronary artery disease. Large doses (5 mg conjugated estrogens per day), comparable to those used to treat cancer of the prostate and breast, have been shown to increase the risk of nonfatal myocardial infarction, pulmonary embolism and thrombophlebitis. When doses of this size are used, any of the thromboembolic and thrombotic adverse effects should be considered a clear risk.

Benign hepatic adenomas should be considered in estrogen users having abdominal pain and tenderness, abdominal mass, or hypovolemic shock. Hepatocellular carcinoma has been reported in women taking estrogen-containing oral contraceptives. Increased blood pressure may occur with use of estrogens in the menopause and blood pressure should be monitored with estrogen use. A worsening of glucose tolerance has been observed in patients on estrogen-containing oral contraceptives. For this reason, diabetic patients should be carefully observed. Estrogens may lead to severe hypercalcemia in patients with breast cancer and bone metastases.

PRECAUTIONS: Physical examination and a complete medical and family history should be taken prior to the initiation of any estrogen therapy with special reference to blood pressure, breasts, abdomen, and pelvic organs, and should include a Papanicolaou smear. As a general rule, estrogen should not be prescribed for longer than one year without another physical examination being performed. Conditions influenced by fluid retention such as asthma, epilepsy, migraine, and cardiac or renal dysfunction, require careful observation. Certain patients may develop manifestations of excessive estrogenic stimulation, such as abnormal or excessive uterine bleeding, mastodynia, etc. Prolonged administration of unopposed estrogen therapy has been reported to increase the risk of endometrial hyperplasia in some patients. Oral contraceptives appear to be associated with an increased incidence of mental depression. Patients with a history of depression should be carefully observed. Preexisting uterine leiomyomata may increase in size during estrogen use. The pathologist should be advised of estrogen therapy when relevant specimens are submitted. If jaundice develops in any patient receiving estrogen, the medication should be discontinued while the cause is investigated. Estrogens should be used with care in patients with impaired liver function, renal insufficiency, metabolic bone diseases associated with hypercalcemia, or in young patients in whom bone growth is not complete. If concomitant progestin therapy is used, potential risks may include adverse effects on carbohydrate and lipid metabolism.

The following changes may be expected with larger doses of estrogen:

a. Increased sulfobromophthalein retention.

b. Increased prothrombin and factors VII, VIII, IX, and X; decreased antithrombin 3; increased norepinephrine-induced platelet aggregability.

c. Increased thyroid binding globulin (TBG) leading to increased circulating total thyroid hormone, as measured by PBI, T4 by column, or T4 by radioimmunoassay. Free T3 resin uptake is decreased, reflecting the elevated TBG; free T4 concentration is unaltered.

d. Impaired glucose tolerance.

e. Decreased pregnanediol excretion.

f. Reduced response to metyrapone test.

g. Reduced serum folate concentration.

h. Increased serum triglyceride and phospholipid concentration. As a general principle, the administration of any drug to nursing mothers should be done only when clearly necessary since many drugs are excreted in human milk.

ADVERSE REACTIONS: The following have been reported with estrogenic therapy, including oral contraceptives: breakthrough bleeding, spotting, change in menstrual flow; dysmenorrhea; premenstrual-like syndrome; amenorrhea during and after treatment; increase in size of uterine fibromyomata; vaginal candidiasis, change in cervical erosion and in degree of cervical secretion; cystitis-like syndrome; tenderness, enlargement, secretion (of breasts); nausea, vomiting, abdominal cramps, bloating; cholestatic jaundice; chloasma or melasma which may persist when drug is discontinued; erythema multiforme; erythema nodosum; hemorrhagic eruption; loss of scalp hair; hirsutism; steepening of corneal curvature; intolerance to contact lenses; headache, migraine, dizziness, mental depression, chorea; increase or decrease in weight; reduced carbohydrate tolerance; aggravation of porphyria; edema; changes in libido.

ACUTE OVERDOSAGE: May cause nausea, and withdrawal bleeding may occur in females.

DOSAGE AND ADMINISTRATION:

PREMARIN® Brand of conjugated estrogens tablets, USP

1. *Given cyclically for short-term use only.* For treatment of moderate to severe *vasomotor* symptoms, atrophic vaginitis, or kraurosis vulvae associated with the menopause (0.3 to 1.25 mg or more daily). The lowest dose that will control symptoms should be chosen and medication should be discontinued as promptly as possible. Administration should be cyclic (eg, three weeks on and one week off). Attempts to discontinue or taper medication should be made at three- to six-month intervals.

2. *Given cyclically:* Female castration. Osteoporosis. Female castration—1.25 mg daily, cyclically. Adjust upward or downward according to response of the patient. For maintenance, adjust dosage to lowest level that will provide effective control. Osteoporosis —0.625 mg daily. Administration should be cyclic (eg, three weeks on and one week off).

Patients with an intact uterus should be monitored for signs of endometrial cancer and appropriate measures taken to rule out malignancy in the event of persistent or recurring abnormal vaginal bleeding.

PREMARIN® Brand of conjugated estrogens Vaginal Cream

Given cyclically for short-term use only. For treatment of atrophic vaginitis or kraurosis vulvae.

The lowest dose that will control symptoms should be chosen and medication should be discontinued as promptly as possible.

Administration should be cyclic (eg, three weeks on and one week off).

Attempts to discontinue or taper medication should be made at three-to-six month intervals.

Usual dosage range: 2 to 4 g daily, intravaginally, depending on the severity of the condition.

Treated patients with an intact uterus should be monitored closely for signs of endometrial cancer and appropriate diagnostic measures should be taken to rule out malignancy in the event of persistent or recurring abnormal vaginal bleeding.

References:

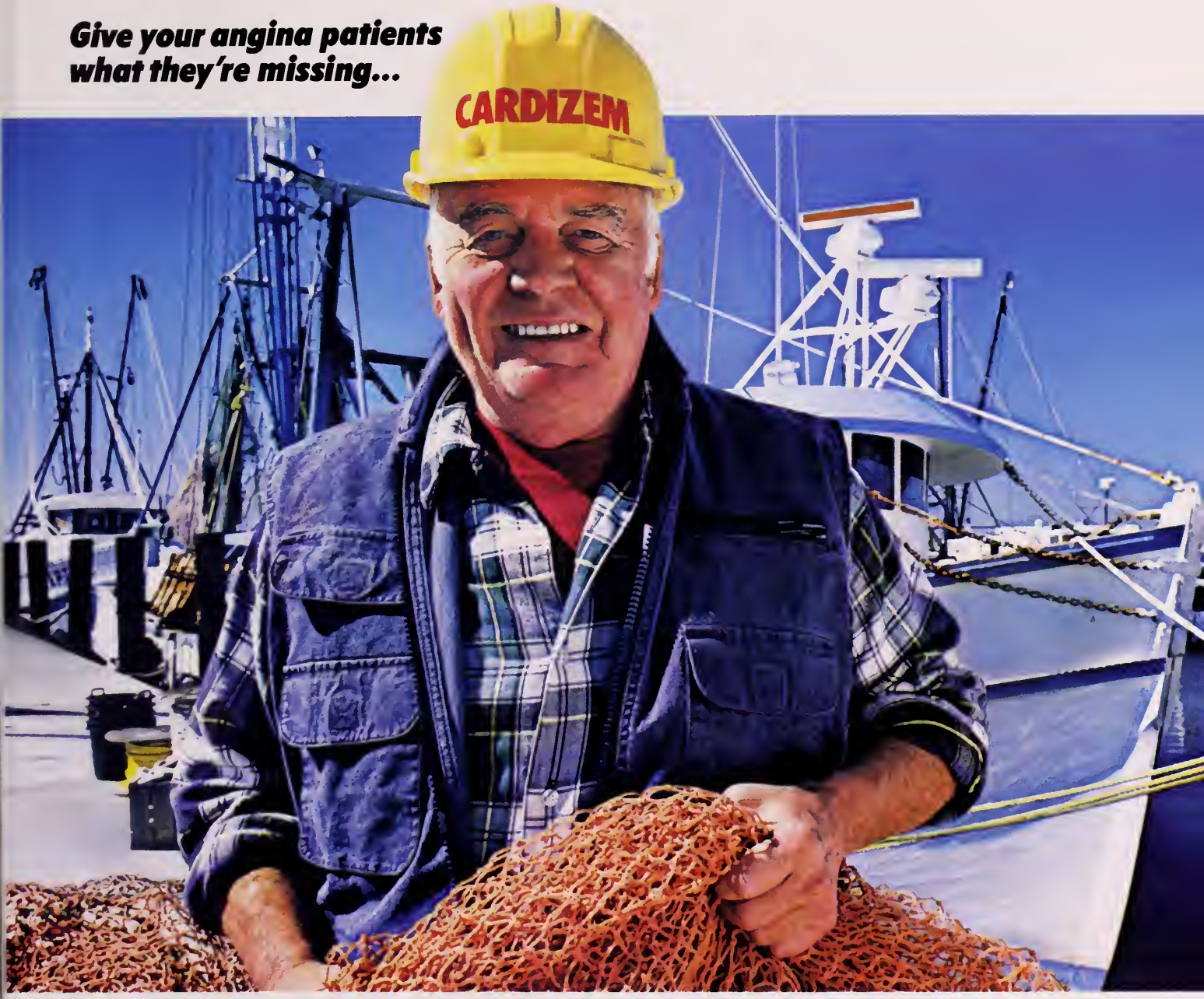
1. Whitehead MI, Townsend PT, Pryse-Davies J, et al: Effects of estrogens and progestins on the biochemistry and morphology of the postmenopausal endometrium. *N Engl J Med* 1981;305:1599-1605 **2.** Paterson MEL, Wade-Evans T, Sturdee DW, et al: Endometrial disease after treatment with oestrogens and progestogens in the climacteric. *Br Med J* 1980;280:822-824. **3.** Magos AL, Brincat M, Studd JWW, et al: Amenorrhea and endometrial atrophy with continuous oral estrogen and progestogen therapy in postmenopausal women. *Obstet Gynecol* 1985; 67: 496-499. **4.** Whitehead MI, Lane G, Siddle N, et al: Avoidance of endometrial hyperstimulation in estrogen-treated postmenopausal women. *Semin Reprod Endocrinol* 1983;1:1;41-52. **5.** Barnes RB, Roy S, Lobo RA: Comparison of lipid and androgen levels after conjugated estrogen or depo-medroxyprogesterone acetate treatment in postmenopausal women. *Obstet Gynecol* 1985;66:216-219.

© 1986 Ayerst Laboratories

Ayerst® AYERST LABORATORIES
New York, NY 10017

T6194/886

Give your angina patients what they're missing...



CARDIZEM®: FEW SIDE EFFECTS

diltiazem HCl/Marion

- ***Antianginal action includes dilatation of coronary arteries, a decrease in vascular resistance/afterload, and a reduction in heart rate***
- ***Proven efficacy when used alone in angina***[1]
- ***Compatible with other antianginals***[2,3*]
- ***A safe choice for angina patients with coexisting hypertension, asthma, COPD, or PVD***[4,5]

***See Warnings and Precautions.**

Please see brief summary of prescribing information on the next page.

CARDIZEM® FEW SIDE EFFECTS IN ANTIANGINAL THERAPY

diltiazem HCl/Marion

60 mg tid or qid

Brief Summary
Professional Use Information

CARDIZEM®
(diltiazem HCl) 30 mg and 60 mg Tablets

CONTRAINDICATIONS
CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic).

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1,243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt).
   Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients.
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury.** In rare instances, significant elevations in enzymes such as alkaline phosphatase, CPK, LDH, SGOT, SGPT, and other symptoms consistent with acute hepatic injury have been noted. These reactions have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in most cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS
General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes, however, these changes were reversible with continued dosing.
Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)
Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%.
Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats.
Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.
There are no well-controlled studies in pregnant women, therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.
Nursing Mothers. Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.
Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS
Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded.
In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy.
The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences as well as their frequency of presentation are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%). In addition, the following events were reported infrequently (less than 1%).

Cardiovascular:	Angina, arrhythmia, AV block (first degree), AV block (second or third degree — see conduction warning), bradycardia, congestive heart failure, flushing, hypotension, palpitations, syncope.
Nervous System:	Amnesia, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor.
Gastrointestinal:	Anorexia, constipation, diarrhea, dysgeusia, dyspepsia, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH (see hepatic warnings), vomiting, weight increase.
Dermatologic:	Petechiae, pruritus, photosensitivity, urticaria.
Other:	Amblyopia, dyspnea, epistaxis, eye irritation, hyperglycemia, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties.

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, gingival hyperplasia, erythema multiforme, and leukopenia. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established.

Issued 7/86

See complete Professional Use Information before prescribing.

References: 1. Pepine CJ, Feldman RL, Hill JA, et al: Clinical outcome after treatment of rest angina with calcium blockers. Comparative experience during the initial year of therapy with diltiazem, nifedipine, and verapamil. Am Heart J 1983, 106(6):1341-1347. **2.** Shapiro W: Calcium channel blockers: Actions on the heart and uses in ischemic heart disease. Consultant 1984,24(Dec):150-159. **3.** Johnston DL, Lesaway R, Humen DP, et al: Clinical and hemodynamic evaluation of propranolol in combination with verapamil, nifedipine and diltiazem in exertional angina pectoris: A placebo-controlled, double-blind, randomized, crossover study. Am J Cardiol 1985,55:680-687. **4.** Cohn PF, Braunwald E: Chronic ischemic heart disease, in Braunwald E (ed): Heart Disease: A Textbook of Cardiovascular Medicine, ed 2. Philadelphia, WB Saunders Co, 1984, chap 39. **5.** Schroeder JS: Calcium and beta blockers in ischemic heart disease. When to use which. Mod Med 1982;50(Sept):94-116.

Another patient benefit product from

PHARMACEUTICAL DIVISION
MARION LABORATORIES, INC.
KANSAS CITY, MO 64137

0246M6

YOU CAN KEEP THEM IN BALANCE — YOUR FAMILY LIFE AND YOUR MEDICAL PRACTICE

We'd like to help you spend more time with your family, yet receive professional satisfaction from your medical practice. As a member of the Air Force health care team, you'll be able to participate in our group practice concept which will free you of most of your administrative duties.

Air Force benefits are also very attractive. You and your family will enjoy 30 days of vacation with pay each year, plus many more Air Force advantages. Contact:

MSgt. Cleveland (608) 264-5409

AIR FORCE

On the leading edge of technology.

YOU CAN HELP STOP BEDWETTING

For a large majority of your Enuretic patients

- Ethical — prescription only
- Professional — you supervise treatment
- Approximately 90 percent effective
- Proven reliable and dependable bell, pad, and light system
- Low cost rental service — $14.00 per week (avg. 6-week treatment)
- Convenient mail order service to the 48 states

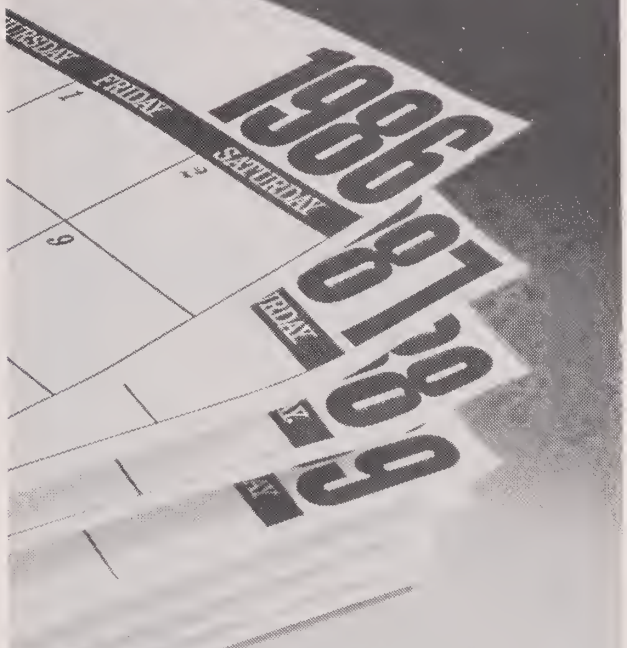
For more information, call or write:

S. & L. SIGNAL COMPANY

Helping Enuretic Clients
Since 1950
1142 Fleetwood Ave. Madison, WI 53716
Phone: 608-222-7939

Accepted for advertising in the AMA Journal

Are you ready for your future?



At Gaarder Miller we are experts at managing the business aspect of medical practices. Our professional consultants will tailor solutions to your special needs . . . solutions that result in increased productivity, optimal patient services and maximized income for today — and tomorrow.

WE OFFER: • Financial projections • Office management • Organizational planning • Facilities planning • Tax preparation • Personal financial planning • Billing service • Computer billing . . .

All the value of a full-time business manager at a part-time cost.

GM

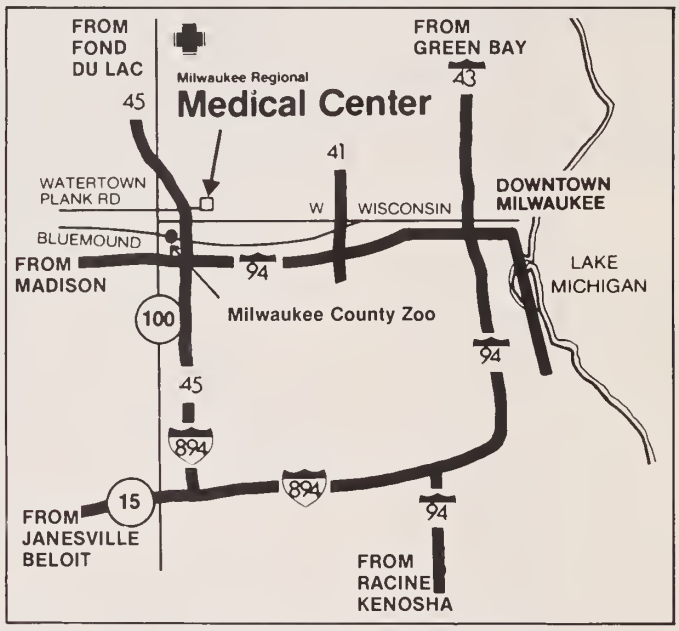
Gaarder Miller Milwaukee Ltd.
12778 W. North Ave.
Brookfield, WI 53005
(414) 784-9559

Planning today . . . for a secure tomorrow.

Medical College of Wisconsin

Close by freeway

- Smooth easy drive without rush hour hassles
- Suburban Milwaukee location with ample parking



Milwaukee Regional Medical Center Institutions:

1) **MEDICAL COLLEGE OF WISCONSIN**
2) Milwaukee County Medical Complex
3) Froedtert Memorial Lutheran Hospital
4) Curative Rehabilitation Center
5) Milwaukee County Mental Health Complex
6) Children's Hospital of Wisconsin (In 1988, moving into new hospital on campus.)
7) The Blood Center of Southeastern Wisconsin

Close by phone

- Over 300 faculty physicians providing tertiary care
- Medical information and referrals without red tape

One-phone-call access to
Medical College of Wisconsin faculty specialists

Toll Free: 1-800-472-3660

PRN
PHYSICIAN RESOURCE NETWORK™

PHYSICIANS EXCHANGE

Pediatrics—35-physician multispecialty group in college community of Beloit, Wisconsin seeks a fifth BC/BE pediatrician. Guaranteed salary with incentive plus excellent fringe benefits. Please submit letter with CV to: James F Ruethling, Administrator, Beloit Clinic, SC, 1905 Huebbe Parkway, Beloit, WI 53511. p10-12/86

Emergency Medicine opportunities. Excellent full-time positions are immediately available at client hospitals in Superior, Shawano, and Portage, Wisconsin. An emergency department medical directorship opportunity is also available in Portage. Receive a guaranteed competitive rate of compensation, allowance for the State Comp Fund, CME allowance, reimbursement of professional dues and flexible scheduling. Director also receives paid life, health, disability, and dental insurance which includes dependents. For more details contact Mary Anne Creekmore, Spectrum Emergency Care, PO Box 27352, St Louis, MO 63144; 314/878-2280; 1-800/325-3982. 10-12/86

Directorship position available at a 100-bed hospital located in Wisconsin Dells Resort Area. ACA physicians enjoy competitive compensation, paid malpractice insurance, CME allotment, flexible scheduling, assistance with relocation expenses, and the opportunity to join a group health plan. Interested parties should contact: Acute Care America, 641 Sixth St, Huntington, WV 25701; 1-800-231-0342 or 502/525-0852. p10-12/86

Orthopedic opportunity to join existing three-man Board-certified orthopedic group. Opening July 1987. Send resume or CV to Clinic of Orthopedic Surgery, 73 East First St, Fond du Lac, WI 54935. 9-11/86

RATES: 50¢ per word, with a minimum charge of $20.00 per ad. BOXED AD RATES: $25.00 per column inch. *All ads must be prepaid*

DEADLINE: Copy must be received by the 15th of the month preceding month of issue; *e.g.* copy for the August issue is due July 15. Send copy to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 1-800-362-9080.

Wisconsin. We have five clients seeking well-qualified family physicians (BC/BE). For complete information, please forward CV or telephone collect: Thomas Campbell, Fox Hill Associates, One Greentree Centre, Suite 201, Marlton, NJ 08053; ph 609/596-0661.

- **Lake Geneva area.** Well established family physician seeking partner. Solo options also available. Full scope of family medicine. Community of 6,000 is ten minutes from 130-bed JCAH facility. Less than one hour drive to both Madison and Milwaukee. Salary plus production incentive or guaranteed income first year.
- **Green Bay area.** New clinic being constructed 15 minutes from 158-bed medical center constructed in 1981. Associate with two Board-certified family physicians or establish solo. Six physician weekend rotation. OB desired. Guaranteed income plus rent-free space. Two-doctor clinic to be completed Fall 1986.
- **Lake Michigan Shoreline.** Eight-physician primary care group located in community of 14,000. Call shared with four family physicians in group. OB desired. Salary plus first year bonus plan. Internist, OB/GYN, Pediatrician and General Surgeon in group. South of Door County peninsula.
- **Fox River Valley.** Three Board-certified family physicians seeking fourth. OB desired. College in community of 7,500. Excellent hospital facility in community. Call rotation every fifth night and every sixth weekend. Physicians rotate through two branch clinics. Guaranteed salary with productivity first year. Less than one-half hour drive to Lake Winnebago.
- **Madison area.** One family physician to join Board-certified family physician and one Board-certified internist located 30 minutes from downtown Madison. OB necessary. Well-equipped hospital in this community of 4,000. ER call schedule one night a week and every sixth weekend. OB call will be shared among three family physicians. Guaranteed income and full benefits. p10/86

Excellent opportunity for a Board-certified or eligible **internist** to practice in conjunction with an 8-member Internal Medicine Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Family Practitioner, and General Internist, to join seven-physician clinic in Cloquet, Minnesota, a community of 14,000 (30,000 service area), located 20 minutes from Duluth–Superior. Clinic facility is located one block from modern, well-equipped hospital. Cloquet enjoys a stable economy (forest products). Additionally, our community is noted for its excellent school system. First year salary guarantee, paid malpractice, health and disability insurance, vacation and study time. Contact: John Turonie, Administrator, Raiter Clinic, Ltd, 417 Skyline Blvd, Cloquet, MN 55720; ph 218/879-1271. p10–12/86

Pediatrics. The Racine Medical Clinic, a progressive cluster corporation of 30 physicians is currently seeking a pediatrician. Full benefits, unlimited earnings and a full and exciting practice are offered. Please contact: Roger D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406; ph 414/886-5000. 10tfn/86

Milwaukee Internal Medicine group seeking additional general internist. Thriving, varied practice with excellent hospital backup. Competitive salary and fringe benefits. A unique opportunity for an ambitious physician. Contact Dept 589 in care of the Journal. p10/86

Otorhinolaryngologist, Psychiatrist, Endocrinologist, Radiologist, and General/Family Practitioner. Excellent opportunity for physicians in Los Angeles suburb to join 80-member multispecialty medical group. Large fee-for-service and prepaid practice, no Medi-Cal. Excellent compensation program based on guarantee plus incentive, profit-sharing and pension plan. Group provides health, dental, life and malpractice. Partnership in real estate and medical corporation available. Send CV to Wm Shaw, Associate Administrator, Mullikin Medical Center, 17821 S Pioneer Blvd, Artesia, CA 90701. p10–11/86

Family/General Practice physician retiring after 40 years in the same city. Complete set-up available including conveniently located modern medical building and equipment. Large enough to rent out space to another professional or partner. Located in well known Central Wisconsin vacation area with excellent hospital and specialty support. Hunting, fishing, golfing, camping, Chain-of-Lakes, winter sports available within "walkie-talkie" range. Send inquiries to PO Box 369, Waupaca, WI 54981 or call 1/715-258-3434. p9-10/86

PHYSICIANS EXCHANGE

continued

Internist and Family Practitioner wanted to join 11-physician multispecialty group in central Wisconsin community of 30,000. Competitive salary and fringe benefits. Send CV to: Administrator, Doctors' Clinic SC, 1041 Hill St, Wisconsin Rapids, WI 54494; ph 715/423-0122 p10-12/86

Green Bay, Wisconsin. 27-physician multispecialty group seeking BC/BE physicians in the following specialties: **Family Practice, Ophthalmology, ENT, Dermatology, Plastic Surgery, Radiology, OB/GYN, Internal Medicine and Pediatrics.** Green Bay is a progressive community with an easy lifestyle, ample outdoor activities, excellent schools, and cultural activities. The Clinic offers competitive salary and excellent fringe benefits. Interested physicians please contact W J Mommaerts, Administrator, West Side Clinic sc PO Box 19070, Green Bay, WI 54307. 9;c10-12/86;1/87

Minneapolis. Family Practice, Internal Medicine, Cardiology, Child Psychiatry, Adult Psychiatry, Obstetrics/Gynecology, Ophthalmology. Join established group in one of America's leading metropolitan areas. Group provides professional liability, four weeks vacation, two weeks conference leave, disability, retirement, hospital dues, and more. Must be Board certified or Board eligible. Direct inquiries to: Paul J Brat, MD, Medical Director, Group Health, Inc, 2829 University Ave, SE, Minneapolis, MN 55414. 9-10/86

Family Practice, Internal Medicine, & ENT. Practice medicine in beautiful northern Wisconsin with established medical group. Call or write: Lakeland Medical Associates, Ltd, Attn: R J Sloan, MD, President, PO Box 549, Woodruff, WI 54568; ph 715/356-3292. 10-12/86

Family Practitioner or General Internist with emphasis in General Ambulatory Care to join a 21-physician multispecialty and family physician group in Southern Wisconsin. We are located in a fast growing, scenic lake country area between Milwaukee and Madison and can offer excellent hospital, schools, and recreational facilities. Competitive starting salary and benefits. Eligible to become full shareholder after one year. Please send CV or call: James Dowd, Administrator, Wilkinson Clinic, SC, 915 East Summit Ave, Oconomowoc, WI 53066; ph 414/569-2300. 9ttn/86

OB/GYN (PRO-LIFE). Board eligible or certified to join 45-physician multispecialty group. Contact E Daun, Northpoint Medical Group, Ltd, 2388 North Lake Dr, Milwaukee, WI 53211; ph 414/271-3700. p9-11/86

Family Practice specialist. Marshfield Clinic Department of Family Medicine is seeking a BE/BC family practitioner to replace a retiring colleague. The physician joining this six-member department will enjoy the support of one of the nation's largest multispecialty groups, share the philosophy of family-oriented care with a preventive focus, and enjoy full hospital privileges but without the distractions of OB or surgical responsibilities. Marshfield Clinic offers an excellent salary plus extensive fringe benefits. Please send curriculum vitae to: John Folz, Assistant Director, Marshfield Clinic, Marshfield, WI 54449 or call collect at 715/387-5181. 8-10/86

Physicians Needed. Over 400 opportunities nationwide! Call 612/786-1929 or send CV to: Earl Czech, North Central Staff Services, Inc, 4175 Lovell Rd, Ste 108, Circle Pines, MN 55015. p10/86

ER Physician—Large multispecialty clinic located in Milwaukee, Wisconsin, is seeking a physician to share emergency room coverage with the multispecialty group practice physicians at a 300-bed hospital. Competitive salary and benefits. Address inquiries and CVs to: Administrator, PO Box 427, Menomonee Falls, WI 53051. 9-10/86

Family Physician and Internist. Seven physician group seeking BC/BE Internist and FP. Growing community of 2,800 in northwestern Wisconsin one-hour from St Paul, MN. New clinic attached to 50-bed hospital. Excellent salary and fringe benefits. Excellent practice opportunity at an expanding clinic. Contact: Craig Johnson, MD, Family Medical Clinic, SC, 225 Scholl St, Amery, WI 54001; ph 715/268-7887. p10/86

FAMILY DOCTOR'S DREAM! Small town living, large city conveniences. Proven community need for local Doctor. Modern well-equipped facility in Omro, 8 miles west of Oshkosh. Available for lease or purchase. **MEDICAL FACILITY** located on frontage road along a US highway. Facility is top quality construction. Building has central hallways and a floor plan dividing the property into four separate areas, three of which are separated into small offices and rooms. It contains two labs and an x-ray room. Contact Schwab Realty Ltd, 435 Algoma Blvd, Oshkosh, WI 54901; ph 414/233-4184. 10-11/86

West Bend, Wisconsin, General Clinic, a (21) physician multispecialty group, is seeking physicians in the specialties of Family Practice, OB/GYN, and Pediatrics. First-year salary guaranteed. Corporate membership possible after one year. Excellent fringe benefits. Located in scenic, recreational area with close proximity to Milwaukee. Please contact Hans W Schmelzling, Administrator, General Clinic, 279 S 17th Ave, West Bend, WI 53095; ph 414/338-1123. 6tfn/85;c6tfn/86

Excellent opportunity for a Board certified or eligible **ob/gyn** to practice in conjunction with a 4-member OB/GYN Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Racine. Residency trained or experienced emergency physician for opening summer of '86. Send CV to Director, Emergency Department, Saint Mary's Medical Center, 3801 Spring, Racine, WI 53405. 5-10/86

Two Pediatricians. BE/BC to join four pediatrician department in 15-physician multispecialty group practice. Wisconsin community of 100,000 with attractive cultural, educational and recreational opportunities. Income guarantee and attractive fringe benefit package. Send CV to Search Director, Beaumont Clinic, Ltd, 1821 S Webster Ave, Green Bay, WI 54301. p7-9;10-12/86

Excellent opportunity for a Board-certified or eligible **internist** with a subspecialty in **critical care medicine** to practice in conjunction with an 8-member Internal Medicine Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Rheumatologist-General Internist, BC/BE. Immediate opportunity to join multispecialty group of 38 MDs in community of 50,000 on shores of Lake Michigan 50 miles north of Milwaukee. Drawing area of 100,000 plus. Attractive income arrangements, association membership possible after one year, pension, profit sharing, extensive fringe benefits. Excellent all-season indoor and outdoor recreation facilities. Teaching appointments possible and educational opportunities accessible. Contact Dept 581 in care of the Journal. 6tfn/86

Family Practitioners (3). Opportunity to join a group in Portage, or to practice in satellite clinics near resort areas. Generous guarantees. Contact **PROSEARCH,** a division of Brim & Associates, 177 NE 102nd Ave, Portland, OR 97220; ph 503/256-2070. p9-11/86

PHYSICIANS EXCHANGE

continued

Immediate Care Physician. The Racine Medical Clinic, a progressive cluster corporation of 32 physicians is currently seeking an Immediate Care Physician. Full benefits, unlimited earnings, and a full and exciting practice are offered. Please contact: Roger D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53404; ph 414/886-8233. 9tfn/86

Primary Care Physicians. Family practice, general practice, or ER experience desirable. To staff clinics for industrial, walk-in, after hours, and satellite medicine. Excellent opportunity, guaranteed salary, profit sharing, great fringes. Send CV to: Administrator, Manitowoc Clinic, PO Box 3008, Manitowoc, WI 54220. 9-12/86

Internal Medicine—Board certified or eligible, to join 16-physician multispecialty clinic with seven-physician internal medicine department. Located in beautiful Wisconsin lakeshore community of 35,000. Competitive salary, complete fringe benefits, profit sharing, generous vacation time. Send CV to: Administrator, Manitowoc Clinic, PO Box 3008, Manitowoc, WI 54220. 9-12/86

Wanted—Board qualified—board certified obstetrician-gynecologist as an associate. Modern well equipped facility. Excellent starting salary and benefits including profit sharing plan. Please contact Elizabeth Allen Steffen, MD, 734 Lake Ave, Racine, Wis 54303. 9tfn/83

Appleton, Wisconsin—seeking physicians for weekend coverage at family practice clinic affiliated with local hospital. Flexible hours and attractive compensation. Submit resume to Emergency Consultants, Inc, 2240 South Airport Rd, Room 36, Traverse City, MI 49684; 1-800/253-1795 or in Michigan 1-800/632-3496. p10/86

Tomah—Psychiatrists. Seeking interested qualified applicants for current and future vacancies. MD, Board eligible or Board certified in psychiatry. 800-bed medical center, primary and extended care, medical and psychiatric services. Rehabilitation, PTSD and alcohol specialty units. City of 7,500 in pleasant rural setting; clean air; outstanding recreational area. Convenient Interstate travel to Madison, Milwaukee, Minneapolis, and Chicago. Salary dependent upon qualifications, up to $68,000 plus bonus. Write or call collect B H Glover, MD, Chief, Psychiatry Service, Veterans Administration Medical Center, Tomah, WI 54660; 608/372-3971, ext 584. An Equal Opportunity Affirmative Action Employer. 8-10/86

Family Practitioner wanted for branch offices of Park Nicollet Medical Center. Northern or southern suburbs of Minneapolis. Growing active practice. Full range of benefits. Contact Milton Hanson, MD, Park Nicollet Medical Center, 5000 W 39th St, Minneapolis, MN 55416; ph 612/931-2922. p8-10/86

Internal Medicine. Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 2tfn/86

Immediate opportunities for emergency medicine physicians who possess excellent clinical and communication skills. Position available in a popular Wisconsin area bordering Illinois. Please contact: Nora Geschrey, Medical Emergency Service Associates (MESA), SC, 15 S McHenry Road, Buffalo Grove, IL 60089 or call collect 312/459-7304. 8-9/86;g10-11/86

Family practitioner. Board certified or eligible to join 11 physician, expanding multispecialty practice in northern Wisconsin. Clinic adjoins JCAH hospital. Rural location with abundant outdoor recreational opportunities, small four-year college. Excellent salary and benefits. Call collect 715/532-6651 or send curriculum vitae with names of references to: Marshfield Clinic-Ladysmith Center, Howard T Chatterton, MD, 906 College Ave W, Ladysmith, Wis 54848. 9-11/86

Wisconsin. We are seeking a Board certified OB/GYN to assume a well-established practice in a beautiful Wisconsin community. There is a 240-bed hospital well equipped for active OB/GYN practice. We have a two-member OB/GYN department in a ten-member multispecialty clinic. The town has a population of 35,000 and a drawing area of 85,000—equal distance from Madison and Milwaukee. All major specialties are represented in the community. Excellent community for families. Guaranteed salary for the first year. Please contact: E Howard Theis, MD, 92 E Division St, Fond du Lac, WI 54935; ph 414/921-0560. p9-12/86;1-2/87

NEW PHYSICIANS FOR WISCONSIN

is seeking

FAMILY PRACTITIONERS

Laurie S Glowac, Administrator

810 University Bay Drive
Madison, WI 53705
608/263-4095

7-12/86;1-6/87

Internist with or without subspecialty. Excellent opportunity for BC/BE physician to join eleven-member department of a 35-physician multispecialty group. Our 35,000 population college community has excellent school systems and good proximity to a variety of cultural and life-style amenities. First year guarantee, full benefit package and a very favorable ownership situation exist. Contact: James F Ruethling, Administrator, Beloit Clinic, SC, 1905 Huebbe Parkway, Beloit, WI 53511; ph 608/364-2200. p10-11/86

Family Practitioner. River Valley Medical Center is seeking two family practice Board eligible/certified physicians for its multispecialty group of 16 physicians in Northwest Wisconsin. Excellent starting salary and comprehensive fringe benefit package the first year with full group membership after one year. Attached to a progressive 90-bed hospital. We are within 45 minutes of the St Paul-Minneapolis area. Please contact Dr Carl Hansen, Recruitment Chairman or Tom Halverson, Clinic Manager, 208 Adams St, South, St Croix Falls, WI 54024; ph 715/483-3221. p11/85;12tfn/85

Family Practice: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Obstetrics/Gynecology, Southeastern Wisconsin. Large multispecialty group located near Milwaukee seeking additional Board eligible/certified obstetrician/gynecologist. Call shared with six other physicians for coverage of two clinic locations and two hospitals. Competitive salary, excellent fringe benefits. Address inquiries and CV to Administrator, PO Box 409, Menomonee Falls, WI 53051. 9-10/86

Wisconsin: Pediatric Allergist and General Pediatrician to join multispecialty clinic that includes three general pediatricians, pediatric hematologist/oncologist, and four neonatologists in city of 150,000. Send CV to Dept 583 in care of the Journal 10-12/86

Family Practice opportunity. Northwest Medical Center, Spooner, has an opening for a family practice of internal medicine BC/BE physician to join 6 BC FPs and one general surgeon. Northern Wisconsin lake country, ideal rural living. Contact J Chamberlain, Admn, Northwest Medical Center, 707 Ash St, Spooner, WI 54801; ph 715/635-2151. p8-12/86;1/87

Madison, Wisconsin. Physicians with appropriate experience are needed to staff two urgent care clinics in Madison. Competitive compensation and flexible scheduling. Contact P Beckfield, MD, 707 S Mills St, Madison, WI 53715; ph 608/845-6095. 8-10/86

PHYSICIANS EXCHANGE

continued

Lake Superior. BC/BE internist needed to join two young, quality-oriented general internists in a growing active practice. Natural beauty, small-town environment with sophisticated 105-bed hospital, on the south shore of Lake Superior. Excellent salary and benefits. Contact Dept 587 in care of the Journal. p9-11/86

Family Practitioner with special interest in OB and pediatrics, or OB/GYN, BC or BE to join small multispecialty group in North Central Wisconsin. Send CV to Merrill Medical Associates, SC, 716 East 2nd St, Merrill WI 54452; ph 715/536-2463. 8-10/86

Family Practitioner. BC/BE to join busy primary care clinic of 6 physicians in Green Bay, WI. Contact Dr Kenneth Hujet, 1745 Dousman St, Green Bay, WI 54303; ph 414/494-9661. p8;p9-11;g12/86

Physicians needed full or part-time to perform light physicals. Milwaukee area. Professional liability provided. Phone 414/344-2100, Ms Jenkins. 10tfn/84

MEDICAL FACILITIES

General and surgical solo practice for sale. Gross in excess of $300,000. Growing desirable midwestern university city with population 25,000. One very well-equipped hospital in county of 60,000 a few blocks away. Owner will remain to introduce. Contact Dept 563 in care of the Journal. 9tfn/85

For Sale. Large Family Practice available in 1987 in Green Bay. Gross $180,000 plus with no OB or surgery. All terms negotiable. Contact Dr Eugene Brusky, 2353 Ridge Rd, Green Bay, WI 53404; ph 414/494-5050. p10-11/86

Family Practice Physicians. Clinic for lease. 10,000 sq ft, with 26 exam rooms; prime location; completely furnished; modern x-ray and laboratory facilities, and ancillary staff. Extremely active practice. Present physicians retiring. Growing Central Wisconsin city with drawing population of 150,000. Easy access to lake, woods, and mountains. Contact Dept 588 in care of the Journal. p9-12/86

Physician's Suite for lease, 1370 sq ft, 3 exam rooms, private office, reception room, nurses station in MODERN BROWN DEER MEDICAL BUILDING, suburb of Milwaukee, with lab, x-ray, pharmacy, parking etc. Available immediately. Call 414/355-5860 or 414/355-6688. p10-12/86

MISCELLANEOUS

HOLTER MONITOR
Quality Scanning for reel or cassette type recorders by qualified technicians and certified cardiologists' interpretations, scan price $35.00 with UPS speedy delivery. Recorders loaned, leased, or purchase new dual-channel Holter recorders, $995.00, with one-year warranty. For more information call Advance Medical and Research Center 1-800/552-6753. 11tfn/85

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

WISCONSIN

NOVEMBER 7, 1986: Wisconsin Orthopaedic Society, Olympia Resort, Oconomowoc. g9-10/86

NOVEMBER 8-9, 1986: Wisconsin Allergy Society, Paper Valley, Appleton.

DECEMBER 6, 1986: Wisconsin Chapter: American College of Surgeons, Milwaukee.

FEBRUARY 10-12, 1987: Telemark Symposium, Cable. Contact WAFP, Elm Grove, WI 53122; ph 414/784-3656. 10-12/86;1/87

OTHERS

NOVEMBER 10-13, 1986 (California): *Primary Care Update,* the 71st Scientific Assembly of Interstate Postgraduate Medical Association. Accredited by ACCME and eligible for 24 hours of Category 1 and 4 hours of Category 5 credits of the AMA/PRA. Acceptable for 24 prescribed hours' credit by American Academy of Family Physicians and 24 hours by the College of Family Physicians of Canada. Info: IPMANA, PO Box 1109, Madison, WI 53701. g8-10/86

DECEMBER 10-12, 1986 (Illinois): *Neurology for the non-neurologist,* The Westin Hotel, Chicago. Contact: University Office of Continuing Education, Rush University, 600 S Paulina, Chicago, IL 60612; ph 312/942-7095. 9-11/86

Wisconsin Specialty Society Meetings 1986

- Wisconsin Chapter of the American College of Emergency Physicians, Oct 23-24, 1986, Pfister, Milwaukee
- Wisconsin Orthopaedic Society, Nov 7, 1986, Olympia Resort, Oconomowoc
- Wisconsin Allergy Society, Nov 8-9, 1986, Paper Valley, Appleton
- Wisconsin Chapter: American College of Surgeons, Dec 6, 1986, Milwaukee

AMA

DECEMBER 7-10, 1986: Interim AMA House of Delegates, Las Vegas, NV.

JUNE 21-25, 1987: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 6-9, 1987: Interim AMA House of Delegates, Atlanta, GA.

JUNE 26-30, 1988: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 4-7, 1988: Interim House of Delegates, Dallas, TX.■

THIS LISTING is compiled by the State Medical Society of Wisconsin in cooperation with others who wish to maintain a centralized schedule of meetings and courses of interest to Wisconsin physicians and to avoid scheduling programs in conflict with others. Hospitals, Clinics, Specialty Societies, and Medical Schools are particularly invited to utilize this listing service. There is a nominal charge for listing of Continuing Medical Education courses at the following rates: 50¢ per word, with a minimum charge of $20.00 per listing. *All listings must be prepaid.*

BOXED LISTINGS: $25.00 per column inch. Listings of other scientific meetings will be included at the discretion of the editors.

COPY DEADLINE for listings is 15th of the month preceding the month of publication; *eg.* copy for the August issue is due by July 15. Address communications to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 1-800-362-9080.

FOR LISTING of other meetings see the January 3, 1986 issue of the *Journal of the American Medical Association:* Continuing Education Opportunities for Physicians for period January 1986 through December 1986.

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

continued

1987 CME CRUISE/CONFERENCES ON SELECTED MEDICAL TOPICS—Caribbean, Mexico, Hawaii, Alaska, China/Orient, Scandinavia/Russia. 7-14 days year-round. Approved for 20-24 CME Category 1 credits (AMA/PRA) and AAFP prescribed credits. Distinguished professors. FLY ROUNDTRIP FREE ON CARIBBEAN, MEXICAN & ALASKAN CRUISES. Excellent group fares on finest ships. Registration limited. Prescheduled in compliance with present IRS requirements. Information: International Conferences, 189 Lodge Ave, Huntington Station, NY 11746; ph 516/549-0869. p9-10/86

ADVERTISERS

Acme Laboratories 4
Advanced Technology Associates, Inc 45
Medical Computer Systems
American Physicians Life 46
Ayerst Laboratories . . 33,34,35,36,54,55,56
Inderal® LA
Premarin®
Dista Products Co (Div of Eli Lilly & Co) 26
Ceclor®
Gaarder & Miller/Madison, Inc 4
Gaarder & Miller Associates, Ltd (Appleton) 4
Gaarder Miller Milwaukee Ltd 59
Glaxo Inc 11,12,13,14
Zantac® 150
House of Bidwell 4
Lofdahl Leasing Co 9
Computerized Accounting System
Marion Laboratories 57,58
Cardizem®
Medical College of Wisconsin 60
Physician Resource Network
Medical Protective Company 10
PBBS Equipment Corp 52
Peppino's 39
Professional Data Management 41
Professionals Insurance Company, The 6
Roche Laboratories 67,BC
Dalmane®
St Luke's Hospital, Racine 25
SK&F Company 16,53
Dyazide®
S&L Signal Company 59
SMS Services, Inc 49
Upjohn Company, The 15
Motrin®
U S Air Force . . . . . 59 ■

CONTINUING MEDICAL EDUCATION

SCHOOL OF MEDICINE

UNIVERSITY OF WISCONSIN
MADISON, WISCONSIN

Schedule of Conferences/ Workshops 1986-1987

Oct 23-24: *Surgical Treatment of Urinary Incontinence,* The Concourse Hotel, Madison

Oct 23-25: *Advances in Control of Nosocomial Infection—1986,* Inn on the Park, Madison, AAFP credit pending

Oct 24-25: *Seminars in Pediatrics,* University of Wisconsin Clinical Science Center, Madison, AAFP prescribed credit

Oct 31-Nov 1:*Child and Adolescent Depression and Suicide,* The Sheraton Inn and Conference Center, Madison, AAFP prescribed credit

Nov 7-8: *Focus on Rheumatology—1986,* University of Wisconsin Clinical Science Center, Madison, AAFP prescribed credit

Nov 7-8: *Medical and Surgical Approaches to Pulmonary and Esophageal Diseases,* The Radisson Inn, Madison, AAFP credit pending

Nov13-14: *Aging and Illness in Primary Care—The Fifth Symposium on Clinical Problems and the Future of Health Care of the Elderly,* The Radisson Inn, Madison, AAFP prescribed credit

Nov 14-15: *Perspectives in Diabetes Mellitus 1986,* University of Wisconsin Clinical Science Center, Madison, AAFP prescribed credit

Dec 5: *Cardiovascular Practice 1986-1987: A Summary of the Current Position,* The Edgewater Hotel, Madison, AFFP prescribed credit

Dec 27-30: *Clinical Cardiology—1986,* The Wyndham Hotel, Orlando, FL. AAFP prescribed credit

Jan 18-21: *New Therapeutics VII: The Results of Recent Advances in Medicine,* Telemark Lodge, Cable, AFFP credit pending

All courses qualify for AMA Category I credit.

Info: Sarah Aslakson, Program Coordinator, Continuing Medical Education, 610 Walnut St, Room 465A, Madison, WI 53705; ph 608/263-2856. 10/86

Wisconsin Society Medical Assistants

An affiliate of the American Association of Medical Assistants, Inc

is presenting

A Professional Development and Advancement Seminar

Saturday, November 1
Inn on Maritime Bay
Manitowoc

- ***Osteoporosis***
  Susan Turney, MD
  Internal Medicine, Marshfield Clinic
- ***Osteoporosis, The Dietary Aspect***
  Mona Varney, Registered Dietician
  Two Rivers Community Hospital
- ***Communications—Asian Cultural Orientation***
  Lynn Anderson, Coordinating Supervisor, Teacher, Manitowoc Schools
- ***Radiology***
  Peter Bartolazzi, Assistant Vice President, Radiology & Laboratory
  St Elizabeth's Hospital, Appleton
- ***Typing, Transcribing and Proof Reading Accurately***
  Charlene Helms, CMT & ART
  Assistant Manager—Medical Transcribing, Marshfield Clinic

.6 CEUs applied for

Registration fee: $10.00 (members and students); $30.00 (nonmembers)

For more information contact:
Sharon Thom, CMA
Education Chairman
604 E Main St
Spencer, WI 54479
(H) 715/659-4364
(W) 715/387-5383

Julie Harder, CMA
Co-Chairman
713 E Dodge
Marshfield, WI 54449
(H) 715/287-3791
(W) 715/387-5852

Jayne Urlaub, CMA
Financial Chairman
1516 Renee Lane
Marshfield, WI 54449
(H) 715/384-9460
(W) 715/287-5437 g10/86

NEWS YOU CAN USE

ILLINOIS PHYSICIANS WARNED ABOUT MEDICAL MALPRACTICE INSURER. Illinois Insurance Director John E Washburn has ordered Professional Risk Management Exclusive Company, Ltd (PRIME) to stop selling medical malpractice insurance in the state of Illinois according to a news release from the Illinois Department of Insurance. Headquartered in Kingstown, St Vincent, British West Indies, PRIME uses a Chicago post office box number in its direct mail solicitations, but is not licensed to sell insurance in Illinois. Mr Washburn's office is warning Illinois physicians to steer clear of PRIME and its affiliate company, International Bahamian Insurance Company, Ltd (IBI). Not only are both entities unauthorized insurers, but the Illinois Department has learned of complaints about their claims settlement practices in other states. In at least two instances reported to the Department, PRIME refused to pay malpractice judgments in other states, citing a policy provision that requires defendants to initiate their own appeal before any award will be paid. Given the legal expense involved, a physician could be forced into bankruptcy, leaving the injured patient with no recourse for financial recovery of the award. Mr Washburn also is cautioning Illinois physicians to "make sure that they are buying malpractice insurance from a licensed company, but if they choose to buy coverage from an unlicensed entity, they should be fully aware of the risks involved should a claim arise. We don't want to see physicians or their patients caught in a situation where a claim isn't honored and compensation isn't made." Wisconsin physicians, too, could heed the warning. Inquiries about a malpractice writer's licensing status should be directed to Mr Randy Blumer, Deputy Commissioner of Insurance, State of Wisconsin, PO Box 7873, Madison, WI 53707.■

PHYSICIANS NOTE: WIPRO CONTRACT APPLIES ONLY TO MEDICARE. The State Division of Health is reminding physicians that the new federal contract with the Wisconsin Peer Review Organization (WIPRO) ***affects only Medicare, not Medicaid,*** cases. The criteria for review of Medicaid cases remain unaffected by the renewal contract for 1986–88 between WIPRO and the federal Health Care Financing Administration (HCFA). Requirements for preadmission review of Medicaid cases also remain the same, including preadmission review of all elective medical admissions (such as psychiatric and AODA cases) and admissions for surgeries appearing in the March 1986 WIPRO Reviewer Ambulatory Surgery List of Procedures. Questions about requirements for Medicaid cases should be directed to Sarah Kruger, Bureau of Health Care Financing, 608/266-8473.■

PHYSICIAN MEDIATORS STILL NEEDED. The deadline has *not* expired for physicians who want to help resolve medical malpractice claims through the medical mediation system. SMS is strongly encouraging interested physicians to serve on the new Medical Mediation Panels. Some of the goals of Wisconsin's mediation system include: (1) weeding out non-meritorious claims, (2) promoting settlement of meritorious claims prior to commencement of litigation, and (3) providing a non-adversarial approach to dispute resolution. Physicians serving on the new mediation panels will be compensated at the rate of $150 per day. It is anticipated that the average mediation session will last several hours. If interested, contact: Deborah J Powers, SMS Policy Analyst, toll-free 1-800-362-9080 or 608/257-6781.■

EXCERPTS FROM A SYMPOSIUM
"THE TREATMENT OF SLEEP DISORDERS"[8]

"...highly effective for both sleep induction and sleep maintenance"

Sleep Laboratory Investigator
Pennsylvania

"...onset of action is rapid...provides sleep with no rebound effect to agitate the patient the following day"

Psychiatrist
California

"...appears to have the best safety record of any of the benzodiazepines"

Psychiatrist
California

After 15 years, the experts still concur about the continuing value of Dalmane (flurazepam HCl/Roche). It provides sleep that satisfies patients... and the wide margin of safety that satisfies you.

The recommended dose in elderly or debilitated patients is 15 mg. Contraindicated in pregnancy.

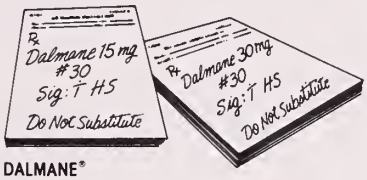
DALMANE®

brand of
flurazepam HCl/Roche ℞

sleep that satisfies

15-mg/30-mg
capsules

References: **1.** Kales J, *et al: Clin Pharmacol Ther 12*:691-697, Jul-Aug 1971. **2.** Kales A, *et al: Clin Pharmacol Ther 18*:356-363, Sep 1975. **3.** Kales A, *et al: Clin Pharmacol Ther 19*:576-583, May 1976. **4.** Kales A, *et al: Clin Pharmacol Ther 32*:781-788, Dec 1982. **5.** Frost JD Jr, DeLucchi MR: *J Am Geriatr Soc 27*:541-546, Dec 1979. **6.** Dement WC, *et al: Behav Med*, pp. 25-31, Oct 1978. **7.** Kales A, Kales JD: *J Clin Psychopharmacol 3*:140-150, Apr 1983. **8.** Tennant FS, *et al:* Symposium on the Treatment of Sleep Disorders, Teleconference, Oct 16, 1984. **9.** Greenblatt DJ, Allen MD, Shader RI: *Clin Pharmacol Ther 21*:355-361, Mar 1977.



DALMANE®
brand of
flurazepam HCl/Roche ℞

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening, in patients with recurring insomnia or poor sleeping habits; in acute or chronic medical situations requiring restful sleep. Objective sleep laboratory data have shown effectiveness for at least 28 consecutive nights of administration. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended. Repeated therapy should only be undertaken with appropriate patient evaluation.

Contraindications: Known hypersensitivity to flurazepam HCl; pregnancy. Benzodiazepines may cause fetal damage when administered during pregnancy. Several studies suggest an increased risk of congenital malformations associated with benzodiazepine use during the first trimester. Warn patients of the potential risks to the fetus should the possibility of becoming pregnant exist while receiving flurazepam. Instruct patients to discontinue drug prior to becoming pregnant. Consider the possibility of pregnancy prior to instituting therapy.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. An additive effect may occur if alcohol is consumed the day following use for nighttime sedation. This potential may exist for several days following discontinuation. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Potential impairment of performance of such activities may occur the day following ingestion. Not recommended for use in persons under 15 years of age. Withdrawal symptoms rarely reported, abrupt discontinuation should be avoided with gradual tapering of dosage for those patients on medication for a prolonged period of time. Use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated patients, it is recommended that the dosage be limited to 15 mg to reduce risk of oversedation, dizziness, confusion and/or ataxia. Consider potential additive effects with other hypnotics or CNS depressants. Employ usual precautions in severely depressed patients, or in those with latent depression or suicidal tendencies, or in those with impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported: headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins, and alkaline phosphatase; and paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity.

Dosage: Individualize for maximum beneficial effect. *Adults*: 30 mg usual dosage, 15 mg may suffice in some patients. *Elderly or debilitated patients*: 15 mg recommended initially until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.

ROCHE®
Roche Products Inc.
Manati, Puerto Rico 00701

#1 FOR SLEEP

After more than 15 years of use, it's #1 for sleep that satisfies. Patients are satisfied because they fall asleep fast and stay asleep till morning.[1-8] And *you're* satisfied by the exceptionally wide margin of safety.[7-9] As always, caution patients about driving or drinking alcohol.

Please see adjacent page for references and summary of product information.

DALMANE®

brand of
flurazepam HCl/Roche ⓥ

sleep that satisfies

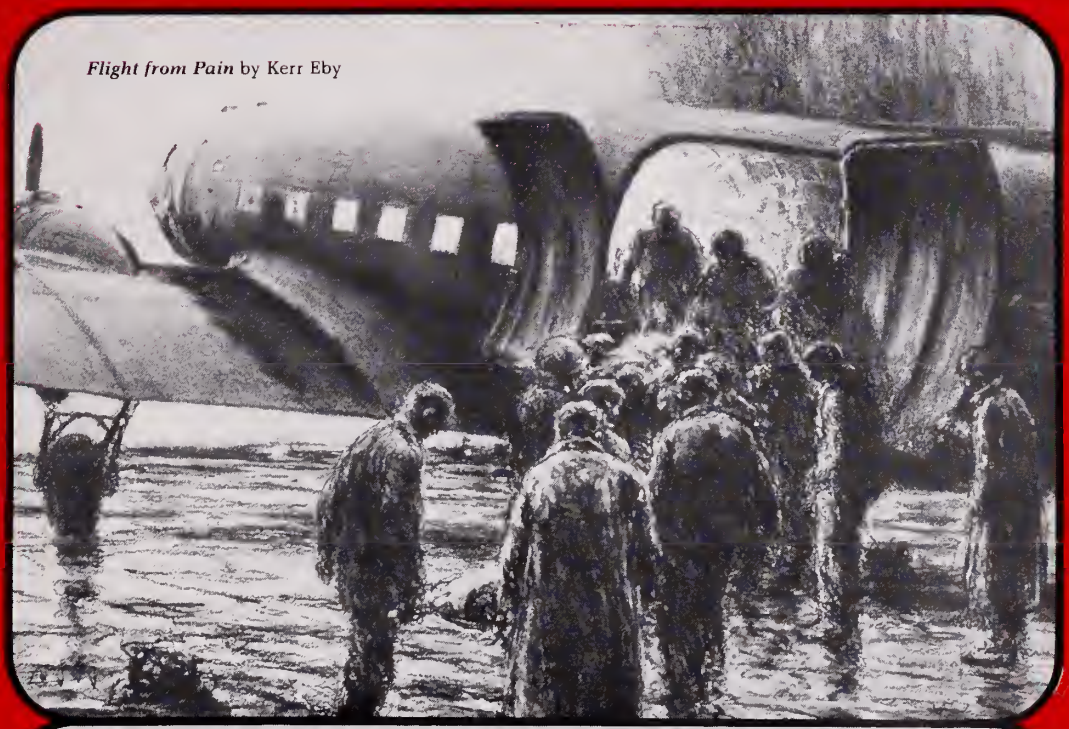
ROCHE®

Copyright © 1986 by Roche Products Inc. All rights reserved.

Official Publication of the State Medical Society of Wisconsin

WISCONSIN MEDICAL JOURNAL

LIBRARY OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA
M.D.S.
DEC 10 1986



Flight from Pain by Kerr Eby

Aeromedical transportation in Wisconsin . . . A group of Milwaukee doctors reports the historical development of the helicopter and its subsequent use as a medical transport vehicle. Also included is a list of aeromedical helicopter programs in Wisconsin. (See page 27)

Medicare sanction activity . . . Three Milwaukee lawyers, from their perspective of defending physicians against government sanction actions, relate their experiences and offer physicians some words of advice. (See page 19)

V. 85, NO. 11

NOVEMBER 1986

WISCONSIN MEDICAL JOURNAL

ISSN 0043-6542 / Established 1903

Owned and published by
State Medical Society of Wisconsin

Medical Editor
Victor S Falk MD, Edgerton

Associate Medical Editor
Richard D Sautter MD, Marshfield

Editorial Board
Victor S Falk MD, Edgerton *Chairman*
Melvin F Huth MD, Baraboo
M C F Lindert MD, Milwaukee
Andrew B Crummy Jr MD, Madison
Richard D Sautter MD, Marshfield
Dean M Connors MD, Madison
George W Kindschi MD, Monroe
Charles H Raine MD, Racine
Garrett A Cooper MD, Madison *Emeritus*

Editorial Director
Wayne J Boulanger MD, Milwaukee

Editorial Associates
R Buckland Thomas MD, Monroe
Russell F Lewis MD, Marshfield
Thomas H Cogbill MD, La Crosse
Victor S Falk MD, Edgerton
Richard D Sautter MD, Marshfield

Staff
Earl R Thayer, Madison
Secretary-General Manager
State Medical Society of Wisconsin

H B Maroney II, Madison
Assistant Secretary-Corporate Counsel
State Medical Society of Wisconsin

Mrs Mary Angell, Madison
Managing Editor

Mrs Marjorie Stafford, Madison
Publications Assistant

NATIONAL ADVERTISING REPRESENTATIVE: State Medical Journal Advertising Bureau, Inc, 711 South Blvd, Oak Park, Ill 60302. Ph 312/383-8800.

LOCAL (WISCONSIN) ADVERTISING: Contact: Mrs Mary Angell, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701. Ph 608/257-6781.

SUBSCRIPTION RATES: Members, $12.50 per year (included in dues); nonmembers, $25.00. Single copy: current year, $2.00; previous years, $3.00. SPECIAL RATES: Foreign and Canada, $30.00. Blue Book issue, $8.00. Membership Directory issue, $15.00.

SECOND CLASS POSTAGE PAID at Madison, Wisconsin, and at additional mailing offices.

PUBLISHED MONTHLY "Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized August 7, 1918." Address all communications to THE WISCONSIN MEDICAL JOURNAL. Street address: 330 East Lakeside Street. Mailing address: Box 1109, Madison, Wis 53701

POSTMASTER: Send address changes to Wisconsin Medical Journal, PO Box 1109, Madison, Wis 53701.

COPYRIGHT 1986
State Medical Society of Wisconsin

CONTENTS

November 1986

SPECIAL FEATURES

President's Page

5 Politics and you, by *John P Mullooly, MD,* Milwaukee

Secretary's REPORT TO THE MEMBERSHIP

7 Professional Review Organizations (WIPRO), by *Thomas L Adams,* Madison

Editorials

9 An important message from Medicare, by *Wayne J Boulanger, MD,* Milwaukee

9 "Flight from Pain," by *Victor S Falk, MD,* Edgerton

10 Revenge?, by *Victor S Falk, MD,* Edgerton

10 Medical marketing, 1910, by *Victor S Falk, MD,* Edgerton

10 Here we go again!, by *Victor S Falk, MD,* Edgerton

10 Rip Van Winkle, MD, by *Victor S Falk, MD,* Edgerton

Letters

16 WIPRO/HCFA futility, by *J S Mayersak, MD,* Merrill

16 Physician opinion in medical decisions, by *Vinoo Cameron, MD,* Medford

17 Length of hospital stay, by *J S Mayersak, MD,* Antigo

18 WISPAC endorsements, by *David W Ovitt, MD,* Milwaukee

Special

19 Medicare sanction activity: A primer on "Big Brother's" latest look over the practitioner's shoulder, by *John A Nelson, Ronald E Mohorek,* and *Judith A Ogorchock,* Milwaukee

Socioeconomics

47 LEADERSHIP CONFERENCE: State task force pushes tougher doctor discipline

47 Tort reform: SMS ready to take the next step

48 SMS, AMA monitoring projects seek physicians' experiences

49 Thanks, Doctors, for your concern!

49 PIC-Wisconsin revives competition in state

49 "Tax break" for 1987 medical society dues paid in 1986

Miscellaneous

41 BLUE BOOK update

News you can use

64
- SMS seeks repeal of pharmacist prescription rule
- New rule on home health-care being studied
- Workers' Compensation policies to be audited

WISCONSIN MEDICAL JOURNAL (ISSN 0043-6542) is the official publication of the State Medical Society of Wisconsin, devoted to the interests of the medical profession and health care in Wisconsin. Its affairs are handled by the Editorial Board, subject to policy direction of the Society's Board of Directors. The Managing Editor is responsible for the production, business operation, and coordination of contents as well as the final responsibility of the entire publication. The Editorial Director is responsible for Editorials. Unsigned Editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed Editorials express personal views of the author for which the Society takes no responsibility. Neither the Editors nor the State Medical Society will accept responsibility for statements made or opinions expressed in the pages of the Journal. Indexed in "Index Medicus," "Hospital Literature Index," and "Cambridge Scientific Abstracts."

Vol. 85 No. 11

CONTENTS

STATE MEDICAL SOCIETY OF WISCONSIN

SCIENTIFIC MEDICINE

27 Aeromedical transportation in Wisconsin, by *James R Mateer, MD; Joseph C Darin, MD; Charles Aprahamian, MD; Bruce M Thompson, MD; Gail Hendley, MD;* and *Kathleen Hargarten, MD,* Milwaukee

33 CLINICAL CANCER: Patient perceptions during cancer chemotherapy, by *David R Nerenz, PhD* and *Richard R Love, MD,* Madison (Number 11 of a series)

34 SPECIAL: Wisconsin Initiative for improving cancer pain management (Wisconsin Department of Health and Social Services)

35 ABSTRACT: Isolation of *Blastomyces dermatitidis* in soil associated with a large outbreak of blastomycosis in Wisconsin, by *Bruce S Klein, MD et al,* Madison, Milwaukee, and Cudahy, Wisconsin; Atlanta, Georgia; and Little Rock, Arkansas

ORGANIZATIONAL

36 CES FOUNDATION: Contributions during the month of April 1986

39 SMS House reaffirms forming PIC-Wisconsin

40 SMS Directors endorse PAC positions

40 SMS to support cancer control plan

40 SMS Medical Liability Task Force becomes committee

41 SMS members invited to reception for retiring Secretary Earl Thayer

41 Doctor Newcomer endorsed for AMA council post

41 House of Delegates Nominating Committee selects slate of candidates

DEPARTMENTS

51 COUNTY SOCIETIES: Brown . . . Marinette-Florence . . . Outagamie . . . Winnebago . . . Door-Kewaunee

59 MEDICAL YELLOW PAGES:
- Physicians exchange
- Medical facilities
- Miscellaneous
- Medical meetings—Continuing medical education
- Advertisers ■

THE STATE MEDICAL SOCIETY OF WISCONSIN, created by the Territorial Legislature in 1841, represents over 6600 member physicians in Wisconsin, comprising 55 county medical societies and 26 medical specialty sections. The purpose of the Society is to "bring together the physicians of the State of Wisconsin to advance the science and art of medicine and the better health of the people of Wisconsin, and to secure the enactment and enforcement of just medical laws." The major activities of the Society include continuing medical education, peer review, legislation, community health education, scientific affairs, socioeconomics, health planning, services for physicians, operation of a Charitable, Educational and Scientific Foundation, and publication of the *Wisconsin Medical Journal*

Officers

PRESIDENT: *John P Mullooly, MD,* Milwaukee
PRESIDENT-ELECT: *Kenneth M Viste Jr, MD,* Oshkosh
SECRETARY-GENERAL MANAGER: *Earl R Thayer,* Madison
TREASURER: *John J Foley, MD* Menomonee Falls

Board of Directors

CHAIRMAN: *Darold A Treffert, MD* Fond du Lac
VICE CHAIRMAN: *Roger L von Heimburg, MD,* Green Bay

FIRST DISTRICT
Jerome W Fons Jr, MD, Cudahy
Roger Laubenheimer, MD, Milwaukee
Thomas A Hofbauer, MD, Menomonee Falls
Wayne H Konetzki, MD, Waukesha
H Leslie Ericson, MD, Racine
William L Treacy, MD, Milwaukee
Richard D Fritz, MD, Milwaukee
William J Listwan, MD, West Bend
Glenn H Franke, MD, Milwaukee
Lucille B Glicklich, MD, Milwaukee
Thomas A Reminga, MD, Milwaukee
H Myron Kauffman, MD, Elm Grove

SECOND DISTRICT
J D Kabler, MD, Madison
Cyril M Hetsko, MD, Madison
James J Tydrich, MD, Richland Center
Alwin E Schultz, MD, Madison
Kenneth I Gold, MD, Beloit
John D Wegenke, MD, Madison

THIRD DISTRICT
Pauline M Jackson, MD, La Crosse

FOURTH DISTRICT
William E Raduege, MD, Woodruff
Jung K Park, MD, Wisconsin Rapids
Richard H Ulmer, MD, Marshfield

FIFTH DISTRICT
Darold A Treffert, MD, Fond du Lac
James L Basiliere, MD, Oshkosh
C William Freeby, MD, Appleton

SIXTH DISTRICT
Roger L von Heimburg, MD, Green Bay
Joseph C DiRaimondo, MD, Manitowoc
John E Kraus, MD, Marinette

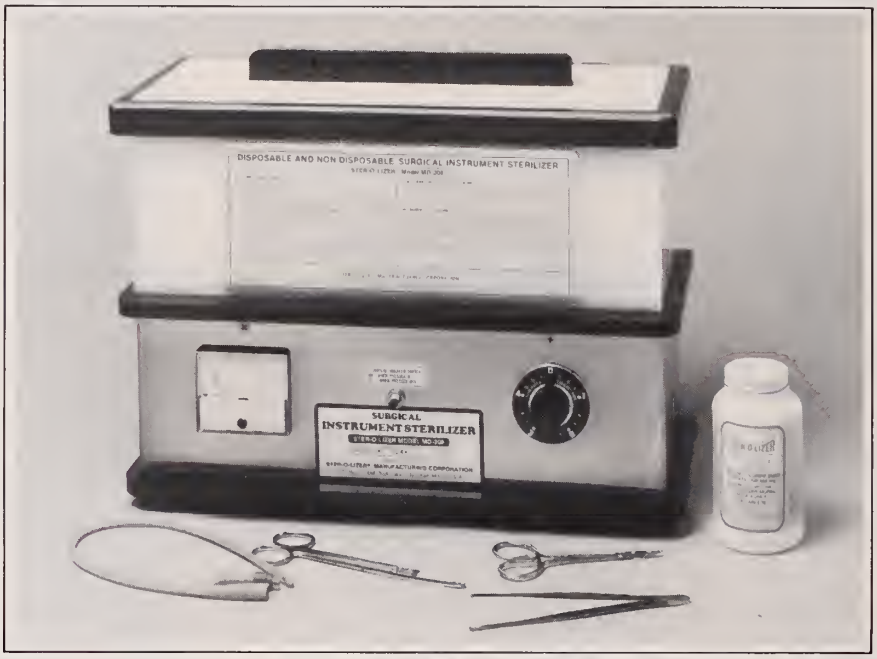
SEVENTH DISTRICT
Marwood E Wegner, MD, St Croix Falls
Philip J Happe, MD, Eau Claire

EIGHTH DISTRICT
Joseph M Jauquet, MD, Ashland

PRESIDENT: *Doctor Mullooly*
PRESIDENT-ELECT: *Doctor Viste*
PAST PRESIDENT: *John K Scott, MD,* Madison
SPEAKER: *Duane W Taebel, MD,* La Crosse
VICE SPEAKER: *Vernon M Griffin, MD,* Mauston

This is the equipment that medical experts described as

"... THE MOST IMPORTANT SURGICAL INSTRUMENT STERILIZER EVER INVENTED..."



The **STER-O-LIZER MD-200** sterilizes all types of surgical instruments, disposables and non-disposables, in 2 minutes, and without gas, heat or chemicals.

The instruments can be used immediately upon sterilization - no waiting!

How the **STER-O-LIZER MD-200** works:

It is a cold sterilizer. It uses distilled water and chemically pure salt (NaCl) tablets provided.

When this light brine solution comes in contact with the multi-patented anodes, it is converted into ozone, nascent chlorine and their respective free radicals.

Working synergistically, they are the most powerful germicidal agents known!

The STER-O-LIZER MD-200 has been advertised in all major medical journals of the world. It has also been exhibited in many national and international medical conventions.

Not only does it sterilize instruments, but its solution is used to wash/sterilize hands, poured on open cuts, wounds and burns without the slightest burning sensation to patients. Dentists are using it to eliminate plaque and to cure gingivitis.

HERE IS A VERY SPECIAL OFFER! 100 UNITS TO BE GIVEN AWAY FOR TESTING!

The regular cash price is $4,900. It leases at $150 a month. We are making 100 units available, eventually free of charge, as follows; Upon receipt of your check for $3,500 we will ship you a unit. You can use it as heavily as possible for 12 months. Then we will send you our questionnaire for you to complete. Upon completion, we will send you back your $3,500 and you get to keep the unit with our compliments!

The 100 units will be placed on a selective basis only to meet our needs. In cases of overlapping, we will return the check.

Fill out the coupon below and send it along with your $3,500 check.

Manufactured in the United States of America by:

STER-O-LIZER®
MANUFACTURING CORPORATION
Mailing Address: P.O. Box 27488
Salt Lake City, Utah 84127 U.S.A.
Offices: 375 West 400 North
Salt Lake City, Utah 84103 U.S.A.
Telephone: (801) 532-5600
Telex: 453048 SMC SLC

I accept your offer.

Enclosed find my check for $3,500 for one STER-O-LIZER MD-200.

Name of Doctor or Institution _____

_____

Address _____

City _____ State _____ ZIP _____

Phone _____ Specialty _____

Hospital affiliation _____

Graduate of _____ Year _____

Send to:

STER-O-LIZER MANUFACTURING CORPORATION
P.O. Box 27488, Salt Lake City, Utah 84127

Politics and you

THE POLITICAL CAMPAIGNS of 1986 are now behind us. This is a time for reflection on the political process and medicine's involvement. Gone are the days when physicians and organized medicine chose to stand aloof from partisan political debate. With the increasing involvement of government and its intrusion into the practice of medicine in the 1960s, physicians became aware of the importance of becoming involved in politics. To their chagrin they found out that just being a good physician was not enough to ensure that public policy would benefit their practice and their patients. They found that if their views were to prevail in the writing of new laws, it was essential to have their views heard by the politicians. They also learned that by supporting and working for a candidate before he was elected, their views more likely would be accepted by the candidate for election. This political awareness of how politics works has had a tremendous impact on organized medicine during the 1970s and 1980s.

During this period, we have seen increasing involvement of physicians in the political scene. Through organized medicine, political education for the physician has burgeoned, and the commitment of physicians has become a reality and a force with which to be reckoned. These developments have been welcomed by the politicians. They have listened to us and very often voted for us. Physicians have educated and allied themselves with groups sympathetic to our cause, and in turn have influenced our legislators on medical issues of vital concern to the welfare of patients and to the practice of medicine. In this process of political education the physician and the politician have benefited, and ultimately the electorate has been the beneficiary.

However, there always are areas of discontent. There is an old adage given to physicians: "Never discuss politics or religion in the office." There is some truth in this, as we know. Politics and religion encompass a part of us that subsumes belief. Strongly held beliefs challenged in a therapeutic setting could injure the delicate physician-patient relationship. And so it is with organized medicine's involvement with politics and especially with the political action committees (PACs). What if the PAC endorses a candidate with whom you have philosophical differences? Do you, who contributed to the PAC, pick up your marbles and go home? Hardly.

The function of the PAC is to educate the physician and the politician. The PAC encourages you to work for and contribute to the party and candidate of your choice. In season and out of season members of the PAC interview candidates and incumbents as to their views on health-related issues. They also educate the politicians about medicine's point of view. This is a vital role for the PAC, as the overburdened legislator may not have time to educate himself on these complex medical issues. When credibility has been established with the legislator and he knows that he has our support, he is most likely to vote the way we would want. When the chips are down, the legislator will vote our way on an issue, for we were with him from the beginning.

The most important time for the PAC and its influence occurs during the campaigning season when it endorses a candidate. These endorsements are made only after careful consideration of the candidate's record on medically related legislation. The endorsement not only involves the prestige

continued next page

John P Mullooly MD

continued from preceding page

given to the candidate by physicians but also monetary and in-kind assistance to their campaigns. The monetary contributions are voluntarily contributed by members of the PAC.

Suppose the PAC endorses a candidate who is not favored by you? This happens in any voluntary group which elects its officers and board. In this democratic process members delegate to their board the authority to make these decisions, believing in the wisdom, integrity, and knowledge of their elected representatives. The mature individual is well aware of this, knowing full-well he or she will win some and lose some. But in the aggregate, through this process, medicine and its patients will be the winners in the ultimate outcome—legislation in medicine's favor.

Does this process mean that the individual physician cannot campaign for the candidate or party of his or her choice? Decidedly not! In fact, we saw rival physician groups organizing and endorsing opposing candidates in this last election. Such spirited political involvement is to be applauded and encouraged. The more we have of this, the better it is for our patients, ourselves, and medicine in general.

In any event, whether your candidate won or lost, remember that our political activity is not forgotten by the politicians. They are most eager for us to become involved in the political process. For it is through this process that progress is made. All of society benefits from our involvement and a better society results.

For it is also through this process that the highest aspirations of man are realized and the rights and dignity of mankind are established, confirmed, and made part of the warp and woof of our beloved country. Through laws framed by our legislators and congressmen, we manifest to ourselves and the world our values. We hope that physicians' commitment to politics will cause medicine's values to prevail; namely, compassion for the sick, the poor, the neglected; do no harm, and provide the very best medical care to all regardless of race, creed, color, or ability to pay. If these values become enshrined in the laws of this country, we will not have failed in our political endeavors.■

Professional Review Organizations (WIPRO)

HISTORICALLY the State Medical Society of Wisconsin and the American Medical Association have been supportive of peer review activities in connection with the Medicare program: first with PSROs and later with the formation of the nationwide system of PROs. The September 1986 issue of the *WMJ* carried two informative articles on the recent status of relations between the SMS and the Wisconsin PRO, WIPRO.

In his President's Page, John Mullooly, MD cites a number of inconstringent reviews, for less money, in WIPRO's last contract "negotiations" profession's respect for the review process. In response, John Kief, MD, the physician president of WIPRO, among other problems, reported that the PRO was subjected to unreasonable demands by HCFA for more stringent reviews, for less money, in WIPRO's last contract "negotiations" with HCFA. Those negotiations in fact amounted to demands that had to be met if WIPRO was to retain the Wisconsin contract.

After careful study and consultation with other medical society executives from across the country, I have concluded that HCFA in fact has acted in an arbitrary and capricious manner in the awarding of contracts to many of the state PROs. It also has become evident that there are serious flaws and conflicts in the implementation of HCFA policy, including directives implementing the same policy, by HCFA regional offices around the country.

Congress has compounded the PRO's problems by not appropriating adequate funds to HCFA to carry out the program's objectives in a fiscally responsible manner. Adding to the burden will be a series of new reviews mandated on the PROs in the recently enacted budget reconciliation package, for which no new funding was included.

For these reasons, I believe that the State Medical Society of Wisconsin should take a leadership role in trying to correct the program's deficiencies or if that proves impractical, seek to repeal the program altogether. The latter would be time-consuming but not impossible, the former is more likely and a more socially responsible course for the Society to pursue.

THOMAS L ADAMS
Secretary Designate

For that reason I have recommended and the Executive Committee has approved requesting the Wisconsin Delegation to the American Medical Association to introduce a resolution, which follows this article, at the Interim Session of the AMA House of Delegates in December. I expect this resolution will be one of several to be introduced from various states regarding the PRO program at that time. If adopted, it will have the effect of starting the AMA Washington Staff on a path to seek regulatory, administrative, and legislative relief on the objectionable features of the PRO program.

At the same time, the SMS will institute a series of meetings in November and December with each member of the Wisconsin Congressional Delegation to alert them to the problems the program faces. We also will ask each member of the Congressional Delegation to take a leadership role in legislative attempts to correct the program and require HCFA officials to live up to the legislative intent in originally enacting the program.

The above will take time to implement and wind its way through the governmental process. To provide immediate relief and assistance to our membership, the SMS will move forward a three-point program to help our members cope with the program as it currently exists until the national effort begins to produce results.

(1) The SMS Division of Medical Policy and Practice will provide technical assistance to any physician undergoing a WIPRO review who requests such assistance. You should contact Richard Reas of the SMS staff if you need assistance. It is important that you contact the SMS in a timely manner, as soon as possible after receipt of an audit notification, if we are to be of assistance.

(2) A series of regional seminars will be scheduled across the state to instruct the membership on how to comply with HCFA regulations in your recordkeeping process. These

seminars will be designed to lessen your likelihood of an adverse Medicare audit.

(3) A booklet is being developed to provide additional information on the audit process and your rights in that process.

The above developments represent a proactive program on the part of the SMS to develop a methodology to effectively deal in the near term with this national problem. The Society's Executive Committee and I believe that we can have a significant impact in efforts to change the program by taking the above steps.

I will report on the progress of these initiatives in future issues of the *WMJ*.■

Resolution to AMA House of Delegates

Introduced by: Wisconsin Delegation

Subject: PRO

WHEREAS, in 1972 PRO amendments to the Social Security Act created a system of monitoring the quantity and quality of medical care for patients receiving care under any federal programs paying for such care through local application of nationally developed standards regarding length of stay, appropriateness of the admission and the type of care received and facility used, and

WHEREAS, the original intent of this PRO law as developed by Congress has been significantly changed through arbitrary and capricious administration by HCFA, and

WHEREAS, such changes include

(a) an inordinate and inefficient amount of oversight and reporting requirements on the PROs;

(b) addition of scope and amount of work required of the state PROs without taking into account that the original agreements are fixed price contracts, making it difficult to obtain reimbursement for those items not in the original contract;

(c) Whereas the "sample criteria for procedure review" does not take into account, as originally intended, the regional differences and community standards of medical practice

(d) Whereas current standards for "focus review" are based on statistical analysis without taking into consideration the need for review based on the type of practice, the location of practice, and the demography involved in patient care and

(e) Whereas the current law does not provide physicians with the right to judicial review before PRO sanctions can be imposed against them and

WHEREAS, Congress has failed to provide adequate funding to allow PROs to carry out their mandated mission in an efficient and fair manner

NOW THEREFORE BE IT RESOLVED that the AMA take all available steps within its means to assure that the PRO program is adequately funded for its mission, and that HCFA carry out the original intent of the law including the need to assure physicians due process and proper use of regional and community medical standards in the implementation of the law by contracted PROs.

AIDS patient's bite apparently did not spread virus

A Letter in the November 7, 1986 issue of the *Journal of the American Medical Association* reports that a woman bitten by an AIDS patient in March 1985 is free of human immunodeficiency virus (HIV) antibody and AIDS symptoms 18 months later. John A Drummond, MD, of Piedmont Hospital, Atlanta, says the 28-year-old woman was bitten on the finger when she helped a man suffering a seizure in the grocery store where she worked. The man had AIDS and died in November 1985, although it wasn't known whether his saliva was HIV-positive at the time of the bite. Although HIV has been isolated from human saliva, Drummond says this case provides further evidence that saliva is not likely to transmit the infection.

—*AMA Brief Report*■

Urban-dwellers' blood CO levels down

Carboxyhemoglobin (COHb) levels (blood carbon monoxide) continue to drop among urban-dwellers, probably due to auto emission controls, a Letter in the November 14, 1986 issue of the *Journal of the American Medical Association* says. Paul S Heckerling, MD, of the University of Illinois-Chicago, and colleagues measured COHb levels in 101 nonsmoking adult blood donors, mostly hospital workers and medical students, during winter 1985–86. The mean COHb level was 0.77 percent, compared with 1.53 percent reported in another Chicago study in 1974–75, and 2.04 percent in 1970. The latest measure was close to that projected for 1985 by the 1974–75 study, which predicted lower COHb levels as older autos left the roads.—*AMA Brief Report*■

Unsigned editorials express views consistent with the policies of the State Medical Society of Wisconsin.
Signed editorials express personal views of the author for which the Society takes no responsibility.

An important message from Medicare

ANYONE who has patients in a Wisconsin hospital will have noticed an increased spirit of cooperation on the part of WIPRO the past several months. They are obviously much more communicative and less arbitrary, due at least in part to changes in the staff.

This is a welcome improvement, and will undoubtedly engender changes in attitude on the part of Wisconsin physicians and hospitals. Unfortunately, that does not mean our lives will be any less complicated, for as WIPRO has softened, HCFA has hardened. This, in the new biennium, will be manifested by HCFA-ordered greater WIPRO scrutiny of individual physicians' hospital practices, accompanied by institution of appropriate sanctions. Whether the good physicians and good hospitals will be affected by this remains to be seen.

One result of the above-noted HCFA hard line is already apparent: greater militancy on the part of Medicare patients and their families as discharge time approaches.

There always have been a few patients who seem to believe that once they are admitted they are entitled to stay until their "Medicare runs out," and there is a lot of foot-dragging and thinly veiled threats of legal action when discharge is discussed. This often has been aggravated, if not caused, by the usual physician statement to the effect that DRGs require that the patient be discharged to his home or nursing home. Of course, the federal government has been blamed for this, and HCFA has taken some criticism.

HCFA is no exception, and it has attempted quite successfully to transfer the heat to the hospital. It has accomplished this by requiring the hospital to hand the newly-admitted patient "An Important Message from Medicare"—a sort of bill of rights which spells out steps to take should the patient be discharged before he thinks he's ready to go.

While there are no inaccuracies in the "Important Message from Medicare," the tone and terminology are such that any patient with a chip on his shoulder is going to insist on due process which automatically will culminate in three additional days' stay, and probably several more.

The "Message" already has resulted in much more work for hospital social service departments and has made their work more unpleasant, because of the antagonism which develops. They are really the front line in the interface between patient and hospital during discharge planning.

Ameliorating the effects of the "Message" is difficult, but it can be done if the physician begins discharge planning early enough, and stops blaming DRGs for the selection of the discharge date. The only determinant should be achievement of a status of health which does not require hospitalization in an acute care facility. The patient should be told this early, and the notes in the chart should reflect his progress. If that is done, no right-minded reviewer will reverse the physician's decision.

—*Wayne J Boulanger, MD,* Milwaukee

"Flight from Pain"

THE COVER STORY in this issue describes aeromedical emergency care service in Wisconsin. It recalls considerable historical background on the subject.

The sketch on the cover was made by Kerr Eby and was copyrighted by Abbott Laboratories in 1944. During WW II, Abbott Laboratories commissioned several artists to sketch activities of the military medical corps on major fronts. After the war, approximately three dozen of these sketches were made available to physicians who had been in the military. One of these was "Flight from Pain" and has been a fixture on my wall for 40 years. Abbott Laboratories graciously granted us permission to use the sketch in this issue.

The cover sketch depicts the loading of casualties on board an old DC-3, most likely in the South Pacific. The casualties were stacked three deep on litters on both sides of the cabin. A flight surgeon usually accompanied a plane carrying the worst casualties. What they had to offer was pretty pitiful compared with the equipment on board the modern air transports. There was plasma, an unlimited supply of half-grain morphine syrettes (for which there was no accountability and never any abuse), packets of sulfa powder, battle dressings, and a few vials of pills. On the return trip to the combat zone after having delivered the casualties hundreds of miles away on over-water flights, the flight surgeon was often the sole passenger wedged in a cargo of such essentials as aviation gasoline, oxygen, and bombs. The Marine Air Group to

which I was attached lost three of its six flight surgeons in less than six weeks.

There have been dramatic changes in the air transportation of casualties since WW II as evidenced in the MASH episodes in Korea and more recently with the Med Evacs in Vietnam where the casualties were airlifted from the battlefields to hospitals within a matter of minutes.

One aspect that has shown marked improvement is in the incidence of acute renal failure following massive trauma. In WW II its incidence among wounded was 42% and the mortality rate was 90%. In the Korean conflict the incidence was 35% and mortality rate was 53%. In Vietnam the incidence was 0.2% and mortality rate was 7.7%. Prompt evacuation and more aggressive resuscitation had been the major advance in the care of such patients. In terms of lives saved from acute renal failure, the helicopter in Vietnam seemed more effective than the dialyzer.[1]

A study in *JAMA*[2] reported that even in civilian life there was a 52% reduction in prediction of mortality among trauma patients treated at the site of injury and transported to a trauma center by the aeromedical group. Despite the cost of helicopter services, it's a good investment. What price the life of a young person salvaged in such an operation!

REFERENCES

1. Tilney N: Acute renal failure; a continuing conundrum. *Infect Surg* 1983 (Jun); pp 387–388.
2. Baxt W, Moody P: The impact of a rotorcraft aeromedical emergency care service on trauma mortality. *JAMA* 1983 (Jun 10); 249(22):3047–3051.

—*Victor S Falk, MD,* Edgerton

Revenge?

TOWARD THE END of World War II the Japanese came up with a devastating tactic. This involved sending Kamikaze ("Divine Wind") pilots on one-way suicidal missions where the briefly-trained aviators, flying aircraft that could remain airborne, would attempt to crash into any United States Navy vessel within range. This resulted in the loss or damage of many ships and the deaths of countless United States Navy crews, not to mention the pilots who were assured of prompt immortality.

Japan went on to lose the war, but Japanese industry has come up with a new weapon that is killing a lot of United States kids—the ATV. (Refer to the two articles in the August issue of the *Wisconsin Medical Journal* by authors from Marshfield and La Crosse pertaining to 3- and 4-wheel all-terrain vehicles.)

Although the ATVs were not conceived with a vengeful motive, they have certainly resulted in the demise of too many very young Americans (*eg,* a seven-year-old Janesville boy who was killed recently when the ATV on which he was a passenger rolled over and crushed him—the driver was only slightly older). Some stringent legislation and controls are needed in a hurry!

—*Victor S Falk, MD,* Edgerton

Medical marketing, 1910

WE ARE INCLINED to consider medical marketing as a relatively recent innovation. But regard the message printed on a postcard mailed in 1910 and reproduced by *The Stoughton Courier Hub:*

"The Stoughton Surgical Hospital (Incorporated) where all operations are performed at moderate prices, from delicate cataract extractions to the largest abdominations. Questions answered free."

Doctor Michael Iverson who owned the hospital was a bold pioneer in surgery although he was very deaf. The hospital housed the Iverson family and a nurses training school as well.

As a youngster, I can recall looking wide-eyed at the rows of jars containing surgical specimens in his office—none of which, I'm sure ever was reviewed by a pathologist. I wonder if I ever saw one of the "largest abdominations."

Anyway, the good doctor also was a pioneer in medical marketing.

—*Victor S Falk, MD,* Edgerton

Here we go again!

THE ANNUAL WAIL from the Pentagon has surfaced again. "If nonnuclear world war broke out now, the United States would be unable to treat as many casualties as it has in previous wars"—same words and tune as in previous recent years. Congress is now seeking "flag-waving" help from the AMA.

As I have written before, there is a source of medical help readily available if the Department of Defense would come down to earth and look at the pool of older physicians—many of whom have had military and combat experience—some have taken early retirement—and certainly some would volunteer.

Several years ago I travelled to Washington to present the concept of the reservoir of talent in senior physicians. I was asked by a high-ranking medical officer what would happen if I had to climb or descend a cargo net! I responded that I had done it before and could probably do it again, but I thought the services were particularly looking for surgeons to care for casualties and not to make an assault on a beachhead. That ended the conference—and once again the cry goes up for help.

—*Victor S Falk, MD,* Edgerton

Rip Van Winkle, MD

TEN YEARS AGO a colleague decided that life in military medicine might be more interesting than private practice. Now he has returned to the private sector.

Like Rip Van Winkle after his long nap, this physician has returned to a new medical world. Can you imagine what it must be like after a decade hiatus, to have HMOs, DRGs, PPOs, PROs, and a pot of other alphabet soup dumped into your lap—not to mention the increased premium for medical liability?

—*Victor S Falk, MD,* Edgerton ■

Every day more and more physicians are hearing something remarkable from some of their hypertensive patients...

SILENCE...

from the ones on once-daily

INDERAL® LA
(PROPRANOLOL HCl)

with a side-effect profile unsurpassed by atenolol or metoprolol.

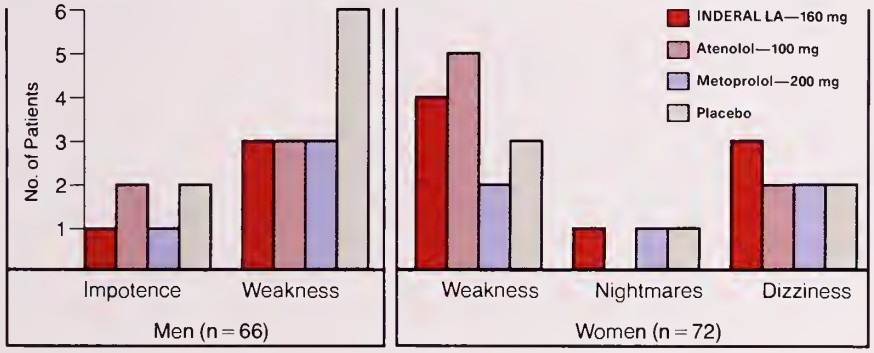
As seen in this double-blind, crossover, placebo-controlled study.[1]

Which shows you how truly well tolerated once-daily INDERAL LA can be.

What comes as *no* surprise, of course, is that it gives you the antihypertensive effectiveness you've come to expect from INDERAL.

Selected Side Effects

INDERAL LA as well tolerated as atenolol and metoprolol in a double-blind, crossover, placebo-controlled study of 138 hypertensives[1]



INDERAL® LA. For control.
Comfortable control. Once a day.
It's the last word.

Hypertensives: Feeling well and doing well, all in one.

INDERAL® LA
(PROPRANOLOL HCl) LONG ACTING CAPSULES

or

INDERIDE® LA
(PROPRANOLOL HCl [INDERAL® LA]/ HYDROCHLOROTHIAZIDE) LONG ACTING CAPSULES

As with all fixed-combination antihypertensives, INDERIDE LA is not indicated for the initial treatment of hypertension.

INDERAL LA should not be used in the presence of congestive heart failure, sinus bradycardia, cardiogenic shock, heart block greater than first degree, and bronchial asthma.

Please turn page for brief summary of prescribing information.

Feeling well and doing well, all in one.

ONCE-DAILY LONG ACTING CAPSULES 80 mg 120 mg 160 mg

INDERAL® LA
(PROPRANOLOL HCl)

ONCE-DAILY LONG ACTING CAPSULES 80/50 120/50 160/50

INDERIDE® LA
Each capsule contains propranolol HCl (INDERAL® LA), 80 mg, 120 mg, or 160 mg, and hydrochlorothiazide, 50 mg

BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE CIRCULARS.)*

INDERAL® LA Brand of PROPRANOLOL HYDROCHLORIDE **(Long Acting Capsules)**
INDERIDE® LA Brand of PROPRANOLOL HYDROCHLORIDE (INDERAL® LA) and HYDROCHLOROTHIAZIDE **(Long Acting Capsules)**
INDERAL LA and INDERIDE LA Capsules should not be considered simple mg-for-mg substitutes for INDERAL and INDERIDE Tablets. Please see package circulars

CONTRAINDICATIONS

Propranolol hydrochloride (INDERAL® LA): Propranolol is contraindicated in 1) cardiogenic shock, 2) sinus bradycardia and greater than first degree block, 3) bronchial asthma, 4) congestive heart failure (see WARNINGS) unless the failure is secondary to a tachyarrhythmia treatable with propranolol

Hydrochlorothiazide: Hydrochlorothiazide is contraindicated in patients with anuria or hypersensitivity to this or other sulfonamide-derived drugs

WARNINGS

Propranolol hydrochloride (INDERAL® LA): CARDIAC FAILURE Sympathetic stimulation may be a vital component supporting circulatory function in patients with congestive heart failure, and its inhibition by beta blockade may precipitate more severe failure. Although beta blockers should be avoided in overt congestive heart failure, if necessary, they can be used with close follow-up in patients with a history of failure who are well compensated, and are receiving digitalis and diuretics Beta-adrenergic blocking agents do not abolish the inotropic action of digitalis on heart muscle

IN PATIENTS WITHOUT A HISTORY OF HEART FAILURE, continued use of beta blockers can, in some cases, lead to cardiac failure Therefore, at the first sign or symptom of heart failure, the patient should be digitalized and/or treated with diuretics, and the response observed closely, or propranolol should be discontinued (gradually, if possible)

IN PATIENTS WITH ANGINA PECTORIS, there have been reports of exacerbation of angina and, in some cases, myocardial infarction following *abrupt* discontinuance of propranolol therapy Therefore, when discontinuance of propranolol is planned the dosage should be gradually reduced and the patient carefully monitored In addition, when propranolol is prescribed for angina pectoris, the patient should be cautioned against interruption or cessation of therapy without the physician's advice If propranolol therapy is interrupted and exacerbation of angina occurs, it usually is advisable to reinstitute propranolol therapy and take other measures appropriate for the management of unstable angina pectoris Since coronary artery disease may be unrecognized, it may be prudent to follow the above advice in patients considered at risk of having occult atherosclerotic heart disease who are given propranolol for other indications.

THYROTOXICOSIS Beta blockade may mask certain clinical signs of hyperthyroidism Therefore, abrupt withdrawal of propranolol may be followed by an exacerbation of symptoms of hyperthyroidism, including thyroid storm. Propranolol does not distort thyroid function tests

IN PATIENTS WITH WOLFF-PARKINSON-WHITE SYNDROME, several cases have been reported in which, after propranolol, the tachycardia was replaced by a severe bradycardia requiring a demand pacemaker In one case this resulted after an initial dose of 5 mg propranolol

MAJOR SURGERY The necessity or desirability of withdrawal of beta-blocking therapy prior to major surgery is controversial It should be noted, however, that the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures

Nonallergic Bronchospasm (eg, chronic bronchitis, emphysema)—PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD, IN GENERAL, NOT RECEIVE BETA BLOCKERS INDERAL should be administered with caution, since it may block bronchodilation produced by endogenous and exogenous catecholamine stimulation of beta receptors

DIABETES AND HYPOGLYCEMIA Beta-adrenergic blockade may prevent the appearance of certain premonitory signs and symptoms (pulse rate and pressure changes) of acute hypoglycemia in labile insulin-dependent diabetes In these patients, it may be more difficult to adjust the dosage of insulin Hypoglycemic attacks may be accompanied by a precipitous elevation of blood pressure

Hydrochlorothiazide: Thiazides should be used with caution in severe renal disease In patients with renal disease, thiazides may precipitate azotemia In patients with impaired renal function, cumulative effects of the drug may develop

Thiazides should also be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma

Thiazides may add to or potentiate the action of other antihypertensive drugs Potentiation occurs with ganglionic or peripheral adrenergic-blocking drugs

Sensitivity reactions may occur in patients with a history of allergy or bronchial asthma

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported

PRECAUTIONS

Propranolol hydrochloride (INDERAL® LA): GENERAL Propranolol should be used with caution in patients with impaired hepatic or renal function Propranolol is not indicated for the treatment of hypertensive emergencies

Beta-adrenoreceptor blockade can cause reduction of intraocular pressure Patients should be told that propranolol may interfere with the glaucoma screening test Withdrawal may lead to a return of increased intraocular pressure

CLINICAL LABORATORY TESTS Elevated blood urea levels in patients with severe heart disease, elevated serum transaminase, alkaline phosphatase, lactate dehydrogenase

DRUG INTERACTIONS Patients receiving catecholamine-depleting drugs, such as reserpine, should be closely observed if propranolol is administered The added catecholamine-blocking action may produce an excessive reduction of resting sympathetic nervous activity, which may result in hypotension, marked bradycardia, vertigo, syncopal attacks, or orthostatic hypotension

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY Long-term studies in animals have been conducted to evaluate toxic effects and carcinogenic potential. In 18-month studies, in both rats and mice, employing doses up to 150 mg/kg/day, there was no evidence of significant drug-induced toxicity There were no drug-related tumorigenic effects at any of the dosage levels Reproductive studies in animals did not show any impairment of fertility that was attributable to the drug

PREGNANCY Pregnancy Category C. Propranolol has been shown to be embryotoxic in animal studies at doses about 10 times greater than the maximal recommended human dose There are no adequate and well-controlled studies in pregnant women Propranolol should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus

NURSING MOTHERS. Propranolol is excreted in human milk Caution should be exercised when propranolol is administered to a nursing mother

PEDIATRIC USE Safety and effectiveness in children have not been established

Hydrochlorothiazide: GENERAL Periodic determination of serum electrolytes to detect possible electrolyte imbalance should be performed at appropriate intervals

All patients receiving thiazide therapy should be observed for clinical signs of fluid or electrolyte imbalance, namely Hyponatremia, hypochloremic alkalosis, and hypokalemia Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids Medication such as digitalis may also influence serum electrolytes Warning signs irrespective of cause are Dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting

Hypokalemia may develop, especially with brisk diuresis, when severe cirrhosis is present, or during concomitant use of corticosteroids or ACTH

Interference with adequate oral electrolyte intake will also contribute to hypokalemia Hypokalemia can sensitize or exaggerate the response of the heart to the toxic effect of digitalis (eg increased ventricular irritability) Hypokalemia may be avoided or treated by use of potassium supplements, such as foods with a high potassium content

Any chloride deficit is generally mild and usually does not require specific treatment, except under extraordinary circumstances (as in liver or renal disease) Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction, rather than administration of salt, except in rare instances when the hyponatremia is life-threatening In actual salt depletion, appropriate replacement is the therapy of choice

Hyperuricemia may occur or frank gout may be precipitated in certain patients receiving thiazide therapy

Insulin requirements in diabetic patients may be increased, decreased, or unchanged Diabetes mellitus which has been latent may become manifest during thiazide administration

If progressive renal impairment becomes evident, consider withholding or discontinuing diuretic therapy

Thiazides may decrease serum PBI levels without signs of thyroid disturbance

Calcium excretion is decreased by thiazides Pathologic changes in the parathyroid gland with hypercalcemia and hypophosphatemia have been observed in a few patients on prolonged thiazide therapy The common complications of hyperparathyroidism, such as renal lithiasis, bone resorption, and peptic ulceration, have not been seen. Thiazides should be discontinued before carrying out tests for parathyroid function

DRUG INTERACTIONS Thiazide drugs may increase the responsiveness to tubocurarine

The antihypertensive effects of thiazides may be enhanced in the postsympathectomy patient Thiazides may decrease arterial responsiveness to norepinephrine This diminution is not sufficient to preclude effectiveness of the pressor agent for therapeutic use

PREGNANCY Pregnancy Category C Thiazides cross the placental barrier and appear in cord blood The use of thiazides in pregnancy requires that the anticipated benefit be weighed against possible hazards to the fetus These hazards include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult

NURSING MOTHERS Thiazides appear in human milk If use of the drug is deemed essential, the patient should stop nursing

PEDIATRIC USE Safety and effectiveness in children have not been established

ADVERSE REACTIONS

Propranolol hydrochloride (INDERAL® LA): Most adverse effects have been mild and transient and have rarely required the withdrawal of therapy

Cardiovascular Bradycardia, congestive heart failure, intensification of AV block, hypotension, paresthesia of hands; thrombocytopenic purpura, arterial insufficiency, usually of the Raynaud type

Central Nervous System. Lightheadedness; mental depression manifested by insomnia, lassitude, weakness, fatigue, reversible mental depression progressing to catatonia; visual disturbances, hallucinations, an acute reversible syndrome characterized by disorientation for time and place, short-term memory loss, emotional lability; slightly clouded sensorium; and decreased performance on neuropsychometrics

Gastrointestinal Nausea, vomiting, epigastric distress, abdominal cramping, diarrhea, constipation, mesenteric arterial thrombosis, ischemic colitis

Allergic Pharyngitis and agranulocytosis, erythematous rash, fever combined with aching and sore throat, laryngospasm and respiratory distress

Respiratory Bronchospasm

Hematologic Agranulocytosis, nonthrombocytopenic purpura, thrombocytopenic purpura

Auto-Immune: In extremely rare instances, systemic lupus erythematosus has been reported

Miscellaneous. Alopecia, LE-like reactions, psoriasiform rashes, dry eyes, male impotence; and Peyronie's disease have been reported rarely Oculomucocutaneous reactions involving the skin, serous membranes, and conjunctivae reported for a beta blocker (practolol) have not been associated with propranolol

Hydrochlorothiazide:

Gastrointestinal Anorexia, gastric irritation, nausea, vomiting, cramping, diarrhea, constipation, jaundice (intrahepatic cholestatic jaundice), pancreatitis, sialadenitis

Central Nervous System Dizziness, vertigo, paresthesias, headache, xanthopsia

Hematologic: Leukopenia, agranulocytosis, thrombocytopenia, aplastic anemia

Cardiovascular Orthostatic hypotension (may be aggravated by alcohol, barbiturates, or narcotics).

Hypersensitivity Purpura, photosensitivity, rash, urticaria, necrotizing angiitis (vasculitis, cutaneous vasculitis), fever; respiratory distress, including pneumonitis; anaphylactic reactions

Other: Hyperglycemia, glycosuria hyperuricemia, muscle spasm; weakness, restlessness, transient blurred vision.

Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn

* The appearance of these capsules is a registered trademark of Ayerst Laboratories

REFERENCE:

1. Ravid M, Lang R, Jutrin I The relative antihypertensive potency of propranolol, oxprenolol, atenolol, and metoprolol given once daily *Arch Intern Med* 1985,145 1321–1323

6213/686

Ayerst® AYERST LABORATORIES
New York, NY 10017

Copyright © 1986 Ayerst Laboratories

SMS Services, Inc.

IS PROUD TO ANNOUNCE OUR REPRESENTATION OF

STATE MEDICAL SOCIETY OF WISCONSIN
SMS SERVICES INC.
SUBSIDIARY

PHYSICIANS INSURANCE COMPANY OF WISCONSIN

- A Newly Formed, Physician Owned Company
- Offering Professional Liability Insurance for Members of the State Medical Society
- Sponsored by the State Medical Society
- Approved by House of Delegates
- Available through SMS Services, Inc.

For further information please call . . .

P.O. BOX 1109, MADISON, WI 53701 • PHONE 608/257-6781 OR TOLL-FREE 1-800-362-9080

LETTERS

The Editors would like to encourage physicians to contribute to the LETTERS section where they can ventilate their frustrations as well as opinions. This feature is intended to be lively and spirited as well as informative and educational. As with other material which is submitted for publication, all letters will be subject to the usual editing. Address correspondence to: The Editor, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701.

WIPRO/HCFA futility

To the Editor: The article in the *Wisconsin Medical Journal,* September 1986 issue, written by Dr John Kief, President of Wisconsin Peer Review Organization, deserves comment. The description that Doctor Kief attributed to his negotiations with HCFA fits better the process of being subjected to absolute control without the right of consent. To state that the results of these "negotiations" concluded with a 13% reduction in the budget for the contract in conjunction with an agreement to attempt to implement quality of care objectives which may not be obtainable, points out the futility of dealing with HCFA in general. The old argument that this review should be carried out by physicians rather than by a nonphysician third-party organization, or for that matter a physician organization outside of Wisconsin, is not capable of "holding water" anymore. I would suspect that it may be more beneficial for our patients to have such third-party organizations attempt to implement impossible objectives in this state. I suspect that they would have little more success than WIPRO presently is having.

The original districts for WIPRO review now have been decreased to two Peer Review Panels, divided by East and West and not by North and South. Nine physicians are involved in each of these panels. To a simple rural physician it boggles the mind that 18 physicians are going to be capable of handling the type and volume of information that WIPRO has agreed to accumulate. This is with the consideration that they are meeting once a month. The tremendous volume of information which is being sought daily from each hospital is going to be reviewed, and the information applied to "screens" and letters written; and for those hospitals found to be providing poor quality of care, a federal sanction process may be initiated. Of course this same process applies to physicians. To even imply that two Peer Review Panels are going to be capable of doing this, seriously questions the intelligence of physicians in this state who are being reviewed. To reverse an old saying, it appears that WIPRO has thrown out the bathtub and is attempting to save the bathwater without any regard for our patients, which would represent the baby in this circumstance.

The WIPRO goal of eliminating adverse outcomes falls into the same category of being in favor of motherhood and the American flag. The use of generic screens and the application of DRGs for these adverse outcomes sound good, but there is some doubt in the minds of physicians that this can be accomplished. If the circumstances are such that there is sufficient control to reduce death rates by 8.2% in six selected hospitals, there surely would be information which could be shared by all of us.

The utilization objectives also sound good. Certainly the 15% reduction of cases without procedures for 76 physicians looks good on paper. However, those of us who know some of the 76 physicians involved know these individuals to be quality physicians providing excellent medical care to their patients. The letters which were sent to these 76 physicians were an insult to the intelligence of the normal man, let alone one responsible for the health and well-being of patients. The goal of reducing by 10% the number of unnecessary admissions by 96 selective practitioners also is another goal. But from the previous information which WIPRO has operated upon, there is the real danger that the information may not support the selection let alone accept the 10% reduction as being achievable.

The final goal of reducing the unnecessary admissions and procedures by DRGs, with specific reference to cholecystectomies, represents a classical application of statistical information. Because Wisconsin has a 32% higher-than-predicted rate over the national norms for cholecystectomies, it states little about the necessity for the procedures which were performed. If each and every cholecystectomy was indicated medically, then this 5% reduction represents another unobtainable goal to which WIPRO has agreed. The real pity in this whole sequence of events is that the method in which the information is being processed and interpreted has changed so drastically that an accurate analysis of any particular problem is going to be impossible. With the large reduction in staff, which has accompanied this reduction of the contract budget, there literally are not enough individuals to handle the tremendous volume of material which is being accumulated and theoretically processed.

Many of the physicians in the northern part of the state have been involved with WIPRO and WisPRO for a long time and have seen the progressive deterioration of the original stated principle of physician involvement and participation. Each year in a never-ending effort to keep the WIPRO contract despite the cost to

patient care delivery, more and more control is lost by the physician over his patient's right to have treatment without excessive government intervention. To keep the contract, more and more concessions are made to HCFA and more and more unattainable objectives are agreed to by WIPRO. All of this continual retreat in the delivery of healthcare in this state by the physicians involved in WIPRO negotiations does not detract from the integrity of this physician. The opposite is the truth. They are not negotiating with HCFA, they are being dictated to by HCFA. Unfortunately this type of dictating does not produce desirable results. There comes a point in time when it is desirable and appropriate to let a nonphysician organization or a physician organization from another state do the work which WIPRO has agreed to do. As things have progressed over the past ten years we could not be in a more worse position.

I suspect that in the same issue Dr Victor S Falk's comment, "What a wonderful way to practice medicine!," truly was one of sarcastic understatement.

I suspect that he, as well as many of my fellow physicians delivering healthcare in Wisconsin, has developed the same opinion of the role and function of WIPRO in our state. Certainly the physicians are angry, frustrated, and hostile. The loss of freedom by our patients that is occurring in this process should make all physicians of this same mental frame of mind. What is good for our patients is good for us, and apparently WIPRO is not being good for our patients.

—*J S Mayersak, MD*
Merrill, Wisconsin 54452

Physician opinion in medical decisions

To Senator Walter John Chilsen: I am on the staff at Memorial Hospital of Taylor County, Inc, and I am concerned about poor emergency room usage by patients on Medical Assistance. At 4:30 in the morning in the emergency room, I was obliged to see a patient who had twisted her ankle four days earlier. When asked why she had not come in earlier, the patient claimed that she couldn't find time during the day. She has six children and her husband could only bring her in at 4:30 before doing the daily chores. She happens to be on Medical Assistance. I am Board-certified in Quality Assurance and Utilization Review, and I feel that this case exemplifies poor utilization of the limited resources available for such cases.

This was brought up at our last Medical Staff meeting. We were told, by the hospital CEO, that no patient could be turned away from the emergency room. A physician who refused to see a patient, even if it was not an emergency, could be fined up to $25,000. This did not seem to be a reasonable method to run an emergency room, so I requested that the State Medical Society investigate this.

The hospital was basing its statement on an article in the *Health Law Vigil.* The article discussed a Medicare requirement that all hospitals have to do an appropriate medical screening of any individual who comes into the emergency room. The intent of the rule is to prevent hospitals from transferring patients inappropriately. The physician sanction for failing to comply with this ruling is a fine of not more than $25,000. The physician, however, must be an employee or under contract with the hospital.

My question still exists: If the State Department of Health & Social Services expects physicians to make decisions regarding feasibility of admissions and feasibility of services provided such as second opinion programs, why are physicians not asked to provide their opinions regarding cases such as mentioned above. It would seem prudent that physicians be obliged to provide written documentation regarding such nonemergency uses of the emergency room. The approximate cost of treatment in the emergency room is $200, while the cost in an outpatient clinic ranges from $38 to $50. Perhaps the DHSS can evolve ways of dealing with such abusers of Medical Assistance cards by requiring these disincentives such as copayments of $2 to $3. As a taxpayer, I ask you to investigate this problem.

—*Vinoo Cameron, MD*
Memorial Hospital of Taylor County, Inc
Medford, Wisconsin 54451■

Length of hospital stay

To the Editor: The article on the "Length of Hospitalization for Transuretheral Resections," which appeared in the September 1986 issue of the *Wisconsin Medical Journal*, could have been much more informative and educational if the author had supplied some additional facts. The age range of the patients involved and the weight of the tissue resected would have been most helpful in evaluating the premise of the article which was the safety of discharging the transuretheral resection patient on the morning of the second postoperative day despite modest hematuria.

The readmission rate for the complications of transuretheral prostatectomy also is not given. It would have been helpful to see if there was a correlation between the readmission rate for these patients and the weight of the tissue resected or with the age of the patient.

I know there is a tendency for earlier and earlier discharge of the patient from the hospital following various procedures. I note the article states that this length of stay for transuretheral resections is an average 2.7 days for the Marshfield Clinic, and that the patient is discharged without a catheter. In an institution where the majority of the patients come from a long distance, I wonder if the possible complications are being monitored and treated at different institutions. This information is not indicated in the article, and the method of followup of the patient, such as by mail or in the clinic, is not positively stated. This could have been an excellent article if much more important information had been included. I know that this type of stay for a major surgical pro-

cedure in the hands of most urologists would produce a higher rate of re-bleeding and other complications. I compliment the Marshfield Clinic and its urological staff for being able to accomplish this surgical procedure in such a short time and admire their courage for planning on doing this procedure on an outpatient basis. This appears to be much better than the average urologist can accomplish.

—*J S Mayersak, MD*
Chairman of the Surgical Committee
Langlade Memorial Hospital
Antigo, Wisconsin 54409

WISPAC endorsements

TO THE EDITOR: I am writing to you in order to express my dismay at the idea of using my contribution to WISPAC to finance the candidacy of some politicians chosen by the politicians of the State Medical Society of Wisconsin.

I contributed to WISPAC thinking that the money would be used to further the interests of the medical profession through lobbying and education, not for the support of individual politicians.

Imagine what friends medicine will have in government when the people who defeated the State Medical Society's slate of candidates are running the state government.

If there is any way to get it back, I would like a refund of my contribution to WISPAC.

—*David W Ovitt, MD*
4648 N Woodburn St
Milwaukee, Wisconsin 53211

SMS comment: WISPAC, as a separately incorporated political action committee, exists specifically for the purpose of supporting individual candidates. This is true for any political action committee, including AMPAC, the political action committee of the American Medical Association; the PACs of every other state medical society; and political action committees sponsored by groups running the spectrum from teachers to bankers.

Political action committees are an essential part of political life today; and for quite a few years now, WISPAC has served as an important adjunct to the State Medical Society's lobbying and educational efforts.

(Lobbying and legislative monitoring are performed by SMS, using SMS funds; WISPAC contributions to candidates consist solely of voluntary personal monies made by individuals choosing to join WISPAC. No SMS member is required to contribute to WISPAC, and by law no SMS funds may be used as contributions to candidates.)

As Doctor Ovitt points out, there can be difficulties when a candidate defeats a WISPAC-endorsed candidate. However, every organization active in legislative matters—with a PAC or without—faces this dilemma. Better to work for the election of those candidates who support the medical profession, and lose some of the time, than equally support (or ignore) friend and foe alike. The alternative is apathy or noninvolvement, neither of which wins respect from the politicians who after all make our laws.■

Medicare sanction activity: A primer on "Big Brother's" latest look over the practitioner's shoulder

John A Nelson, Ronald E Mohorek, and *Judith A Ogorchock*
Milwaukee, Wisconsin

An increasing number of sanction actions instituted against Medicare providers indicates the aggressive approach that peer review organizations (PROs) are now undertaking. The PROs appear to be responding to pressure from the Health Care Financing Administration (HCFA), the federal agency responsible for overseeing the Medicare program, to identify more cases of substandard care and to take action against the physicians and hospitals involved.

Through our involvement in defending physicians against sanction actions, we have seen the devastating impact a sanction can have on the physician's practice. Especially in those cases where Medicare recipients constitute a large percentage of the physician's caseload, a sanction excluding the physician from the Medicare program can cause the demise of the physician's practice and severely impair his or her only means of livelihood.

The unfortunate reality is that more physicians than ever before are facing sanction threats, as quality of patient care continues to be a hot topic. The issue of quality of care provided to Medicare beneficiaries, in particular, has been receiving a great deal of attention nationwide. Critics charge that ever since the prospective payment system was instituted in 1983, Medicare beneficiaries are being discharged before it is medically appropriate to do so, that is, "sicker and quicker." PROs, in turn, are being accused of adding to the problem by not exercising their quality review responsibilities with enough frequency and vigor.

The level of PRO sanction activity is rising in response to this criticism. From 1973 to 1984, professional standards review organizations (PSROs), the PROs' predecessors, formally disciplined only 70 physicians and hospitals. By contrast, as of March 1986, the PROs had about 1,010 physicians and 225 hospitals under preliminary investigation for unnecessary or poor treatment of Medicare recipients. Of those cases, 17 physician cases and 3 hospital cases have been forwarded with sanction recommendations to the Office of Inspector General (OIG) in the Department of Health and Human Services. As of September 1986, the Wisconsin Peer Review Organization (WIPRO) has forwarded 5 such sanction recommendations to the OIG.

One result of this increased activity by the PROs is that more physicians are finding themselves directly or indirectly involved in the sanction process. This involvement could include being the subject of a PRO investigation, providing analysis and assistance to physicians who are investigated, altering one's practice and medical record procedures so as to avoid confrontation with PROs, or working part-time as a physician advisor for a PRO. Accordingly, physicians are discovering a need to learn about the process in order to effectively prepare for or avoid such involvement.

The sanction process

The Medicare Act requires that services provided under the Medicare program be:

. . . furnished economically and only when and to the extent medically necessary;

. . . of a quality that meets professionally recognized standards of health care; and

. . . supported by evidence of the medical necessity and quality of the services in the form and fashion that the PRO may reasonably require.

A physician can be sanctioned for failure to comply with any of these requirements. Exclusion from partic-

The opinions and conclusions in this article are solely those of its authors. The Journal *will consider for publication opposing viewpoints or those which elaborate further on the subject.*

Mr Nelson is a shareholder in Purtell, Purcell, Wilmot & Burroughs, SC and formerly an assistant United States Attorney in Milwaukee. Mr Mohorek and Ms Ogorchock are graduates of Marquette Law School and are associates of Purtell, Purcell, Wilmot & Burroughs, SC. Reprint requests to: WMJ Publications, PO Box 1109, Madison, Wis 53701 (phone: 608/257-6781). Copyright 1986 by the State Medical Society of Wisconsin.

ipation in the Medicare program and monetary penalties are the sanctions which may be imposed. A monetary penalty is only available in cases of unnecessary or improper services, and is limited to an amount not to exceed the cost of the questionable services. Exclusion from the program may be for several months, years, or permanently.

Substantial *vs* gross and flagrant violations

There are two levels of violations for which a sanction can be sought. One is the failure "to substantially comply with an obligation in a substantial number of cases." The second is a "gross and flagrant violation in one or more instances."

According to the federal regulations, "a substantial violation in a substantial number of cases" means "a pattern of care [which] has been provided that is inappropriate, unnecessary, or does not meet recognized professional standards of care, or is not supported by the necessary documentation of care as required by the PRO." WIPRO officials have stated publicly that as few as three cases would be sufficient to establish a pattern of care.

The more serious violation, a "gross and flagrant violation," is defined in the federal regulations as a violation "which has occurred in one or more instances which present an imminent danger to the health, safety or well-being of a Medicare beneficiary or places the beneficiary unnecessarily in high-risk situations."

The distinction between a "substantial" and a "gross and flagrant" violation is crucial because the PRO will not offer a provider accused of a "gross and flagrant" violation an opportunity to correct any deficiencies *before* a sanction recommendation is issued. Unfortunately, the distinction between "substantial" and "gross and flagrant" is not always clear and is subject to inconsistent interpretations from one case to another and from one PRO to another.

In addition, we have experienced inconsistent interpretations of these standards among the physicians who serve on the same PRO review panel. Each physician brings to the PRO review hearing his or her own understanding of what constitutes appropriate medical care and tends to apply his or her own standard, rather than the standards set forth in the federal regulations. As a result, the opportunity for a fair hearing prior to issuance of a sanction is too often a mere illusion.

Role of the professional review organization (PRO)

The duty to investigate and review the utilization and quality of Medicare services rests with PROs, which are subcontractors of the federal government. In Wisconsin, WIPRO has contracted with the federal government to perform this review function. When a PRO investigates a physician and determines that a violation of any of the above three statutory obligations has occurred, it must notify the physician involved with a notice and the opportunity to respond and explain. In "substantial violation" cases, the following steps are required:

1. The PRO sends out a formal notice describing the violation and the basis upon which the determination was made;
2. The physician has 20 days from receipt of the notice to submit additional information or discuss the matter with the PRO. In the discussions, a timeframe is set for any necessary corrective actions;
3. If, following such procedures, the PRO still determines that a violation has occurred, it will send another written notice setting forth the obligation violated, the basis for its determination, the sanction it will recommend to the OIG, and a copy of the material used by the PRO in arriving at its determination;
4. The physician has 30 days from receipt of the notice to submit additional information or have a second meeting with the PRO to discuss the questioned activity.
5. If the issues are not resolved following these procedures, the PRO will submit a detailed report, including a sanction recommendation, to the OIG.

In cases involving "gross and flagrant" violations, steps 1 and 2 are omitted. The physician receives one formal notice and one opportunity to submit information or to discuss the matter with the PRO.

The PRO's sanction recommendation must be based on a consideration of the following:

. . . type of offense
. . . severity of offense
. . . deterrent value
. . . physician's previous sanction record
. . . availability of alternative sources in the community
. . . any other relevant factors.

If the PRO submits a report recommending a sanction to the OIG, a copy of the report is also sent to the physician. The regulations allow for a 30-day period from receipt of the notice for the physician to submit additional information to the OIG. An extension of the 30-day period cannot be granted, nor can the physician meet with the OIG to present orally any additional information. Further appeals are available but they are limited to review of the OIG decision, so that new evidence is difficult or impossible to introduce. Thus, it is crucial to submit a rebuttal to the OIG that is timely, thorough and well-written.

Role of the Office of Inspector General (OIG)

Once a recommendation is forwarded by a PRO, the case is then reviewed by a medical advisor and an attorney at the OIG. It is the duty of the OIG to determine whether:

. . . the PRO has followed its own procedures,
. . . a violation has occurred, and
. . . the physician has demonstrated an unwillingness or inability to comply substantially with an obligation.

Any available evidence tending to negate these factors should be pre-

sented by the physician to the OIG.

The OIG has 120 days from receipt of the PRO report to render a decision and it may reject, accept, or modify the PRO recommendation. The OIG must affirmatively act within 120 days to impose a monetary penalty. If, however, the recommended sanction is exclusion from the Medicare program, and the OIG fails to act within 120 days, the exclusion is automatically implemented. To date, no sanctions have been automatically implemented.

In all cases, the OIG must notify the physician of an adverse determination and the sanction to be imposed. In addition, the OIG immediately notifies the public by publishing in a local newspaper in the PRO area a notice that identifies the physician, the obligation that has been violated, and the sanction imposed. Notice of the sanction is also provided to the state licensing board, any hospitals where the physician has privileges, the area PRO and neighboring PROs, medical societies and other professional organizations, Medicare carriers and intermediaries, and other affected agencies and organizations.

Once a sanction is imposed, it remains in effect unless and until reversed on appeal or the sanction itself expires under its own terms. The physician has a right to an appeal hearing before an administrative law judge (ALJ) and may also request a review by the Appeals Council. Finally, any physician dissatisfied with a decision of the Appeals Council or an ALJ (if a request for Appeals Council review is denied) may seek judicial review.

Editor's note: ***If I had had time for lunch the day I first read this article, I would have lost it. What a monster our federal bureaucracy has created! Even more distressing is that some physicians are condoning this atrocity—VSF***

Prevention of sanctions by practitioner

A physician who becomes involved in the sanction process will find that defending himself or herself not only entails a great deal of time and money, but is emotionally draining as well. If a sanction is ultimately imposed, the potentially damaging effect to the physician's reputation and practice are virtually irreversible, regardless of what happens later on appeal. Thus, in potential PRO sanction activity, as in the practice of medicine in general, prevention is preferred over cure.

To avoid investigation by a PRO in the first instance, and to prevent further involvement in the sanction process, it is critical that documentation in the medical records be done properly, consistently and carefully. Many physicians must modify their record-keeping habits to include more detail and explanation. What may appear obvious to a physician must nevertheless be written in the patient's chart, particularly if it establishes the validity of an admission or will explain the choice and manner of treatment. More is better in the world of documentation.

Of primary importance is documentation on admission, which must include as much diagnostic information as possible, including suspected diagnoses and any relevant knowledge of the patient's condition that the physician has gained from previous experience with the patient. Even generic references to office notes have proven valuable during subsequent investigations.

Full cooperation with the hospital's utilization review committee is another means of avoiding involvement in the sanction process. Hospitals and physicians must work together through their own quality assurance and peer review programs to detect and correct undesirable patterns before they become an issue with the PRO.

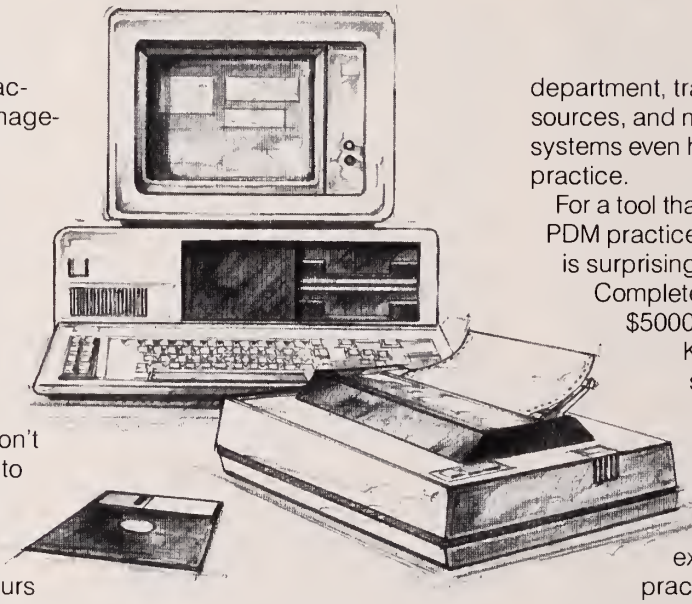
Finally, if a physician does become involved in the sanction process, it is important that the PRO's inquiries be responded to rapidly and thoroughly, that adverse actions by the PRO be challenged when possible at every step of the process, and that these challenges focus on the standards identified in the regulations. Legal counsel may be helpful in assuring both that the PRO's actions stay within legal boundaries and that all relevant data is presented to the PRO and the OIG.

A physician may also consider employing legal counsel to seek an injunction to prevent the imposition of a sanction. Although this extraordinary remedy has been granted by the courts in only a very limited number of cases, under the proper set of facts and circumstances, it is an available means to prevent the onslaught of notices from being issued and the sanction from taking effect, pending review by a court.

If the above suggestions are followed by physicians, the monetary impact, adverse publicity, and other damaging effects of a sanction action can often be avoided or minimized.■

Medical malpractice conference tapes available. Audio cassette tapes of the May 10–11, 1985 Medical Malpractice Conference are available to members upon request to the SMS Medical Policy and Practice Division, Attention Deborah Powers: 1-800-362-9080 or Madison 257-6781 (ext 221). Requests are handled on a first-come, first-served basis; and members are asked to return them to SMS as soon as possible.■

MIND YOUR OWN BUSINESS



For small or medium-sized practices, affordable business management has been a big problem.

Until now.

Now Professional Data Management has the help you need: affordable computer hardware and software designed especially for practices like yours.

PDM provides installation, service and training. So you don't have to be a computer genius to use your system. In fact, it's so complete, all you have to do is turn it on.

One person can perform hours of tedious accounting and billing work effortlessly. What's more, you've got instant access to information about your patients and your practice.

You can provide more responsive treatment, as well as analyze revenues, track billing by patient or department, trace profit and loss sources, and much more. Some PDM systems even help you market your practice.

For a tool that can do so much, a PDM practice management system is surprisingly affordable.

Complete systems start under $5000.

Keep in mind, PDM systems are not "adaptations" of general purpose business systems. Each program has been designed exclusively for medical practice management.

That's why it's so important to see a PDM system for yourself. So call PDM, and find out more about our remarkable practice management systems. After that, you can mind your own business.

Call 612-731-1822, or write Professional Data Management.

BETTER

Professional Data Management™

7582 Currell Blvd., Suite 212
Woodbury, MN 55125

YEARS

Thank you for your loyal support

DYAZIDE®

25 mg Hydrochlorothiazide/**50 mg** Triamterene/SKF

SK&F CO.

There's never been
a better time for her...
and
PREMARIN®
(Conjugated Estrogens Tablets)

Now the evidence looks better than ever

Significantly reduced risk of endometrial hyperplasia

Endometrial hyperplasia was significantly reduced when progestin was added to PREMARIN therapy for more than ten days a month.[1-4] The risk of endometrial hyperplasia may also be reduced through cyclic administration of unopposed, low-dose PREMARIN.

Effect on lipids—an important feature

PREMARIN used alone does not adversely affect lipid levels. In fact, a clinical study has shown a significant increase in HDL cholesterol—from 49.7 mg/dL to 56.4 mg/dL—and decrease in LDL cholesterol—from 165.1 mg/dL to 138.1 mg/dL—after one year of therapy with PREMARIN, 0.625 mg.[5]

Low-dose control of menopausal symptoms*

PREMARIN effectively relieves vasomotor symptoms, such as hot flashes. When estrogen deficiency is limited to atrophic vaginitis, PREMARIN® (conjugated estrogens) Vaginal Cream restores the vaginal environment to its premenopausal state.

The most widely used, most extensively studied estrogen worldwide.

PREMARIN®

(Conjugated Estrogens Tablets)

Most trusted for more reasons

*PREMARIN is indicated for moderate-to-severe vasomotor symptoms.

Please see following page for brief summary of prescribing information.

For moderate-to-severe vasomotor symptoms

PREMARIN®
(Conjugated Estrogens Tablets)

0.3 mg 0.625 mg 0.9 mg 1.25 mg 2.5 mg

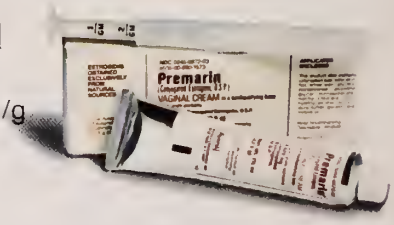
The appearance of these tablets is a trademark of Ayerst Laboratories.

For atrophic vaginitis

PREMARIN®
(Conjugated Estrogens)

Vaginal Cream

0.625mg/g



BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION AND PATIENT INFORMATION, SEE PACKAGE CIRCULARS.)*

PREMARIN® Brand of conjugated estrogens tablets, USP
PREMARIN® Brand of conjugated estrogens Vaginal Cream in a nonliquefying base

1 ESTROGENS HAVE BEEN REPORTED TO INCREASE THE RISK OF ENDOMETRIAL CARCINOMA

Three independent case control studies have reported an increased risk of endometrial cancer in postmenopausal women exposed to exogenous estrogens for more than one year. This risk was independent of the other known risk factors for endometrial cancer. These studies are further supported by the finding that incidence rates of endometrial cancer have increased sharply since 1969 in eight different areas of the United States with population-based cancer reporting systems, an increase which may be related to the rapidly expanding use of estrogens during the last decade. The three case control studies reported that the risk of endometrial cancer in estrogen users was about 4.5 to 13.9 times greater than in nonusers. The risk appears to depend on both duration of treatment and on estrogen dose. In view of these findings, when estrogens are used for the treatment of menopausal symptoms, the lowest dose that will control symptoms should be utilized and medication should be discontinued as soon as possible. When prolonged treatment is medically indicated, the patient should be reassessed on at least a semiannual basis to determine the need for continued therapy. Although the evidence must be considered preliminary, one study suggests that cyclic administration of low doses of estrogen may carry less risk than continuous administration; it therefore appears prudent to utilize such a regimen. Close clinical surveillance of all women taking estrogens is important. In all cases of undiagnosed persistent or recurring abnormal vaginal bleeding, adequate diagnostic measures should be undertaken to rule out malignancy. There is no evidence at present that "natural" estrogens are more or less hazardous than "synthetic" estrogens at equiestrogenic doses.

2 ESTROGENS SHOULD NOT BE USED DURING PREGNANCY

The use of female sex hormones, both estrogens and progestogens, during early pregnancy may seriously damage the offspring. It has been shown that females exposed in utero to diethylstilbestrol, a non-steroidal estrogen, have an increased risk of developing in later life a form of vaginal or cervical cancer that is ordinarily extremely rare. This risk has been estimated as not greater than 4 per 1,000 exposures. Furthermore, a high percentage of such exposed women (from 30% to 90%) have been found to have vaginal adenosis, epithelial changes of the vagina and cervix. Although these changes are histologically benign, it is not known whether they are precursors of malignancy. Although similar data are not available with the use of other estrogens, it cannot be presumed they would not induce similar changes. Several reports suggest an association between intrauterine exposure to female sex hormones and congenital anomalies, including congenital heart defects and limb reduction defects. One case control study estimated a 4.7-fold increased risk of limb reduction defects in infants exposed in utero to sex hormones (oral contraceptives, hormone withdrawal tests for pregnancy, or attempted treatment for threatened abortion). Some of these exposures were very short and involved only a few days of treatment. The data suggest that the risk of limb reduction defects in exposed fetuses is somewhat less than 1 per 1,000. In the past, female sex hormones have been used during pregnancy in an attempt to treat threatened or habitual abortion. There is considerable evidence that estrogens are ineffective for these indications, and there is no evidence from well controlled studies that progestogens are effective for these uses. If PREMARIN is used during pregnancy, or if the patient becomes pregnant while taking this drug, she should be apprised of the potential risks to the fetus, and the advisability of pregnancy continuation.

DESCRIPTION: PREMARIN (conjugated estrogens, USP) contains a mixture of estrogens, obtained exclusively from natural sources, blended to represent the average composition of material derived from pregnant mares' urine. It contains estrone, equilin, and 17α-dihydroequilin, together with smaller amounts of 17α-estradiol, equilenin, and 17α-dihydroequilenin as salts of their sulfate esters. Tablets are available in 0.3 mg, 0.625 mg, 0.9 mg, 1.25 mg, and 2.5 mg strengths of conjugated estrogens. Cream is available as 0.625 mg conjugated estrogens per gram.

INDICATIONS AND USAGE: PREMARIN (conjugated estrogens tablets, USP): Moderate-to-severe *vasomotor* symptoms associated with the menopause. (There is no evidence that estrogens are effective for nervous symptoms or depression without associated vasomotor symptoms and they should not be used to treat such conditions.) **Osteoporosis (abnormally low bone mass).** Atrophic vaginitis. Kraurosis vulvae. Female castration.

PREMARIN (conjugated estrogens) Vaginal Cream is indicated in the treatment of atrophic vaginitis and kraurosis vulvae. PREMARIN HAS NOT BEEN SHOWN TO BE EFFECTIVE FOR ANY PURPOSE DURING PREGNANCY AND ITS USE MAY CAUSE SEVERE HARM TO THE FETUS (SEE BOXED WARNING).

Concomitant Progestin Use: The lowest effective dose appropriate for the specific indication should be utilized. Studies of the addition of a progestin for 7 or more days of a cycle of estrogen administration have reported a lowered incidence of endometrial hyperplasia. Morphological and biochemical studies of the endometrium suggest that 10 to 13 days of progestin are needed to provide maximal maturation of the endometrium and to eliminate any hyperplastic changes. Whether this will provide protection from endometrial carcinoma has not been clearly established. There are possible additional risks which may be associated with the inclusion of progestin in estrogen replacement regimens. (See PRECAUTIONS.) The choice of progestin and dosage may be important; product labeling should be reviewed to minimize possible adverse effects.

CONTRAINDICATIONS: Estrogens should not be used in women (or men) with any of the following conditions: 1. Known or suspected cancer of the breast except in appropriately selected patients being treated for metastatic disease. 2. Known or suspected estrogen-dependent neoplasia. 3. Known or suspected pregnancy (See Boxed Warning). 4. Undiagnosed abnormal genital bleeding. 5. Active thrombophlebitis or thromboembolic disorders. 6. A past history of thrombophlebitis, thrombosis, or thromboembolic disorders associated with previous estrogen use (except when used in treatment of breast or prostatic malignancy).

WARNINGS: Long-term continuous administration of natural and synthetic estrogens in certain animal species increases the frequency of carcinomas of the breast, cervix, vagina, and liver. There are now reports that estrogens increase the risk of carcinoma of the endometrium in humans. (See Boxed Warning.) At the present time there is no satisfactory evidence that estrogens given to postmenopausal women increase the risk of cancer of the breast, although a recent study has raised this possibility. There is a need for caution in prescribing estrogens for women with a strong family history of breast cancer or who have breast nodules, fibrocystic disease, or abnormal mammograms. A recent study has reported a 2- to 3-fold increase in the risk of surgically confirmed gallbladder disease in women receiving postmenopausal estrogens.

Adverse effects of oral contraceptives may be expected at the larger doses of estrogen used to treat prostatic or breast cancer or postpartum breast engorgement; it has been shown that there is an increased risk of thrombosis in men receiving estrogens for prostatic cancer and women for postpartum breast engorgement. Users of oral contraceptives have an increased risk of diseases, such as thrombophlebitis, pulmonary embolism, stroke, and myocardial infarction. Cases of retinal thrombosis, mesenteric thrombosis, and optic neuritis have been reported in oral contraceptive users. An increased risk of postsurgery thromboembolic complications has also been reported in users of oral contraceptives. If feasible, estrogen should be discontinued at least 4 weeks before surgery of the type associated with an increased risk of thromboembolism, or during periods of prolonged immobilization. Estrogens should not be used in persons with active thrombophlebitis, thromboembolic disorders, or in persons with a history of such disorders in association with estrogen use. They should be used with caution in patients with cerebral vascular or coronary artery disease. Large doses (5 mg conjugated estrogens per day), comparable to those used to treat cancer of the prostate and breast, have been shown to increase the risk of nonfatal myocardial infarction, pulmonary embolism and thrombophlebitis. When doses of this size are used, any of the thromboembolic and thrombotic adverse effects should be considered a clear risk.

Benign hepatic adenomas should be considered in estrogen users having abdominal pain and tenderness, abdominal mass, or hypovolemic shock. Hepatocellular carcinoma has been reported in women taking estrogen-containing oral contraceptives. Increased blood pressure may occur with use of estrogens in the menopause and blood pressure should be monitored with estrogen use. A worsening of glucose tolerance has been observed in patients on estrogen-containing oral contraceptives. For this reason, diabetic patients should be carefully observed. Estrogens may lead to severe hypercalcemia in patients with breast cancer and bone metastases.

PRECAUTIONS: Physical examination and a complete medical and family history should be taken prior to the initiation of any estrogen therapy with special reference to blood pressure, breasts, abdomen, and pelvic organs, and should include a Papanicolaou smear. As a general rule, estrogen should not be prescribed for longer than one year without another physical examination being performed. Conditions influenced by fluid retention such as asthma, epilepsy, migraine, and cardiac or renal dysfunction, require careful observation. Certain patients may develop manifestations of excessive estrogenic stimulation, such as abnormal or excessive uterine bleeding, mastodynia, etc. Prolonged administration of unopposed estrogen therapy has been reported to increase the risk of endometrial hyperplasia in some patients. Oral contraceptives appear to be associated with an increased incidence of mental depression. Patients with a history of depression should be carefully observed. Preexisting uterine leiomyomata may increase in size during estrogen use. The pathologist should be advised of estrogen therapy when relevant specimens are submitted. If jaundice develops in any patient receiving estrogen, the medication should be discontinued while the cause is investigated. Estrogens should be used with care in patients with impaired liver function, renal insufficiency, metabolic bone diseases associated with hypercalcemia, or in young patients in whom bone growth is not complete. If concomitant progestin therapy is used, potential risks may include adverse effects on carbohydrate and lipid metabolism.

The following changes may be expected with larger doses of estrogen.

a. Increased sulfobromophthalein retention.

b. Increased prothrombin and factors VII, VIII, IX, and X; decreased antithrombin 3; increased norepinephrine-induced platelet aggregability.

c. Increased thyroid binding globulin (TBG) leading to increased circulating total thyroid hormone, as measured by PBI, T4 by column, or T4 by radioimmunoassay. Free T3 resin uptake is decreased, reflecting the elevated TBG; free T4 concentration is unaltered.

d. Impaired glucose tolerance.

e. Decreased pregnanediol excretion.

f. Reduced response to metyrapone test.

g. Reduced serum folate concentration.

h. Increased serum triglyceride and phospholipid concentration. As a general principle, the administration of any drug to nursing mothers should be done only when clearly necessary since many drugs are excreted in human milk.

ADVERSE REACTIONS: The following have been reported with estrogenic therapy, including oral contraceptives: breakthrough bleeding, spotting, change in menstrual flow, dysmenorrhea; premenstrual-like syndrome; amenorrhea during and after treatment; increase in size of uterine fibromyomata; vaginal candidiasis, change in cervical erosion and in degree of cervical secretion; cystitis-like syndrome; tenderness, enlargement, secretion (of breasts); nausea, vomiting, abdominal cramps, bloating; cholestatic jaundice; chloasma or melasma which may persist when drug is discontinued; erythema multiforme; erythema nodosum; hemorrhagic eruption; loss of scalp hair, hirsutism; steepening of corneal curvature; intolerance to contact lenses; headache, migraine, dizziness, mental depression, chorea; increase or decrease in weight; reduced carbohydrate tolerance; aggravation of porphyria, edema; changes in libido.

ACUTE OVERDOSAGE: May cause nausea, and withdrawal bleeding may occur in females.

DOSAGE AND ADMINISTRATION:

PREMARIN® Brand of conjugated estrogens tablets, USP

1. *Given cyclically for short-term use only.* For treatment of moderate to severe *vasomotor* symptoms, atrophic vaginitis, or kraurosis vulvae associated with the menopause (0.3 to 1.25 mg or more daily). The lowest dose that will control symptoms should be chosen and medication should be discontinued as promptly as possible. Administration should be cyclic (eg, three weeks on and one week off). Attempts to discontinue or taper medication should be made at three- to six-month intervals.

2. *Given cyclically:* Female castration. Osteoporosis. Female castration—1.25 mg daily, cyclically. Adjust upward or downward according to response of the patient. For maintenance, adjust dosage to lowest level that will provide effective control. Osteoporosis—0.625 mg daily. Administration should be cyclic (eg, three weeks on and one week off).

Patients with an intact uterus should be monitored for signs of endometrial cancer and appropriate measures taken to rule out malignancy in the event of persistent or recurring abnormal vaginal bleeding.

PREMARIN® Brand of conjugated estrogens Vaginal Cream

Given cyclically for short-term use only. For treatment of atrophic vaginitis or kraurosis vulvae.

The lowest dose that will control symptoms should be chosen and medication should be discontinued as promptly as possible.

Administration should be cyclic (eg, three weeks on and one week off).

Attempts to discontinue or taper medication should be made at three-to-six month intervals.

Usual dosage range: 2 to 4 g daily, intravaginally, depending on the severity of the condition.

Treated patients with an intact uterus should be monitored closely for signs of endometrial cancer and appropriate diagnostic measures should be taken to rule out malignancy in the event of persistent or recurring abnormal vaginal bleeding.

References:

1. Whitehead MI, Townsend PT, Pryse-Davies J, et al: Effects of estrogens and progestins on the biochemistry and morphology of the postmenopausal endometrium. *N Engl J Med* 1981;305:1599-1605. 2. Paterson MEL, Wade-Evans T, Sturdee DW, et al: Endometrial disease after treatment with oestrogens and progestogens in the climacteric. *Br Med J* 1980;280:822-824. 3. Magos AL, Brincat M, Studd JWW, et al: Amenorrhea and endometrial atrophy with continuous oral estrogen and progestogen therapy in postmenopausal women. *Obstet Gynecol* 1985;67:496-499. 4. Whitehead MI, Lane G, Siddle N, et al: Avoidance of endometrial hyperstimulation in estrogen-treated postmenopausal women. *Semin Reprod Endocrinol* 1983;1:1;41-52. 5. Barnes RB, Roy S, Lobo RA: Comparison of lipid and androgen levels after conjugated estrogen or depo-medroxyprogesterone acetate treatment in postmenopausal women. *Obstet Gynecol* 1985;66:216-219.

© 1986 Ayerst Laboratories

Ayerst® AYERST LABORATORIES
New York, NY 10017

T6194/886

Flight from Pain by Kerr Eby. Reproduced with permission of Abbott Laboratories, Copyright 1944.

Aeromedical transportation in Wisconsin

James R Mateer, MD
Joseph C Darin, MD
Charles Aprahamian, MD
Bruce M Thompson, MD
Gail Hendley, MD
Kathleen Hargarten, MD

Milwaukee, Wisconsin

AIR TRAVEL began in the year 1783, when the Montgolfier brothers' experiments with hot air balloons culminated in the first manned flight on November 21 in Paris, France. The event was witnessed by the King and Queen and an estimated crowd of 400,000—possibly the largest gathering of people in the history of the world to that time![1] It was not until 1870, however, that the first recorded aeromedical transport occurred when 160 wounded soldiers and civilians were safely evacuated by approximately 60 hot air balloons during the Prussian siege of Paris.[1]

It was not long after the Wright brothers invented the first successful airplane in 1903, that military personnel first recommended transport of patients by airplane in 1910. Driver and Ocker[2] of the US Air Service are credited with the first air transportation in this country in 1918. They converted an aircraft's rear cockpit to accommodate one patient and litter. Room for medical supplies and medical attendants was very limited or nonexistent in these early air ambulances. The further development of aeromedical transport paralleled technological advances in aviation during World War II and other military operations. Transport of patients via airplane over long distances was initiated by private aircraft owners in the United States during the '60s and '70s.

The development of rotary-wing (helicopter) air transport began with the first manned helicopter flight in 1907.[3] The research and development period for rotary-wing aircraft far exceeded that for fixed-wing aircraft, however; and it was not until the early '40s that a design by Igor Sikorsky was airworthy and reliable enough to be produced in numbers for military use. The first medical use of a helicopter occurred in 1944 when Commander Erickson braved 25-knot storms to deliver blood and plasma for 100 burned and injured sailors who survived the explosion of a naval destroyer.[3]

It was during the Korean conflict where the true potential of the helicopter for aeromedical evacuation

Doctors Mateer and Hendley are Assistant Professors of Surgery, Doctor Darin is Professor and Chairman, Doctor Aprahamian is an Associate Professor of Surgery, Doctor Thompson was an Associate Professor of Surgery (currently is Residency Program Director, Emergency Medicine, Henry Ford Hospital, Detroit, Michigan), and Doctor Hargarten is an Assistant Professor of Surgery, all from the Department of Trauma and Emergency Medicine, Medical College of Wisconsin, Milwaukee County Medical Complex, Milwaukee. Reprint requests to: James R Mateer, MD, Dept of Trauma and Emergency Medicine, Medical College of Wisconsin, 8700 West Wisconsin Ave, Milwaukee, Wis 53226 (phone: 414/257-5514). Copyright 1986 by the State Medical Society of Wisconsin.

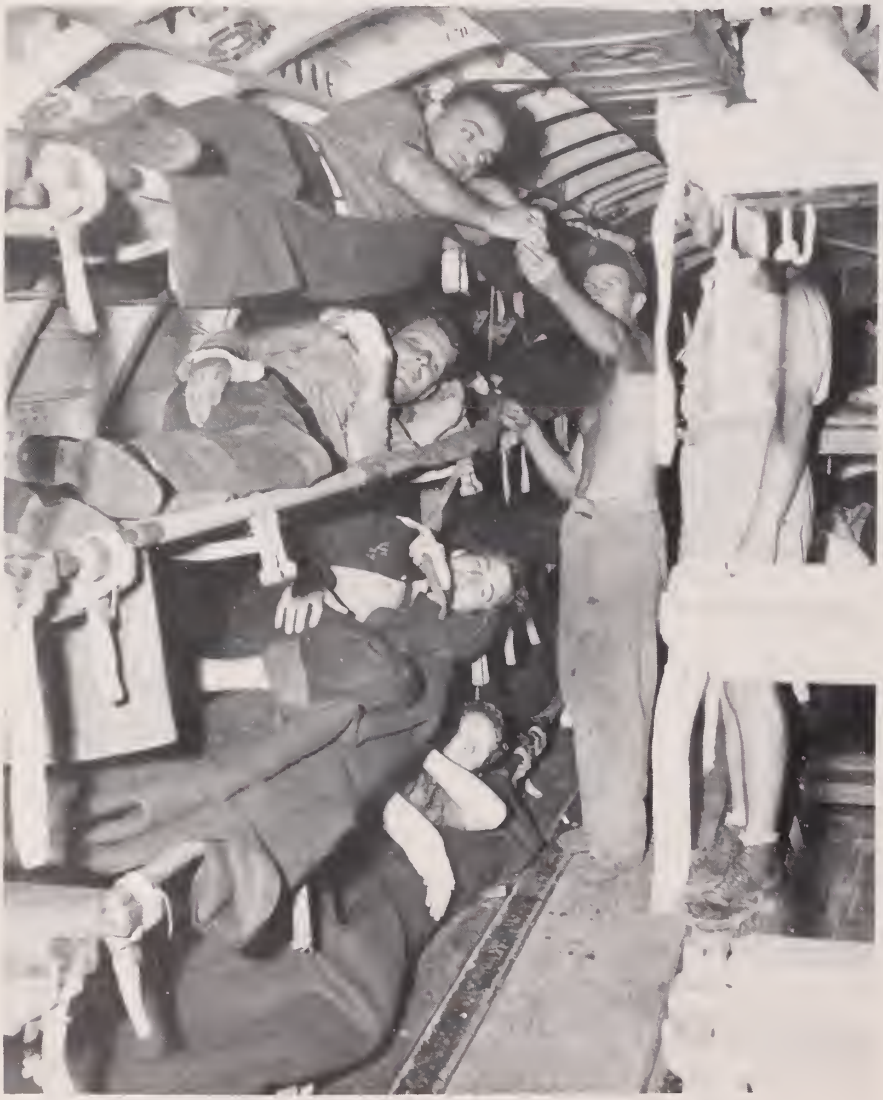
was first recognized. Here patients were transported to MASH units in pods that were secured to the landing skids of Bell-47 helicopters. Medical treatment consisted of basic first aid administered in the field prior to transport. During the Vietnam war, helicopter transport was further developed with aircraft large enough (Bell-204) to provide treatment by medical corpsmen during transport to the surgical units. The wartime development of this aeromedical transport system effectively reduced the time between injury and definitive care from an average of ten hours in World War II to five hours in Korea, and finally to only one hour in Vietnam.[4] This rapid transport system in conjunction with field hospital units effected a drop in mortality rate from 4.5% of injured in World War II to 2.3% in Korea,[5] and less than 1% in Vietnam.[4]

One of the earliest large-scale civilian applications of aeromedical helicopter transport occurred in Maryland in 1969 when a preexisting State Police Helicopter service was utilized to transport patients from the roadside to the Maryland Shock-Trauma unit.[6] Their flight crew consisted of a pilot and a law officer/EMT and provided a basic scoop-and-run type of service. The program continues today and has approximately ten helicopters throughout the state.

"Flight for Life," the first hospital-based helicopter program, was initiated at St Anthony's Hospital in Denver, Colorado in 1972. This program has been very successful as a service dedicated wholly to patient transport, and it has pioneered the development of the entire hospital-based helicopter industry. Their flight crew consists of a pilot and a specially-trained flight nurse capable of practical skills such as endotracheal tubes, thoracostomy tubes, and central venous access lines. In 1976, Hermann Hospital's "Life Flight" program in Houston, Texas was the first hospital-based program to routinely utilize physicians as a standard medical crew member. They stimulated the development of more than 20 "Life-Flight" programs through their consultation services.

Aeromedical helicopter transport systems have rapidly developed over the past five to ten years and at the present time there are over 100 hospital-based programs in the United States. "Flight for Life" at the Milwaukee Regional Medical Center was the first to bring this service to Wisconsin in February 1984. It was followed by "Med-Flight" at the University Hospital and Clinics in Madison, in April 1985.

Fleet casualties being air-lifted from the Western Pacific to a naval hospital in Guam—1945.



Types of aircraft utilized. The fixed-wing aircraft that are used for aeromedical transport can be described in three major categories:

1. Light aircraft—These can be a single or twin engine configuration, are generally unpressurized, and can accommodate approximately four to six passengers. An advantage of light aircraft is that they are commonly available from private owners at many airports and provide the lowest cost of operation. They have several disadvantages, however: space that is extremely limited such that patients transported in these aircraft should be very stable and require minimal medical care during transport, relatively slow cruising speeds (100–160 mph), high noise levels, and generally unpressurized cabins that can result in turbulent and uncomfortable transport.

2. Medium-range twins—These twin engine aircraft may be turbo-props (jet prop) or piston engine. The turbo-props are almost always pres-

surized where as the piston engine aircraft may or may not be pressurized. They can generally accommodate six to ten passengers. Some of the advantages of medium-range twins include adequate space for personnel and medical equipment to permit advanced level medical care during transport and greater air speed (200–300 mph). These factors combined with a pressurized cabin result in a faster, quieter, more comfortable flight and easier patient care than in a light aircraft. A relative disadvantage is their generally limited range of 600–1200 miles without refueling.

3. Small jets—These aircraft are twin engine, pressurized and generally accommodate six to ten or more passengers. They have the advantage of being most comfortable for the patient with the least cabin noise and the smoothest flight. They are capable of speeds of 400–550 mph and a range of 1500 to 2500 miles. Streamlined to obtain maximum speed, small jets often have more limited space than medium-range twins. In addition, the overall costs are usually greater when compared to medium-range twins.

The rotary-wing aircraft used for aeromedical transport consist of light single- or twin-jet engine aircraft capable of speeds from 120 to 165 mph. Because most of these are hospital-based they have the advantages of the availability of a highly trained medical crew, specialized equipment, and rapid response systems, (five- to ten-minute lift-off capability). Because they can usually land on site, land transport between the aircraft and the hospital is generally not required. The disadvantages include a range limited to 250 to 350 miles without refueling and a cabin noise level that requires headsets for both crew and patients. The cabin space limitations are overcome by well-designed medical configurations and by expanded space in some of the newer twin-engine helicopters.

Indications/contraindications for air transport. Air transport may be indicated when time and/or distance are significant factors in patient management. The AMA/DOT "Air Ambulance Guidelines"[7] have listed the following indications for air transport:

1. Critically ill or injured patients in rural or remote areas may urgently need tertiary care services.

2. Unstable neonates or premature infants may require transportation to regional centers.

3. Stablized patients with unusual problems (major burns, major single or multiple body system injuries, spinal cord injuries, acute coronary heart disease with complications) may require immediate transportation to a specialized medical facility where ground transportation is impractical.

In addition we feel that air transport has the advantage of minimizing the patient's out-of-hospital time and allows valuable prehospital personnel and vehicle to remain available to their local community.

There are very few if any absolute contraindications for aeromedical transport. We feel that contraindications are relative and are dependent upon several factors:

(1) Type of aircraft used, (2) medical flight crew training, (3) inflight equipment and supplies, (4) degree of stablization prior to transport, and (5) risk benefit of transport to a specialized care center.

A patient suffering from cerebral air embolism or decompression sickness is a striking example of where the type of aircraft utilized makes a large difference. It is absolutely contraindicated to transport these patients via unpressurized fixed-wing aircraft; however, air transport via rotary-wing aircraft over flat terrain maintaining an altitude not greater than 500 feet above ground level or transport via pressurized fixed-wing aircraft capable of maintaining a ground cabin altitude may be the safest and most expeditious means of transport. Another example would be a patient who has recurrent cardiac arrhythmias that are uncontrolled by conventional therapy. Transportation of this patient would generally be contraindicated unless the medical crew is properly trained and the appropriate equipment is available to treat potential complications. In addition, the benefits of transport must outweigh the risks (*ie*, the patient urgently needs investigational antiarrhythmics or electrophysiologic studies).

The issue of relative contraindications to air transport is well summarized by Johnson[8] who stated "Aeromedical transport of patients presents no problems so long as one remembers that man is adapted for life at sea level."

Aeromedical physiology. There are several stresses of flight which include: oxygen factors, pressure factors, and miscellaneous stresses (noise, vibration, temperature) that must be considered during air transport of patients.

The partial pressure of oxygen (PO_2) at sea level is 21% of the total atmospheric pressure (760 mm/Hg) and is equivalent to 159 mm/Hg. The partial pressure of oxygen at sea level becomes further diluted in the alveoli with carbon dioxide and water vapor to a PO_2 of 103 mm/Hg. At 10,000 feet above sea level the atmospheric pressure drops to 523 mm/Hg, the atmospheric PO_2 to 100 mm/Hg, and the alveolar PO_2 to 61 mm/Hg. This correlates to a percent arterial hemoglobin saturation of only 89% in a normal individual. Thus it is clear that in an unpressurized aircraft at altitudes in excess of 10,000 feet above sea level, even a normal healthy individual could be subjected to significant hypoxia. In aeromedical transport the problem of altitude-related hypoxia is usually readily resolved for most patients by providing supplemental oxygen. For patients who have marginal arterial blood gasses at ground level despite supplemental oxygen, not only will additional oxygen need to be administered to the patient in flight but also maximum cabin altitude restrictions may be indicated to prevent further hypoxia.

The pressure factors during flight are described by Boyle's Law: Volume = constant/pressure. Thus as atmospheric pressure diminishes with altitude, the volume of a gas expands. At the ambient pressure of 5000 feet a gas volume is 1.2 × sea level, at 10,000 feet it is 1.5 × sea level, and at

Table 1—*Aeromedical Helicopter Programs in the Wisconsin Area*

Program name	*Starting date*	*Address and phone number*	*Aircraft*	*Service area*	*Transport capabilities*	*Standard medical crew*	*Receiving hospitals*
Flight for Life	2/84	Flight for Life Milwaukee Regional Medical Center 1000 North 92nd St Milwaukee, WI 53226 (414) 475-1000 Emergency (414) 778-4570 Administrative	BK-117 Twin engine	150 miles	2 Patients	MD/RN	Currently 20 Most major 3° care hospitals in service area
Lifeline	11/83	Lifeline 5666 East State St Rockford, IL 61108 (815) 226-LIFE Emergency (815) 226-2000 ext. 5433 Administrative	Bell Longranger 206-L3 Single engine	250 miles	2 Patients depending on weight	RN	Closest most appropriate 3° care hospital
Lifelink III	7/85	BMRA-Lifelink III 336 Chester St St Paul, MN 55107 (800) 328-1377 Emergency (612) 228-1067 Administrative	Bell 222 UT Twin engine	150 miles	2 Patients	RN/RN or RN/Paramedic	Any 3° care hospital in service area
Mayo One	10/84	A J Warner 200 1st St SW Rochester, MN 55905 (800) 237-6822 Emergency (507) 284-5121 Administrative	BK-117 Twin engine	200 miles	2 Patients	RN/RN	Any 3° hospital in service area
Med Flight	4/85	Med Flight University Hospital & Clinics 600 Highland Ave Madison, WI 53792 (800) 472-0111 Emergency (608) 263-8010 Administrative	Aerospatiale Dauphine 365-N Twin engine	200 miles	3 Patients	MD/RN	Currently 9. All Madison hospitals, Milwaukee Regional Medical Center, Marshfield & La Crosse
Med Star	10/84	Med Star 2233 West Division Chicago, IL 60622 (800) Med-2233 Emergency (312) 770-3273 Administrative	Bell Longranger 206-L Single engine	150 miles	Up to 2 patients depending on weight	RN/Paramedic	Any 3° care hospital as requested by sending hospital
UCAN	12/83	UCAN 5841 South Maryland St Chicago, IL 60637 (800) 621-7827 Emergency (312) 962-9500 Administrative	Aerospatiale Dauphine 365-N Twin engine	250 miles	3 Patients	MD/RN	3° care hospital as requested by sending hospital

continued next page

Table 1—*Aeromedical Helicopter Programs in the Wisconsin Area*—continued from preceding page

Program name	*Starting date*	*Address and phone number*	*Aircraft*	*Service area*	*Transport capabilities*	*Standard medical crew*	*Receiving hospitals*
Theda Star	6/86	Theda Star Theda Clark Regional Medical Ctr 130 2nd St Neenah, WI 54956 (800) 922-4551 Emergency (414) 729-3310 Administrative	Bell Longranger 206-L	150 miles	2 Patients depending on weight	RN/RN	3° care hospitals in service area

Table 2—*Major Aeromedical Fixed-Wing Aircraft Programs in the Wisconsin Area*

Program name	*Starting date*	*Address and phone number*	*Aircraft*	*Standard medical crew*	*Level of care*	*Aeromedical consultant*	*Availability*
Aerodrome	1978	Aerodrome PO Box 672 Owatonna, MN 55060 Same—Emergency (507) 282-4550 Administrative	Medium-range Twins—4 types Small jets—4	EMT or RN if indicated	Generally transport stable patients	Medical Director (507) 282-4550	Schedule in advance
Airborne Intensive Care	1976	#1 Airport Circle Greater Rockford Airport PO Box 6067 Rockford, IL 61125 (800) 435-8090 Emergency (815) 968-8287 Administrative	Small jets—4 Long-range jet—1 for transcontinental flights	RN	Stable patients only	Rockford Memorial Transport RN (800) 435-8090	Schedule in advance
Air Excellence	1981	Air Excellence PO Box 414 Elmhurst, IL 60126 Same—Emergency (312) 530-2900 Administrative	Light aircraft Medium-range Twins—4 types Small jets—2 types Long-range jets—2 for transcontinental flights	RN or Paramedic (MD or RT if indicated)	Critical care stable or emergent	Medical Director (312) 530-2900	Schedule in advance preferred
Lifelink III	3/80	(Same as Helicopter)	Medium-range Twins—3 types Small jets—2 types	RN/RN or RN/Paramedic	Critical care stable or emergent	St Paul Ramsey Medical Center (800) 328-1571	30–60 minutes emergency response
Flight for Life International	4/85	(Same as Helicopter)	Medium-range Twins Pressurized turbo-props small jets	MD/RN	Critical care stable or emergent	Flight Physician (414) 475-1000	30 minute emergency response

18,000 feet it is 2 × sea level. Expansion of gasses with altitude can be a significant problem for patients with gas trapped in closed-tissue spaces. Patients with complications such as recent eye trauma or surgery resulting in air within the globe, skull fracture with pneumoencephaly, decompression sickness and cerebral air embolism, pneumomediastinum or significant subcutaneous emphysema, pneumothorax, abdominal trauma or recent gastrointestinal surgery with pneumoperitoneum and/or significant ileus, and the like, require appropriate venting of the trapped gasses prior to flight and/or a significant limitation of maximum cabin altitude. Pressurized aircraft can prevent the expansion of gasses with altitude by creating an ambient pressure inside the aircraft which is much greater than the pressure outside the aircraft. The average jet-engine aircraft for instance is capable of maintaining a pressure differential of 8.6 lb per square inch greater than the pressure outside the aircraft. Through pressurization most jet aircraft can maintain a sea level cabin altitude up to 22,500 feet and an 8000-foot cabin altitude at 40,000 above sea level. Most medium-range turbo props can create a maximum 4.5 lb per square inch pressure differential between the inside and the outside of the cabin. These smaller aircraft are capable of maintaining a sea-level cabin altitude up to 10,000 feet and an 8000-foot cabin altitude at 20,000 feet above sea level.

Cost/benefit issues. Although hospital-based aeromedical programs transport patients with a wide variety of medical problems, trauma cases predominate (more than 50% of the transports for most programs). The costs of trauma, the third leading cause of death in the United States, are staggering. It is responsible for the deaths of more than 150,000 Americans each year and is the leading cause of death for patients less than 40 years of age.[9]

Recent studies indicate that trauma patients benefit from aeromedical transport systems. Baxt and Moody[10] compared the predicted to the actual mortality of 150 blunt-trauma patients treated by a land ALS system and transported to a trauma center, with 150 patients treated by a rotorcraft aeromedical service and transported to the same center. They found a 52% reduction ($p<0.001$) in the actual *vs* predicted mortality for airborne patients compared to land-transported patients. A multicenter study using the same methodology for 1273 blunt trauma patients found a 21% reduction ($p<0.001$) in the actual *vs* predicted mortality for patients treated by the aeromedical service.[11]

When the question of cost/effectiveness is directed toward the *type* of rapid transportation system that will best serve the needs of a critically ill or injured patient, it is clear that aeromedical services are superior compared to a land network of mobile intensive care units (MICUs). It has been calculated that the direct operating costs of providing a comparable transport service via a network of MICUs is more than twice the cost of an EMS helicopter system.[12] This analysis does not take into account the additional costs from duplication of services at each of the receiving hospitals that would be necessary for the MICU system to provide rapid access to the same inpatient services as an aeromedical system.[12]

Although evidence mounts supporting the benefits of aeromedical services for transport of critically ill and injured patients, healthcare legislators continue to question the cost/effectiveness of this advancement in medical care. The further development of critical and trauma care is dependent upon the establishment of a rapid referral network for patient access to multispecialty critical care teams and specialized services.

Research yields clues to Parkinson's dementia

Dementia associated with Parkinson's disease may be the result of severe neuronal loss in specific areas of the brain, the subcortical nuclei, and not related to plaques or tangles in the hippocampus and cerebral cortex. Writing in the October *Archives of Neurology,* Helena C Chui, of the University of Southern California School of Medicine, Los Angeles, and colleagues studied the brains of four patients with communication, recall, and visuospatial problems associated with Parkinson's disease, and five controls with Alzheimer's disease. All of the Parkinson's patients showed substantial neuronal loss in the three subcortical nuclei: the basal forebrain, the substantia nigra, and the locus ceruleus, the researchers say. "It seems clear that dementia in Parkinson's disease does not necessarily imply the coexistence of Alzheimer lesions in the cerebral cortex," they conclude. —*AMA Brief Report* ■

References

1. Waligunda B, Sheehan L: The Great American Balloon Book—An Introduction to Hot Air Ballooning. Englewood Cliffs, NJ, Prentice-Hall Inc, 1981, pp 27–33.
2. Guilford FR, Soboroff BJ: Air evacuation; a historical review. *Aviation Medicine* 1947 (Dec); pp 601–616.
3. Keating B: Chopper! The illustrated story of heli copter in action. Chicago, IL, Rand McNally and Co, 1976; pp 14,34,35.
4. Neel S: Army aeromedical evacuation procedures in Vietnam: Implications for rural America. *JAMA* 1968; 204:309–313.
5. Neel S: Helicopter evacuation in Korea. *USA Med J* 1955; 6:691–702.
6. Mackenzie CF, Shin B, Fisher R, et al: Two-year mortality in 760 patients transported by helicopter direct from the road accident scene. *Am Surg* 1979; 45:101–108.
7. US Department of Transportation and the American Medical Association: *Air Ambulance Guidelines.* US Government Printing Office, 1981; 26-798/1444.
8. Johnson A: Treatise on aeromedical evacuation: 1. Administrative and some medical considerations. *Aviation Space Environ Med* 1977; 48:546–549.
9. American College of Surgeons' Committee on Trauma: *Advanced Trauma Life Support Course Students Manual,* 1984.
10. Baxt WG, Moody P: The impact of a rotorcraft aeromedical emergency care service on trauma mortality. *JAMA* 1983; 249:3047–3051.
11. Baxt WG, Moody P, Cleveland HC, et al: Hospital-based rotorcraft aeromedical emergency care services and trauma mortality; a multicenter study. *Ann Emerg Med* 1985; 14:859–864.
12. Smith J: Cost-benefit of hospital helicopters vs land MICUs. *J Aeromedical Health Care* 1984 (Nov–Dec); pp 16–17. ■

CLINICAL CANCER: Number 11 of a series

Patient perceptions during cancer chemotherapy

David R Nerenz, PhD and *Richard R Love, MD,* Madison, Wisconsin

THE MANAGEMENT of chronic illness of which cancer is a prime example is becoming a more important part of medical practice because of recent successes in preventing or treating acute, infectious illnesses. While physicians are by necessity paying more attention to the medical aspects of chronic illnesses, there also is an increasing awareness of the importance of psychological factors in their management. Psychological factors include such things as compliance with treatment recommendations, doctor-patient communication, patient "adjustment" to chronic illness, and the role of the patient as an active participant in medical decision-making.

Social scientists who study issues such as compliance or doctor-patient interaction often are struck by the extent to which patients have their own detailed ways of thinking about chronic illness and their own goals for what treatment should accomplish. If these ideas and goals were completely congruent with those of the physician, there would be little problem with noncompliance or patient dissatisfaction. Unfortunately, patients and physicians often differ in their views of illness, and this difference can lead to difficulties in medical management.

Patients are taking a more active role in the management of their chronic illness for at least two reasons. The first is the political or social change toward less blind trust of professionals with consequently greater feeling on the part of patients that they ought to have some choices in medical care. The second is the fact that in chronic illness patients cannot passively submit to a brief treatment as they could with acute illnesses. The duration of treatment and the changes in lifestyle which accompany some treatments require more commitment and effort. Patients have a much greater opportunity to alter or refuse treatments if they are unhappy with the results.

Patients as problem solvers. When confronted with chronic illness, patients must act as problem solvers. They seek solutions to disease symptoms, treatment side effects, and associated difficulties in living. In the problem-solving process there first must be an understanding or interpretation of what the problem is, then some effort to solve the problem, and finally an assessment of whether the effort has been effective. If the problem is solved, the process usually goes no further. If not, the patient must go back and either try the same thing again, try something else, or return to the beginning and start with a new view of the problem. The whole problem-solving process can be directed at either the problem itself or the consequences of the problem. For example, a woman who is losing hair as a result of chemotherapy treatments can attempt either to "prevent" the hair loss by washing her hair less often or to deal with the consequences of hair loss (appearance) by obtaining a wig.

Research by Dr Howard Leventhal and his associates at the University of Wisconsin has indicated the extent to which effective coping with problems of chronic illness (and ultimately good medical management) depends upon the first stage of the problem-solving process. Patients' interpretations of problems influence their choice of coping strategies, their criteria for deciding when a given strategy has been effective, and their actions when strategies fail. Ineffective coping, poor adaptation to disease, and noncompliance often reflect an inaccurate problem interpretation.

Patients' inaccurate interpretations of chronic illness. Patients seem to have three main inaccuracies in interpretation. First, patients tend to view chronic illness in acute illness terms. Patients are accustomed to illnesses with fixed, short timelines and often have difficulty accepting all the implications of lifelong disease or disability. While acknowledging that they will have to change diet, activity, or schedule permanently, patients still may be hoping to return to normal routine.

Second, as part of the acute illness model, patients assume that diseases have symptoms, and that symptoms should disappear with treatment. Patients have difficulty accepting treatments for an asymptomatic disease such as lymphoma for which a complete remission of lymphadenopathy has been achieved, when they experience some side effects but cannot

From the Department of Human Oncology, University of Wisconsin Medical School, Madison. Reprint requests to: Richard R Love, MD, Dept of Human Oncology, UW Clinical Cancer Center, 600 Highland Ave, Madison, Wis 53792 (phone: 608/263-8600).
Copyright 1986 by the State Medical Society of Wisconsin.

notice improvement in a disease symptom or sign.

Third, patients often have difficulty distinguishing between disease symptoms and treatment side effects. Taken in conjunction with the two points just mentioned, patients who experience side effects of treatment may mistake them for a worsening of their disease symptoms and conclude that the the treatment is ineffective or harmful. This problem occasionally happens in patients with cancer who had fatigue as one of the symptoms which brought them in for diagnosis. They expect that chemotherapy or radiation will reduce the fatigue; when the treatments produce fatigue or weakness, they view these side effects as a sign that treatment has failed.

A current study of patient distress. Over the past four years some of these ideas have been applied to a study Howard Leventhal and the authors are undertaking of patient difficulties with cancer chemotherapy. We interviewed 238 patients receiving chemotherapy for the first item for breast cancer or lymphoma. Only one of our subjects voluntarily discontinued treatment. This does not mean that patients find chemotherapy easy to tolerate; the high ratings patients often gave on scales of depression and emotional distress suggest that patients often wish to quit, but stay in treatment because of fears about the consequences of dropping out. In fact, after six months of therapy, 41% of our subjects expressed the wish to quit, but very few communicated their wishes and associated distress to medical staff. Although the common side effects of nausea and vomiting elicited distress, the number of side effects was most strongly correlated with distress measures. Tiredness and weakness were distressing side effects; in part this distress was likely due to the uncertainty of their source. Anticipatory or conditioned nausea occurred in one third of subjects and was highly correlated with anxiety at the time of initial drug treatment. Most measures of distress showed increases over time suggesting that patients don't "get used to" chemotherapy.

Recommendations of practical approaches. These findings suggest some practical approaches to limiting patients' emotional distress due to cancer chemotherapy.

1. Attending health staff must *openly* and *repeatedly* address patients' high levels of distress and desire to quit chemotherapy.
2. Patients must be prepared for *all* of the experiences likely with treatment. This preparation is critical to lowering pretreatment anxiety and to allowing appropriate interpretation of the source of chronic side effects of treatment. Conversations with patients need to be specific and repeated.
3. Attention to strategies for managing or dealing with *each* side effect, including anticipatory nausea, will lessen patient distress.
4. Finally, repeated conversations which allow for patients' expressions and interpretations of what is happening to them, will uncover those unique patient perceptions which may govern distress and also may be alterable.■

Series Coordinator:

Ernest C Borden, MD, Madison

American Cancer Society Professor of Clinical Oncology, University of Wisconsin Clinical Cancer Center, 600 Highland Ave, Madison, Wisconsin 53792

Physicians are encouraged to contact the authors if they wish to discuss these topics further or obtain additional information. Comments or suggestions for topics would be welcome.

SPECIAL

Wisconsin Initiative for improving cancer pain management

A MULTIDISCIPLINARY EFFORT to improve cancer pain management is underway in Wisconsin. Cancer pain is a major problem in the world, in the United States, and in Wisconsin. It is estimated that more than 3.5 million people in the world suffer from cancer pain daily, and that only a fraction of them receive adequate treatment.[1] Foley reports that in the US, 60% to 90% of cancer patients with advanced disease report substantial pain.[2] These data reflect the results of a 1982 Wisconsin study of patients with metastatic disease: 75% of patients with prostatic disease, 64% with breast disease, 47% with colorectal cancer, 59% with ovarian cancer, and 40% with cancer of the uterine corpus reported significant levels of pain.[3]

In 1984 legislation was introduced in the US Congress to make heroin available to treat cancer pain. The Wisconsin Controlled Substances Board conducted a review of the merits of this bill. The Board found no scientific or medical evidence to show that heroin was superior to available opioid analgesics. After reviewing the literature and consulting with cancer pain experts, the Board concluded that the cancer pain problem cannot be attributed to a lack of effective analgesics but rather to a

Prepared by June L Dahl, PhD, Professor of Pharmacology, University of Wisconsin Medical School, and Chair, Controlled Substances Board, Bureau of Community Programs, Wisconsin Department of Health and Social Services, 1 West Wilson St, PO Box 7851, Madison, Wis 53707 (phone: 608/266-7586).

collection of factors including inadequate diagnosis, ineffective use of existing drug and nondrug therapies, and inappropriate fears of addiction among some health professionals. As a consequence, cancer patients in pain are treated too often with inadequate amounts of drugs and too infrequently, giving rise to cycles that alternate between partial relief and severe pain. This in spite of the evidence that severe pain can be relieved in most terminally ill cancer patients when currently available drugs are used properly.[4]

Because introduction of heroin could not solve this multifaceted problem, and because of concerns that inappropriate attitudes about opioids and addiction appeared to be a significant obstacle to optimal cancer pain management, the Board decided to explore the development of a program to improve the management of cancer pain in Wisconsin.

An informal steering committee was convened to assist in the development of what is now called the Wisconsin Initiative. The committee decided to sponsor a Strategy Session on Cancer Pain Management whose purpose is to develop a multidisciplinary action plan to close the gap between the knowledge and practice of cancer pain therapies. The strategy session will be hosted by the Johnson Foundation at Wingspread, Racine, Wisconsin, on December 5–6, 1986. Dr C Everett Koop, Surgeon General of the US, will be the keynote speaker. Approximately 70 individuals representing medicine, nursing, pharmacy, hospice and healthcare organizations have been invited to participate. The State Medical Society of Wisconsin has agreed to be a cosponsor of the Wisconsin Initiative and has appointed Dr J D Kabler, as its official representative. The US Public Health Service Interagency Committee on Pain and Analgesia has provided partial staffing support for planning the Strategy Session on Cancer Pain Management and coordinating implementation of the action plan. The World Health Organization has identified the Wisconsin Initiative as a pacesetter, and plans are being developed to foster international cooperation.

The Wisconsin Initiative has produced several reports which are available, including four progress reports in the *Journal of Pain and Symptom Management,* a compilation and analysis of the many factors that are cited in the literature as contributors to the cancer pain problem, a 100-citation bibliography, and a brief review of epidemiology.

Readers who have comments or questions or wish to help are invited to contact the Conrolled Substances Board, PO Box 7851, Madison, Wis 53707 (phone: 608/266-7586); or June L Dahl, PhD, UW Medical School, Dept of Pharmacology, Medical Sciences Center, 1300 University Ave, Madison, Wis 53706 (phone: 608/262-1733).

REFERENCES

1. Stjernsward J, Ozorio P: Why not "Freedom from cancer pain?" *World Health,* 1985 (June).
2. Foley KM: The treatment of cancer pain. *N Engl J Med* 1985; 313:84–89.
3. Daut RL, Cleeland CS: The prevalence and severity of cancer pain. *Cancer* 1982; 50:913–918.
4. McGivney WT, Crooks GM: The care of patients with severe chronic pain in terminal illness. *JAMA* 1984; 251:1182–1188. ■

ABSTRACT

Isolation of *Blastomyces dermatitidis* in soil associated with a large outbreak of blastomycosis in Wisconsin

BRUCE S KLEIN, MD; JAMES M VERGERONT, MD; ROBERT J WEEKS, BS; U NANDA KUMAR, MD; GEORGE MATHAI, MD; BASIL VARKEY, MD, LEO KAUFMAN, PhD; ROBERT W BRADSHER, MD; JAMES F STOEBIG, BS; JEFFREY P DAVIS, MD, and the INVESTIGATION TEAM, Bureau of Community Health and Prevention, Wisconsin Division of Health, the Mycology Section, Wisconsin State Laboratory of Hygiene, and the Departments of Pediatrics and Internal and Preventive Medicine, University of Wisconsin Clinical Sciences Center, Madison; the Division of Mycotic Diseases, Center for Infectious Diseases, Centers for Disease Control, Atlanta; the Pulmonary Sections, Trinity Memorial Hospital, Cudahy, Wis; the Milwaukee Veterans Administration Medical Center, and the Medical College of Wisconsin, Milwaukee; and the Department of Medicine, University of Arkansas for Medical Sciences, Little Rock, Ark. *N Engl J Med* 1986; 314:529-534

In investigating six cases of blastomycosis in two school groups that had separately visited an environmental camp in northern Wisconsin in June 1984, the authors identified a large outbreak of the disease and isolated *Blastomyces dermatitidis* from soil at a beaver pond near the camp. Of 89 elementary-school children and 10 adults from the two groups, 48 (51%) of the 95 evaluated in September had blastomycosis. Of the cases, 26 (54%) were symptomatic (the median incubation period was 45 days; range, 21 to 106 days). No cases were identified in 10 groups that visited the camp two weeks before or after these two groups. A review of camp itineraries, a questionnaire survey, and environmental investigation showed that blastomycosis occurred in two of four groups that visited a beaver pond and in none of eight groups that did not. Walking on the beaver lodge ($P=0.008$) and picking up items from its soil ($P=0.05$) were associated with illness. Cultures of soil from the beaver lodge and decomposed wood near the beaver dam yielded *B dermatitidis.* The authors conclude that *B dermatitidis* in the soil can be a reservoir for human infection.■

HEALTHWATCH OFFERS PREADMISSION SCREENING TIPS. The latest edition of SMS's patient newsletter, *Healthwatch,* is now available for use by members. This edition of *Healthwatch* describes the subject of preadmission screening and offers patients some valuable tips on how to avoid insurance dilemmas and a strained relationship with their physician. *Healthwatch* makes an excellent statement stuffer or office handout. A free sample or additional copies may be obtained from the SMS Division of Membership and Communications at 1-800-362-9080 or 608/257-6781. The cost is $4.50 per 100 copies, plus $3.00 for shipping and handling and 5% sales tax.■

CES Foundation
of the State Medical Society of Wisconsin

The Charitable, Educational and Scientific Foundation of the State Medical Society of Wisconsin recognizes the generosity of the following individuals and organizations who have made contributions during the month of April 1986.

Harrington-Wright Scholarship Fund

Ashland-Bayfield-Iron County Medical Society Auxiliary
Brown County Medical Society Auxiliary
Eau Claire-Dunn-Pepin County Medical Auxiliary
Waukesha County Medical Auxiliary
Wood County Medical Auxiliary

L C Pomainville Fund

Mr and Mrs John R Brauer
Russell F Lewis, MD
Martha Pomainville
Jennifer Rice
LaVerne and Bonnie Stillman

Barbara Scott Maroney Fund for Research on Diabetes

Dr and Mrs Gerald Kempthorne
Mr and Mrs H B Maroney II
Kenneth M Viste Jr, MD
William and Marlene Wendle

Reznichek Student Loan Fund

Mrs Cyrus G Reznichek

Memorials

Mr and Mrs John R Brauer
Mrs Irwin J Bruhn
David N Goldstein, MD

Voluntary Contributions

George H Anderson, MD
John L Babb, MD
James F Bigalow, MD
Austin J Boyle, III, MD
Browning-Reichelderfer-Yamamoto
Richard J Bryant, MD
Robert H Caplan, MD
Raja G Chandrasekharan, MD
James A Christian, DDS, MD
Thomas H Cogbill, MD
Marcella M Herfel
Dr and Mrs J S Huebner
Dr and Mrs Gerald Kempthorne
Russell F Lewis, MD
Mr and Mrs H B Maroney, II
Reese and Mavis Minor
Martha Pomainville
Mrs Cyrus G Reznichek
Jennifer Rice
LaVerne and Bonnie Stillman
Kenneth M Viste, Jr, MD
William and Marlene Wendle

In Memoriam

Roy Collins
Helen Keenan
Raymond E Koenig
Harry B Maroney
Ed Moseman
Mrs Leland Pomainville
Leland C Pomainville, MD
George Rauland

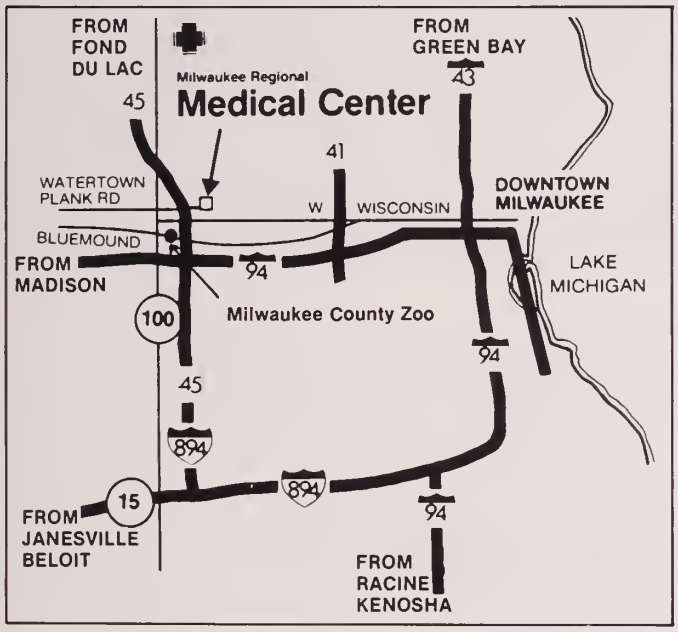
Dean M Connors, MD
John S Czajka, MD
Roy J Dunlap II, MD
Stanley A Englund, MD
James W Erchul, MD
Jordon Frank, MD
D J Freeman, MD
Michael S Garrity, MD
F W Gissal, MD
Farrell F Golden, MD
Peter J Groessl, MD
Warner H Gustavson, MD
James R Hammes, MD
Stephen W Hargarten, MD
Edgar O Hicks, MD
Arthur A Holbrook, MD
Bruce S Hong, MD
Charles V Ihle, MD
Pauline M Jackson, MD
Mark W Jefferies, MD
David M Johnson, MD
Howard H Johnson, MD
Robert N Justl, MD
Orville T Kelley, MD
William G Kendell, MD
Charles W Keskey, MD
Wayne H Konetzki, MD
Fred H Koenecke, MD
Robert M Krout, MD
William J LaJoie, MD
Timothy R Lechmaier, MD
Marc A Lettellier, MD
Roland R Liebenow, MD
R Scott Liebl, MD
Elliot O Lipchik, MD

Roland A Locher, MD
James R Mattson, MD
Leland R Mayer, MD
Harvey Monday, MD
Albert J Motzel, Jr, MD
Thomas A O'Connor, MD
Lyle L Olson, MD
Thomas O Paulson, MD
Robert B Pittelkow, MD
Robert E Polcyn, MD
Leland C Pomainville, MD
Cornelius J Rater, MD
F H Reeser, MD
Richard G Roberts, MD
Raymond J Rogers, MD
Richard J Rowe, MD
Jerome R Sheff, MD
James J Sherry, MD
Paul O Simenstad, MD
Joseph Syty, MD
Duane W Taebel, MD
Menandro V Tavera, Jr, MD
Serafin B Tervel, MD
John A Thranow, MD
Gay D Trepanier, MD
Valerio Turgai, MD
Indur B Wadhwane, MD
Richard H Ward, MD
Waukesha County Medical Society Auxiliary
Stephen B Webster, MD
Maurice L Whalen, MD
John H Wishart, MD
Wood County Medical Society Auxiliary■

Medical College of Wisconsin

Close by freeway

- Smooth easy drive without rush hour hassles
- Suburban Milwaukee location with ample parking



Milwaukee Regional Medical Center Institutions:

1) **MEDICAL COLLEGE OF WISCONSIN**
2) Milwaukee County Medical Complex
3) Froedtert Memorial Lutheran Hospital
4) Curative Rehabilitation Center
5) Milwaukee County Mental Health Complex
6) Children's Hospital of Wisconsin (In 1988, moving into new hospital on campus.)
7) The Blood Center of Southeastern Wisconsin

Close by phone

- Over 300 faculty physicians providing tertiary care
- Medical information and referrals without red tape

One-phone-call access to
Medical College of Wisconsin faculty specialists

Toll Free: 1-800-472-3660

PRN
PHYSICIAN RESOURCE NETWORK™

AMERICAN PHYSICIANS LIFE

Serving All Your Life Insurance Needs.

American Physicians Life's comprehensive and competitively priced line of insurance products is now being offered exclusively through SMS Services Inc., to State Medical Society members.

APL is a majority-owned subsidiary of Physicians Insurance Company of Ohio (PICO) and a sister company of The Professionals Insurance Company, the carrier of the SMS-endorsed Professional Liability Insurance Plan.

APL coverages available to you through SMS Services Inc., and its authorized insurance representatives include:

- Innovative Universal Life coverages
- Low Cost Graded Premium Whole Life plan
- Yearly Renewable and Convertible Term Life protection
- Non-cancellable Disability Income programs
- Single and Flexible Premium Annuities
- Comprehensive Office Overhead Expense protection

Why not contact SMS Services Inc., today to find out how American Physicians Life can solve all your life insurance needs.

CONTACT:

STATE MEDICAL SOCIETY OF WISCONSIN
SMS SERVICES INC.
SUBSIDIARY

SMS SERVICES INC.
330 EAST LAKESIDE STREET
P.O. BOX 1109
MADISON, WISCONSIN 53701
(608) 257-6781 OR TOLL FREE
1-800-362-9080

SMS House reaffirms forming PIC-Wisconsin

The SMS House of Delegates, meeting in special session October 17 in Brookfield, reaffirmed formation of the Physicians Insurance Company of Wisconsin, as they had last April. This time, however, their overwhelming endorsement authorizing formation of the SMS-sponsored, physician-owned stock liability company came with the understanding that PIC-Wisconsin would be offering a claims-made type of coverage.

The October 17 approval came six months after members of the 1986 House originally passed Resolution 27 (see June BLUE BOOK issue of *WMJ*, page 159). At that time it was thought PIC-Wisconsin would be able to offer occurrence coverage for medical liability insurance. Since then, however, negotiations with the Wisconsin Commissioner of Insurance and the increasing unavailability of reinsurance for occurrence-type coverage plans forced the new company to offer only claims-made coverage. This change in coverage prompted the SMS Board of Directors to call the rare special session of the House. Eighty-nine delegates, alternate delegates, and specially-appointed delegates were present to lend staunch support for the new venture.

Regardless of whether the House reaffirmed establishing the new company, SMS Board Chairman Darold A Treffert, MD, Fond du Lac, noted that the Physicians Insurance Company of Ohio (PICO), which currently offers SMS members occurrence coverage, will soon be switching to claims-made coverage only, leaving Wisconsin physicians little choice in the type of coverage available to them. PIC-Wisconsin will offer SMS members the same stability, availability, and control of their medical liability insurance with claims-made policies as it would have with occurrence policies, he said.

In his presentation October 17 before the House, Doctor Treffert attributed the switch in coverage type to a Wisconsin Department of Insurance decision not to allow the new

continued next page

AT LEFT: *Speaker of the House Duane Taebel, MD, La Crosse; and Chairman of the Board Darold Treffert, MD, Fond du Lac*

ABOVE: *SMS Past President and PIC–Wisconsin Director Timothy Flaherty, MD, Neenah*

ABOVE RIGHT: *SMS President-elect and PIC–Wisconsin Director Kenneth Viste Jr, MD, Oshkosh; and SMS Services, Inc Treasurer and Chairman and Director of PIC–Wisconsin Board Richard Edwards, MD, Richland Center*

BELOW: *SMS Board members and officers—J D Kabler, MD (Director), Madison; Darold Treffert, MD (Chairman and Director), Fond du Lac; Thomas Adams (Secretary-General Manager Designate), Madison; Earl Thayer (Secretary-General Manager), Madison; John Mullooly, MD (President), Milwaukee; and Vernon Griffin, MD (Vice Speaker of the House), Mauston* (Staff photos by Ruth Anne Riese)

continued from preceding page

company to discount reserves, a practice of PICO. If reinsurance were to be obtained through a different reinsurer in order to offer occurrence policies, its cost would be grossly excessive and available only under very limited circumstances, he said.

On August 23 the SMS Board agreed that the proposed occurrence-type coverage was not available at an acceptable cost to most physicians at a rate which would permit the new company to remain competitive in the marketplace. The practical alternative was to proceed with establishing PIC-Wisconsin and offer claims-made protection with a stock purchase requirement of $600 per share.

The new company began October 22, according to PIC-Wisconsin Executive Vice President William Montei, Madison. SMS members will soon be receiving more information about how to join PIC-Wisconsin.■

SMS Directors endorse PAC positions

The SMS Board of Directors October 17 approved the following Society positions, as recommended by the Physicians Alliance Commission, on these items contained in the Division of Health budget proposals submitted to the Department of Health and Social Services:

• Oppose a Division proposal to institute an annual $15 Medicaid provider fee for physicians and others.

• Oppose the proposal to expand mandatory HMO enrollment for the Medicaid AFDC population to the counties of Winnebago, Outagamie, Brown, Rock, Racine, and Waukesha. SMS supports patients' right to choose an HMO or other form of insurance.

• Oppose inclusion in the budget of nonfiscal statutory changes related to Medicaid, particularly proposals to (1) specify that the burden of proof rests with the provider when the provider appeals certain decisions made by Medicaid; and (2) require the providers to refund all payments received from the patient and accept the Medicaid rate as payment in full in cases where Medicaid eligibility is retroactively applied.

• Oppose the Division's proposal to increase physician licensure fees from $82 to $90 biennially. The increase would fund the Division's health professions data collection and analysis efforts.

In other actions, the SMS Board voted to:

• Appoint James P Ketterhagen, MD, Milwaukee, as the delegate and T Bayard Frederick, MD, Fond du Lac, as the alternate to represent SMS in the newly-created AMA Section for Young Physicians at the AMA Interim Meeting December 5-6 in Las Vegas.

• Appoint Robert S Monk, MD, Waukesha, as Surgery Section Representative to the Physicians Alliance Commission.■

SMS Medical Liability Task Force becomes committee

The SMS Task Force on Medical Liability, renamed the Committee on Medical Liability, has attained permanent status and will continue to monitor all Society activities relating to medical liability and keep physicians informed of those developments.

Responsibilities of the new committee, recently endorsed by the SMS Board of Directors, include:

—developing proposals to address immediate problems in the medical liability arena.

—investigating possible long-term solutions and identifying subsequent steps towards those solutions.

—developing a core group of physicians knowledgeable about medical liability issues, insurance issues, dispute resolution, risk management, and loss prevention, and other technical areas pertaining to the medical liability field.

The new committee also will recommend appointments to the Wisconsin Health Care Liability Insurance Plan (WHCLIP) and to the Patients Compensation Fund (PCF) Boards. Present appointees and the suggested ends of their terms are:

—*Frederick C Kriss, MD,* Madison, WHCLIP and PCF Board of Directors, 1987.

—*Earl R Thayer,* Madison, SMS Secretary-General Manager, WHCLIP and PCF Board of Directors, 1989.

—*H B Maroney,* Madison, SMS Assistant Secretary, Legal Subcommittee of the Fund and Board, 1987.

—*Sidney E Johnson, MD,* Marshfield, WHCLIP and PCF Actuarial Committee, 1989.

—*Paul A Jacobs, MD,* Milwaukee, WHCLIP and PCF Actuarial Committee, 1988.■

SMS to support cancer control plan

The Board of Directors October 17 approved SMS support of the proposed Wisconsin Cancer Control Plan, a $5 million effort to reduce cancer illness and death in the state 50 percent by the year 2000, saving more than 4,500 lives each year. The Board agreed to commit Society lobbying services to help plan developers seek state funding and legislative approval of the Cancer Control Plan.

Twenty-three states currently have such plans in operation to develop innovative cancer prevention, control, and research programs.

In Wisconsin, it is estimated that cancer will claim the lives of 9,500 residents and afflict 19,000 new victims in 1986. In 1985 the direct medical cost for cancer treatment in this state alone was $560 million.■

SMS members invited to reception for retiring Secretary Earl Thayer

All members of the State Medical Society, their spouses, and Auxiliary members are invited to attend a reception and dinner honoring SMS Secretary-General Manager Earl R Thayer upon his retirement. The reception will be held Friday, February 6, at the Concourse Hotel in Downtown Madison.

SMS is holding the reception, at $30 per person, to honor Mr Thayer for his unswerving dedication to the Society as a long-time employee and chief executive officer for the past 15 years.

"Although it is nearly impossible to adequately express our gratitude and respect for his accomplishments, we encourage everyone able to attend, to come wish Earl wonderful prospects for the future," Darold A Treffert, MD, Fond du Lac, SMS chairman of the Board of Directors, said.

Thomas L Adams, the Secretary-General Manager Designate, will succeed Mr Thayer upon his retirement at the Annual Meeting in March 1987.

The 6:00 pm reception will be followed by the dinner. SMS has engaged a block of hotel rooms at the Concourse for those wishing to stay overnight. The SMS Board of Directors will meet the next day, on Saturday, February 7, at the Concourse instead of the usual SMS Headquarters' location.

Those wishing to reserve hotel rooms may contact the Concourse via two toll-free telephone numbers: within Wisconsin 1-800-362-8270, outside Wisconsin 1-800-356-8293, or by calling 608-257-6000. Members are asked to indicate SMS membership.■

BLUE BOOK UPDATE

On page 111 of the June BLUE BOOK issue, under corporate members of the CESF, Charles W Frinak, MD is the newly appointed member for Dodge County Medical Society with a term expiring in 1989.

On page 138 of the June BLUE BOOK issue, under the Officers of Specialty Sections of SMS, the following changes have been made for the Section on Plastic Surgey:

C—John E Hamacher, MD
20 S Park St
Madison WI 53715

ST—Sharon L Elias, MD
400 West Silver Spring Dr, #202
Milwaukee WI 53217

D—Sharon L Elias, MD

AD—Terrence J Wilkins, MD
2015 E Newport
Milwaukee WI 53211

On page 141 of the June BLUE BOOK issue, under the Presidents and Secretaries, Wisconsin Specialty Societies, the following changes have been made for the Wisconsin Radiological Society:

P—Roland A Locher, MD (Oct 1987)
121 South 13th St
La Crosse WI 54601

PE—Robert Durnin, MD (Oct 1987)
20 South Park St
Madison WI 53715

ST—Paul R Bolich, MD (Oct 1989)
1586 Arapahoe Ct
Green Bay WI 54303

Under the Wisconsin Urological Society the president-elect is:

PE—Stuart W Fine, MD (May 1987)
2040 W Wisconsin Ave
Milwaukee WI 53233.■

Dr Newcomer endorsed for AMA council post

The SMS Board of Directors earlier this year endorsed the candidacy of Kermit L Newcomer, MD, La Crosse, for a position on the AMA Council on Medical Services. Recently the North Central Medical Conference also endorsed his candidacy.

Composed of 10 physicians, one resident, and one student, the Council meets six times a year to deal with socioeconomic issues in healthcare such as national health insurance and healthcare financing, planning, and organization.

Doctor Newcomer, an internist with the Gundersen Clinic, is a past president of the American Group Practice Association, serves as chairman of the SMS Commission on Physician Manpower and Distribution, and was chairman of the AMA's Northcentral Physician Manpower Task Force in 1985. Doctor Newcomer would replace George E Collentine, MD, Milwaukee, whose term expires in 1987.■

House of Delegates Nominating Committee selects slate of candidates

Following the Leadership Conference held in Milwaukee, October 18, the House of Delegates Nominating Committee met and selected the following slate of candidates for positions to be filled by House elections at the 1987 Annual Meeting in March:

President of the Society for 1987–88: Kenneth M Viste Jr, MD, Oshkosh

President-elect for 1987–88: J D Kabler, MD, Madison

Treasurer for 1987–88: John J Foley, MD, Menomonee Falls, to succeed himself

Speaker of the House of Delegates for 1988–90: Vernon M Griffin, MD, Mauston

AMA Delegates for calendar years 1988 and 1989: Richard W Edwards, MD, Richland Center (to succeed himself); Timothy T Flaherty, MD, Neenah (to succeed Cornelius A Natoli, MD, La Crosse); and John D Riesch, MD, Menomonee Falls (to succeed Henry F Twelmeyer, MD, Elm Grove).

AMA Alternate Delegates for calendar years 1988 and 1989 to succeed themselves: J D Kabler, MD, Madison; Kenneth M Viste Jr, MD, Oshkosh; and Richard H Ulmer, MD, Marshfield.

Biographical sketches of these candidates, with pictures, will appear in the January issue.

A list of members of the Nominating Committee appeared in the June BLUE BOOK issue at page 158. Rolf S Lulloff, MD of Green Bay is chairman and Jack M Lockhart, MD of La Crosse is secretary.■

• Cri·sis (Krī·ses)

n. A Situation That Has Reached A Critical Phase

There is no other way to define it.

The evidence—skyrocketing claims, million-dollar court judgments and reports of doctors being forced to curtail services—all points directly to the reality of a medical liability insurance crisis in progress.

For some Wisconsin doctors, the crisis has meant hardship in obtaining quality professional liability protection from a company dedicated to providing secure coverage now and well into the future.

• Ac·tion (ˈAk·shen)

n. An Act of Will

Wisconsin physicians have not been idle as this crisis worsened. By acting to form their own company—Physicians Insurance Company of Wisconsin—they have taken the necessary steps to ensure the availability of quality protection plans to last throughout their medical careers.

Physicians Insurance Company of Wisconsin offers protection plans and services sponsored by the State Medical Society—secure coverage from a company responsive to the total requirements of the medical community.

_____ Please send me more information about professional liability insurance from Physicians Insurance Company of Wisconsin.

_____ I would like an agent in my area to contact me.

Name _____

Home Address _____

City _____ State _____ Zip _____

Telephone ( ) _____

Office Address _____

City _____ State _____ Zip _____

Telephone ( ) _____

I prefer to be contacted: _____ At Home _____ At My Office

PHYSICIANS INSURANCE COMPANY OF WISCONSIN

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 4500 MADISON, WI

POSTAGE WILL BE PAID BY ADDRESSEE

Physicians Insurance Company of Wisconsin

429 Gammon Place
P. O. Box 5285
Madison, Wisconsin 53791-9316

ecure Protection For Your Medical areer...Now And The Future.

Physicians Insurance Company of Wisconsin

- Secure Coverage
- Physician-Oriented Philosophies
- Personalized Services

Sponsored By
The State Medical Society of Wisconsin

Eligibility Requirements

- Licensed By The State Medical Board
- Practice A Majority Of Time In Wisconsin
- Membership In The State Medical Society
- Meet Company Underwriting Requirements

Featuring:

- Partnership/Corporation Coverage At No Charge
- Premium Billing Options
- Local Agency Services

PHYSICIANS INSURANCE COMPANY OF WISCONSIN

429 Gammon Place
P. O. Box 5285
Madison, Wisconsin 53705

(608) 833-8866 or
toll-free 1-800-362-2433

AIM HIGH

A PRESCRIPTION FOR PHYSICIANS

BOTHERED BY:

- ★ Too much paperwork?
- ★ The burden of office overhead?
- ★ Malpractice insurance costs?
- ★ Not enough time for the family?
- ★ No time to keep current with technology and new methods?
- ★ No time or money for professional development?

JOIN THE AIR FORCE MEDICAL TEAM; WE'LL PROVIDE THE FOLLOWING:

- ★ Competent and dedicated professional staff.
- ★ Time for patients and for keeping professionally current.
- ★ Financial security, a generous retirement for those who qualify.
- ★ If qualified, unlimited professional development.
- ★ Medical facilities all around the world.
- ★ 30 days of vacation with pay each year.
- ★ Complete medical and dental care.
- ★ Low cost life insurance.

Want to find out more? Contact your nearest Air Force recruiter for information at no obligation. Call

Capt Kevin Quinn
at (414) 258-2430 collect.

LEADERSHIP CONFERENCE

State task force pushes tougher doctor discipline

A state task force charged with revamping Wisconsin's examining boards agrees with SMS in recommending a major overhaul of the professional discipline system, Dane County District Attorney Hal Harlowe said. Harlowe, chairman of the Governor's Task Force on Professional and Occupational Discipline, told SMS members attending the October 18 Leadership Conference that Wisconsin's system of disciplining 17 professions, including medicine, "simply isn't operating very well."

The system's greatest problem, he acknowledged, is its lack of accountability. "Without clear lines of reponsibility for actions taken, the system won't work," Harlowe said. To remedy that situation and win public confidence in the system, the task force has developed a number of recommendations for legislative review and approval. They include:

1. Strengthening the peer review process by having physicians appear before their peers at informal hearings where penalties less severe than license revocation or suspension can be imposed.

2. Employing two consumer advocates in the Department of Regulation and Licensing to promptly address patient complaints. More than 85% of the complaints referred to the Department each year are rejected.

3. Hiring a full-time executive director for the Medical Examining Board (MEB) to give highest priority to disciplinary matters.

4. Broadening the MEB's range of authority and scope of discipline by imposing a variety of penalties and forms of restitution, including sending letters of concern to selected physicians and publishing a bulletin of MEB decisions.

5. Establishing time lines for resolutions of cases and require physicians to respond immediately to complaints filed with the MEB or be subject to disciplinary action.

William Jacott, MD, president of the American Federation of Medical Examining Boards, said many of Wisconsin's initiatives reflect what is happening across the nation. Other state boards are tightening their licensure standards, mandatory reporting requirements, and grounds for disciplinary actions.

The Federation, he said, will work with states to implement many of these standards, including periodic re-assessment of licensed physicians. Physicians have little choice but to advance their licensure and disciplinary systems. "Even though you're on the right track, you'll get run over if you just sit there," Doctor Jacott paraphrased.■

HAL HARLOW, *Dane County District Attorney and Chairman, Governor's Task Force on Professional and Occupational Discipline, Madison . . . Wisconsin's system of disciplining 17 professions, including medicine, "simply isn't operating very well."*

Tort reform: SMS ready to take the next step

"The passage of 1985 Wisconsin Act 340 was only a first step towards ensuring that the ability of physicians to practice medicine in Wisconsin is not hampered by outrageously skyrocketing malpractice premiums," SMS President John P Mullooly, MD, Milwaukee, said in his address opening the 1986 SMS Leadership Conference. "The door has been opened, but we have only begun to travel the path to safeguarding equal access and availability of high quality healthcare to all Wisconsin residents," he added.

Speakers took up that theme throughout the conference in their remarks. Some US physicians spend as much as one-third of their gross incomes on malpractice premiums, Rufus K Broadaway, MD, a member of the AMA's Board of Trustees, acknowledged. He said the AMA will aim at achieving two broad goals in its efforts to remediate the malprac-

continued next page

ATTORNEY RANDY SPROULE, Administrator, Wisconsin Mandatory Mediation Panels, Madison

WILLIAM JACOTT, MD, President, American Federation of Medical Examining Boards, Duluth, Minnesota

RUFUS K BROADAWAY, MD (top left above), AMA Board of Trustees member, Miami, Florida; ATTORNEY DONALD PETERSON, Milwaukee (top right above); THOMAS FOX, Wisconsin Commissioner of Insurance, Madison (above bottom left)

tice crisis: creating a climate in which patients do not look to sue the physicians who treat them, and ensuring that malpractice victims receive just settlements.

Trial Attorney Ted Warshafsky, Milwaukee, blamed much of the current malpractice situation on the healthcare system itself. A system which places inexperienced physicians in medical situations "that would blow the mind of experienced practitioners" needs to reevaluate physicians' working conditions as well as how patients are being served, he said.

Milwaukee Defense Attorney Donald Peterson said future medical liability legislation should seek to lower the cap on noneconomic damages and reduce the cost of litigation itself by decreasing attorneys' fees.

Wisconsin Insurance Commissioner Thomas Fox listed a variety of ways his liability task force has recommended to expedite liability claims and resolve the crisis, including setting a $500,000 cap on awards for noneconomic damages.

The new mandatory mediation panel system, which replaced the Patients Compensation Panels September 1, attempts to make the physician's role less burdensome, Panel Administrator Randy Sproule, Madison, noted in his remarks. The new system will try to prevent much last-minute rescheduling of panel sessions by scheduling physicians to hear cases closer to the hearing date, he said.

In closing the October 17–18 conference, SMS Board Chairman, Darold A Treffert, MD, Fond du Lac, reminded participants that no legislative or administrative remedy could resolve the liability crisis as well as individual physicians themselves. "Learn to listen to your patients. Don't ignore the obvious," he said.■

SMS, AMA monitoring projects seek physicians' experiences

SMS and the AMA are again urging physicians to relay their experiences with peer review organizations, HMOs, health insurance agencies, governmental regulatory bodies, or other third-party payors. Both organizations are conducting monitoring projects to be apprised of newly-developing health programs and agencies.

Areas of particular interest include:

- Changes in length of stay, admission and discharge policies.
- Preadmission certification procedures.
- Notifications to patients on payment denials.
- Utilization and quality review results.
- Payment denials based on quality.
- Administrative relations between hospitals and physicians and the third party.
- Any demonstrable impact that PRO review may have on the cost or quality of care.
- Sanction activities.
- Appeals processes.
- The results of any PRO or third-party efforts to review patients other than Medicare beneficiaries.

Physicians or hospital medical staffs who would like to share this information are encouraged to describe their experience(s) in brief letters and direct them to: SMS Monitoring Project, State Medical Society of Wisconsin, PO Box 1109, Madison, WI 53701, and AMA PRO Monitoring Project, Department of Health Care Review, American Medical Association, PO Box 10947, Chicago, IL 60610.

All responses will remain confidential. Data will be carefully analyzed and used to develop new ways to help physicians and medical staffs deal with various health organizations and agencies.■

Persons interested in the Impaired Physician Program may call 608/257-6781 or toll-free in Wisconsin: 1-800-362-9080 and explain their concern to Mr John LaBissoniere or Mr H B Maroney of the State Medical Society staff. The caller's identity will be kept in complete confidence.

Thanks, Doctors, for your concern!

SMS extends a sincere thank-you to the more than 750 Wisconsin physicians who have volunteered during the past few weeks to serve on the new Medical Mediation Panels which will replace the Patients Compensation Panels. Strong physician support and participation are essential for success of the new system.

For those physicians, including retired physicians, who are still interested in serving on the newly-created Medical Mediation Panels the following information may be of interest to you.

- A three-week notification period before each panel hearing is expected.
- Anticipated length per hearing will be less than three hours.
- Service will be within the physician's locality (no extensive driving).
- Physicians will be mediating a case with an attorney and a lay person whose name is drawn from the gubernatorial listing.
- Physicians would not be asked to "cross" specialties, but would act as an "in-house expert" and review a case in their specialty.
- No formal rules of procedure are followed, and nothing is admissible in a court of law.
- Reimbursement is $150 per session.

Physicians who would like to volunteer to serve on the panels are urged to contact Deborah Powers at SMS Headquarters 608-257-6781 or toll-free 800-362-9080 and leave their name, address, telephone number, and specialty.■

PIC-Wisconsin revives competition in state

The launching of Physicians Insurance Company of Wisconsin (PIC-Wisconsin) on October 22 predictably has spurred competition in medical liability insurance in the state.

Medical Protective, an Indiana company, continues to write occurrence coverage selectively as in the past, and its representatives speak of offering claims-made coverage in Wisconsin at some point.

CNA, an Illinois company, is reportedly becoming active with a deductible occurrence policy. The St Paul (Minnesota) Companies apparently has not yet changed its moratorium on new business in Wisconsin. No change has been observed in the Wisconsin activity of commercial companies with limited specialty coverages.

The State Medical Society offers a word of advice to physicians: If you are thinking of changing companies, be sure to ask (get written assurance, if possible) whether their coverage will increase to the required $300,000/$900,000 limits on July 1, 1987 and whether the coverage will continue as occurrence or be changed to claims-made. There is a national movement to claims-made protection throughout the liability industry.■

"Tax break" for 1987 medical society dues paid in 1986

For physicians in higher tax brackets, it makes sense to pay 1987 medical society dues in 1986, according to AMA legal counsel, Sidley & Austin, Attorneys, Chicago.

Under current law, all practicing physicians may deduct the dues they pay from their own funds to a medical society. Under the new Tax Reform Act, starting January 1, 1987, dues to medical societies that are paid or reimbursed by a physician's employer will continue to be a deductible business expense. However, such dues not paid by an employer, service corporation, or paid by a partnership or solo unincorporated physician, will be treated as "miscellaneous deductions." The aggregate amount of all such deductions will be deductible only to the extent that it exceeds 2% of the physician's adjusted gross income.

Thus, it is likely that payment of 1987 medical society dues (state, county, AMA, and specialty society) before year-end 1986, will mean a considerable tax advantage to the physician.

Members should contact SMS for the fully-detailed AMA analysis of the Tax Reform Act on this area of expense. Call 608/257-6781 or 1-800-362-9080, H B Maroney, SMS Corporate Counsel.■

YOU CAN HELP STOP BEDWETTING

For a large majority of your Enuretic patients

- Ethical — prescription only
- Professional — you supervise treatment
- Approximately 90 percent effective
- Proven reliable and dependable bell, pad, and light system
- Low cost rental service — $14.00 per week (avg. 6-week treatment)
- Convenient mail order service to the 48 states

For more information, call or write:

S. & L. SIGNAL COMPANY

Helping Enuretic Clients
Since 1950
1142 Fleetwood Ave. Madison, WI 53716
Phone: 608-222-7939

Accepted for advertising in the AMA Journal

In ten years your malpractice carrier may be just a memory.

Unless it's Medical Protective.

As you consider professional liability insurance, consider this. The coverages stated in the policy are basically a promise — a promise to be here when needed regardless of legal climate or economic conditions. A company's ability to keep this promise is critical because your financial security may depend on it. Unfortunately, too many firms are now finding the task impossible.

Analyze your liability insurance options carefully just as you would any important investment. Go beyond the agent and the policy to the company that stands behind both. How long has it been in operation? Has it weathered some of the tough times? Will it be there for you when you need help?

The Medical Protective Company pioneered professional liability coverage before the turn of the century and has served doctors exclusively ever since. Over 500,000 of them. Through good times and bad. We'll be here when you need us.

Contact The Medical Protective Company through one of our general agents. History shows we keep our promises.

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

Jerome E. Kronsnoble, William E. Herte
850 North Elm Grove Road, Elm Grove, WI 53122, (414) 784-3780

BROWN: Eighty-two members and eight guests were present at the October meeting of the Brown County Medical Society held in Green Bay. Ms Tracy Ellingson, Division of Public Affairs, State Medical Society of Wisconsin, gave a presentation on the Physicians Insurance Company of Wisconsin (PIC-Wisconsin) and discussed the differences between occurrence and claims-made policies. Roger von Heimburg, MD,* added some additional comments and urged that the delegates attend the special session of the SMS House of Delegates in Milwaukee, October 17. John W Utrie, MD,* proposed that the delegates be instructed to oppose reaffirmation of Resolution 27 passed by the House in April to form a malpractice insurance company. (At the special session a majority of the 89 delegates, alternate delegates, and specially-appointed delegates reaffirmed the House action taken in April.) MDs William J Otto;* Jay Tibbetts;* Kevin Sandmire;* Bruce P Fenster;* and Diane L Fenster,* Green Bay, were accepted to membership in the Society.

MARINETTE-FLORENCE. At the September meeting of the Marinette-Florence County Medical Society, thirty-five members and several guests were present to hear David R Mertens, MD,* Marinette-Menominee Clinic, speak on "Non-Hodgkin's Lymphomas." David R Mertens, MD,* Marinette, and James J Wallace, DO,* Stephenson, MI, were elected to membership in the Society. After the business meeting was held, a two-hour debate about the local hospital consolidation issue and the effect of the present professional liability insurance crisis on potential location of the critical-care hospital facility in the State of Wisconsin versus the State of Michigan was conducted.

OUTAGAMIE: Twenty-seven members were present at the September meeting of the Outagamie County Medical Society to hear a presentation by William Montei, Chief Executive Director of the newly incorporated Physicians Insurance Company of Wisconsin. Richard W Edwards, MD,* Chairman of PIC-Wisconsin, also participated in the presentation.

WINNEBAGO: The October meeting of the Winnebago County Medical Society was held in Neenah with 31 members present. Robert E Dedmon, MD*, Neenah, spoke on the topic "AIDS." A question and answer session followed the formal address. MDs Ada M Hall,* Neenah; Mary F McDonald,* Winneconne; James E Cauley,* Oshkosh; and Donald L Maddox, DO,* Winneconne, have been accepted to membership of the Society.■

H Charles Hagmann, DO, *above center, recently was given a plaque by members of the Door-Kewaunee County Medical Society, in honor of his half-century of medical practice in the community. From left to right are William Faller, MD,* secretary; Hubert D Grota, MD (who was similarly honored last year); Doctor Hagmann; Alfonso G Tamayo, MD,* president; Rep Lary Swoboda; and Edward H Regehr, MD,* vice president. Guest speaker Swoboda spoke on malpractice legislation.* (Photo by *Door County Advocate*)

THE BROAD SPECTRUM SOLUTION TO MEDICAL DATA MANAGEMENT

If you're thinking about automating your medical records management, you may be overwhelmed by the range of software packages available today, each purporting to be the solution for medical data control.

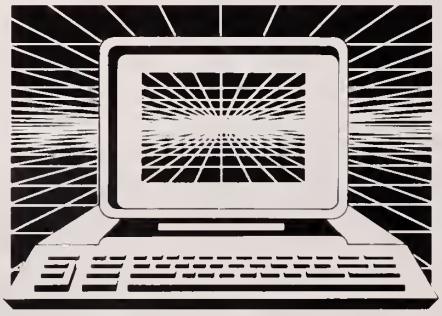
The trouble is, even the most sophisticated package may have nothing to do with the needs of your practice.

This is why Advanced Technology Associates wants you to investigate MDX, the clinical management system that's flexible enough to meet almost any physician's or clinic's needs.

Of course, MDX maintains your patients' medical records accurately, giving you quick and easy access to all the information you need and letting you search for records meeting a full range of specified criteria.

But our software takes you beyond these basics.

MDX allows you to define your own record formats, for example, and change them as your practice evolves.



MDX helps you organize your records in the way that makes sense for your specialty, using time or problem oriented structures, for instance.

When you consider that MDX also lets you automate everything from appointment scheduling to accounting to correspondence, and has the unique distinction of being endorsed by the State Medical Society Services Inc., you'll see why it's clearly the system of choice for you.

For a *free videotape on MDX, please call us.

*Qualified callers only.

ATA

ADVANCED TECHNOLOGY ASSOCIATES

4710 WEST NORTH AVENUE MILWAUKEE, WI 53208 414/445-4280

Motrin® 800 mg TABLETS

ibuprofen

Extra strength
Convenience
Economy

Upjohn

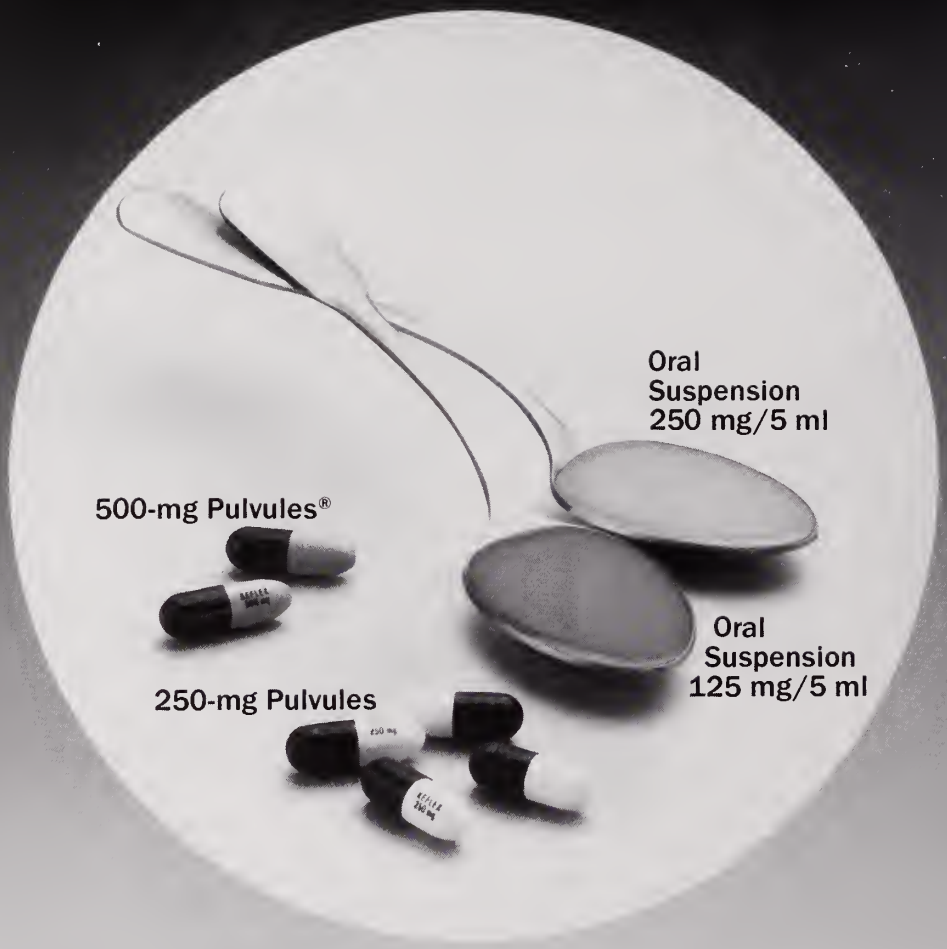
A Century of Caring

1886·1986

©1986 The Upjohn Company

J-6138 January 1986

Easy To Take



Keflex®
cephalexin

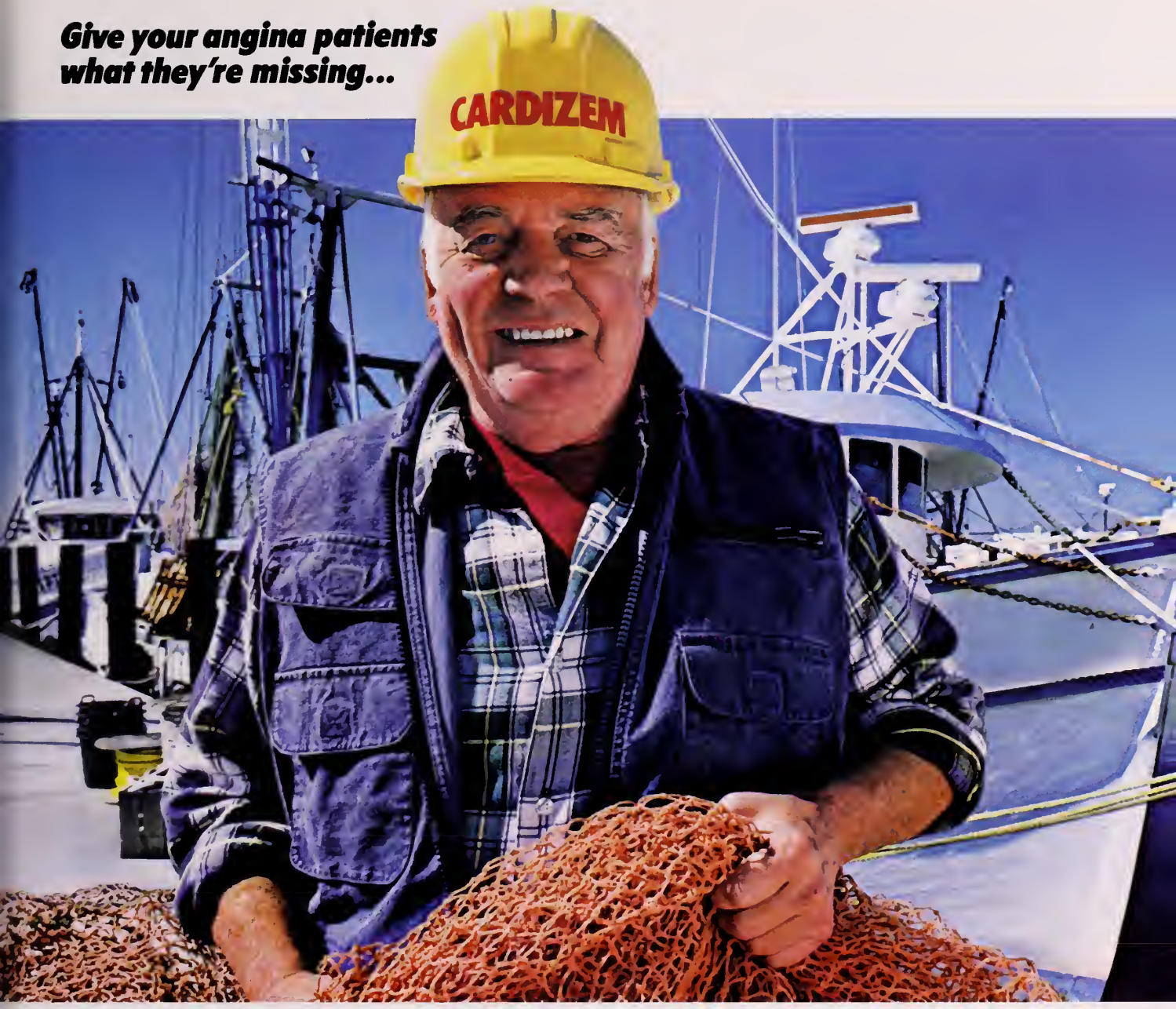
Additional information available to the profession on request.

DISTA

420113

Dista Products Company
Division of Eli Lilly and Company
Indianapolis, Indiana 46285
Mfd. by Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630

Give your angina patients what they're missing...



CARDIZEM®: FEW SIDE EFFECTS

diltiazem HCl/Marion

- ***Antianginal action includes dilatation of coronary arteries, a decrease in vascular resistance/afterload, and a reduction in heart rate***
- ***Proven efficacy when used alone in angina[1]***
- ***Compatible with other antianginals[2,3]****
- ***A safe choice for angina patients with coexisting hypertension, asthma, COPD, or PVD[4,5]***

***See Warnings and Precautions.**

Please see brief summary of prescribing information on the next page.

CARDIZEM® FEW SIDE EFFECTS IN ANTIANGINAL THERAPY

diltiazem HCl/Marion

60 mg tid or qid

Brief Summary
Professional Use Information

CARDIZEM®
(diltiazem HCl) 30 mg and 60 mg Tablets

CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic).

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1,243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt).
   Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients.
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury.** In rare instances, significant elevations in enzymes such as alkaline phosphatase, CPK, LDH, SGOT, SGPT, and other symptoms consistent with acute hepatic injury have been noted. These reactions have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in most cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.

Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)

Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%.

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats.

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women, therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers. Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.

Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded.

In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy.

The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences as well as their frequency of presentation are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%). In addition, the following events were reported infrequently (less than 1%):

Cardiovascular:	Angina, arrhythmia, AV block (first degree), AV block (second or third degree — see conduction warning), bradycardia, congestive heart failure, flushing, hypotension, palpitations, syncope.
Nervous System:	Amnesia, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor.
Gastrointestinal:	Anorexia, constipation, diarrhea, dysgeusia, dyspepsia, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH (see hepatic warnings), vomiting, weight increase.
Dermatologic:	Petechiae, pruritus, photosensitivity, urticaria.
Other:	Amblyopia, dyspnea, epistaxis, eye irritation, hyperglycemia, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties.

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, gingival hyperplasia, erythema multiforme, and leukopenia. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established.

Issued 7/86

See complete Professional Use Information before prescribing.

References: 1. Pepine CJ, Feldman RL, Hill JA, et al: Clinical outcome after treatment at rest angina with calcium blockers: Comparative experience during the initial year of therapy with diltiazem, nifedipine, and verapamil. Am Heart J 1983, 106(6):1341-1347. **2.** Shapiro W: Calcium channel blockers: Actions on the heart and uses in ischemic heart disease. Consultant 1984;24(Dec):150-159. **3.** Johnston DL, Lesoway R, Human DP, et al: Clinical and hemodynamic evaluation of propranolol in combination with verapamil, nifedipine and diltiazem in exertional angina pectoris: A placebo-controlled, double-blind, randomized, crossover study. Am J Cardiol 1985;55:680-687. **4.** Cohn PF, Braunwald E: Chronic ischemic heart disease, in Braunwald E (ed): Heart Disease: A Textbook of Cardiovascular Medicine, ed 2. Philadelphia, W.B. Saunders Co, 1984, chap 39. **5.** Schroeder JS: Calcium and beta blockers in ischemic heart disease: When to use which. Mod Med 1982;50(Sept):94-116.

Another patient benefit product from

PHARMACEUTICAL DIVISION
MARION LABORATORIES, INC.
KANSAS CITY, MO 64137

0246M6

Discount prices on typewriters and copiers

SMS Services, Inc has negotiated an agreement with Modern Business Machines in Madison to provide SMS members with a discount on IBM Wheelwriter 3 Electronic and IBM Wheelwriter Selectronic typewriters (7K memory), with options. Also available is a discount on the Xerox Model 1020 and 1025 copiers with options.

For further information contact Noreen Krueger at SMS Offices in Madison at 608-257-6781 or 1-800-362-9080, extension 141.

24 HOUR Radio dispatched truck fleet for

INDUSTRY, INSTITUTIONS, SCHOOLS, ETC.

AUTHORIZED PARTS AND SERVICE FOR CLEAVER—BROOKS
Throughout Wisconsin and Upper Michigan

SALES
Boiler room accessories
O_2 trims
Cleveland controls
And-Car automatic bottom blowdown systems

SERVICE—CLEANING ON ALL MAKES
Complete Mobile Boiler Room Rentals

Stevens Point—715/344-7310
Green Bay—414/494-3675
Madison—608/249-6604

PBBS EQUIPMENT CORP.
5401 N Park Dr
PO Box 365
Butler, WI 53007
Phone: 414/781-9620

YOUR COMPUTER CAN ACT CRAZY WHEN IT'S A LITTLE TOUCHED

Call 1-800-362-7434 and order 3M First Touch™ static control pads and strips today.

Without static protection, a touch of your finger could destroy valuable data and expensive circuitry. That's because only 2000 volts of static electricity can damage your computer—and you can generate 30,000 volts just by walking across a carpeted room.

But Capital Data, Wisconsin's oldest computer supply firm, can get you static protection quickly and affordably. We stock a complete line of 3M First Touch™ static control floor mats, desk pads, and keyboard strips—starting at just $19.95.

Call Capital Data now *before* the winter static season starts. And ask us to send you our free catalog, too. All it takes is a toll-free call to get timely advice, overnight service *and* a great price on all your computer supply needs.

CALL TOLL-FREE 1-800-362-7434

CAPITAL DATA

2121 S. Stoughton Road
Madison, WI 53716
608/222-5500

Authorized Distributor
Information Processing Products
3M

CLASSICAL ITALIAN RESTAURANT
5518 UNIVERSITY AVENUE
MADISON (608) 233-2200
ELEGANT DINING • FINE WINES • INTIMATE COCKTAIL LOUNGE • OPEN DAILY AT 5:30 PM

Voted Best Italian Restaurant 1985–86—MADISON MAGAZINE poll

"For an elegant night of Italian dining." —PROF HERBERT KUBLY, *Milwaukee Journal* writer

ANNOUNCING

A combined effort to improve the quality of life.

Qualified, competent orthotists and prosthetists have been the trademark of Acme Laboratories since its beginning in 1950. Now, with the acquisition by Acme of one of the most respected and oldest names in the business, the House of Bidwell, the trademark has only been strengthened.

Professional patient care, human understanding, custom orthoses or prostheses, high standards, quality service. We also accept all insurance, including Medicare and Medicaid.

Acme Laboratories, and now the House of Bidwell – where quality of life is our main concern.

Acme Laboratories, Inc. | House of Bidwell

IMPROVING THE QUALITY OF LIFE

Acme Laboratories, Inc Main Office
10702 W Burleigh St
Milwaukee, WI 53222
(414)259-1090

Acme Laboratories, Inc.
525 E Division St
Fond du Lac, WI 54935
(414) 923-6676

House of Bidwell, Inc.
7954 W Harwood Ave
Milwaukee, WI 53213
(414)774-6250

Green Bay Orthopedic Division of Acme
428 S Adams St
Green Bay, WI 54301
(414)435-1461

Madison Prosthetic-Orthotic Division of Acme
7817 Mineral Point Road
Madison, WI 53717
(608)833-9660

PHYSICIANS EXCHANGE

Internist, with or without subspecialty. Single specialty practice. Full partnership opportunity at one year. Excellent call-sharing, independent practice, excellent hospital, outstanding location. An opportunity to enjoy practicing medicine and maintain your lifestyle. Internal Medicine Associates, PO Box 150, Sturgeon Bay, WI 54235. In the center of the Door County Peninsula. We are not affiliated with any HMP or PPO. p11/86

Camp Physician. Summer opportunity. Spend up to nine weeks (minimum of four weeks) in outstanding girls' camp in Maine. Staff of three RNs and nurse's aide. Pediatrician or family practice preferred. Excellent salary and housing. Call 301/653-3082 days, 301/363-6369 evenings or weekends. p11/86

Upper Peninsula, Western. Seeking full-time emergency department physician for low-volume facility. Attractive weekday schedule. Contact Emergency Consultants, Inc, One Windemere Place, Room 36, Petoskey, MI 49770; ph 800/253-7092 or in Michigan, ph 800/632-9650. p11/86

Emergency physicians needed, Chicago, IL. Full or part time. Prefer Board-certified in emergency medicine or Board-eligible, or at least three years' full-time experience. New contractual situation with new group will offer outstanding growth possibilities and excellent compensation. Take advantage of this exciting opportunity to live and work in dynamic Chicago. Send resume as soon as possible to Kathleen Babe, 9401 S Sacramento, Evergreen Park, IL 60642 or call Kathleen Babe, ph 312/425-7797. Please don't delay in responding to this wonderful opportunity as there are only four positions available. 11-12/86;1-3/87

RATES: 50¢ per word, with a minimum charge of $20.00 per ad. BOXED AD RATES: $25.00 per column inch. *All ads must be prepaid.*

DEADLINE: Copy must be received by the 15th of the month preceding month of issue; *eg.* copy for the August issue is due July 15. Send copy to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 1-800-362-9080.

Family Practitioner, Wisconsin. BC/BE to join 23-physician multispecialty group. Progressive hospital equipped with CT scanner. Reply: Administrator, 2501 Main St, Stevens Point, WI 54481 or call collect 715/344-4120. 11-12/86;1/87

Establish your practice in a multispecialty setting with freedom to practice traditional family practice including obstetrics and pediatrics and/or develop special interests in geriatrics, sports medicine, trauma or occupational medicine. Associate with the oldest and largest staff model HMO in the Midwest. Highly competitive guaranteed salary with minimum starting salary in high $40s with generous benefits package. Several locations in Minneapolis/St Paul metropolitan area available. For further information contact: Gary Freeman, MD, Chairman, Department of Family Practice, GROUP HEALTH, INC, 2829 University Ave, SE, Minneapolis, MN 55414 or call 612/623-8444. 11/86

Family Practitioner wanted to share existing practice and fully-equipped medical office in Waushara County. Salary plus incentives and opportunity for eventual purchase of practice. Excellent recreational area, a great place to live and raise a family. Send inquiries to Roy Grunwaldt, Administrator, Wild Rose Hospital, PO Box 243, Wild Rose, WI 54984; ph 414/622-3257, ext 212. 11-12/86;1-2/87

Emergency Medicine for emergency physician who possesses excellent clinical and trauma skills within a group of 7 Emergency Room Physicians—located in a beautiful northwest Wisconsin area. Position opening July 1987. Please send CV to: Dr M A Jaghlit, 900 W Clairemont Ave, Eau Claire, WI 54701 or call 715/839-4404. p11-12/86;1/87

Excellent opportunity for a Board-certified or eligible **internist** to practice in conjunction with an 8-member Internal Medicine Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Wisconsin: Pediatric Allergist and General Pediatrician to join multispecialty clinic that includes three general pediatricians, pediatric hematologist/oncologist, and four neonatologists in city of 150,000. Send CV to Dept 583 in care of the Journal 10-12/86

Family Practitioner, and General Internist, to join seven-physician clinic in Cloquet, Minnesota, a community of 14,000 (30,000 service area), located 20 minutes from Duluth-Superior. Clinic facility is located one block from modern, well-equipped hospital. Cloquet enjoys a stable economy (forest products). Additionally, our community is noted for its excellent school system. First year salary guarantee, paid malpractice, health and disability insurance, vacation and study time. Contact: John Turonie, Administrator, Raiter Clinic, Ltd, 417 Skyline Blvd, Cloquet, MN 55720; ph 218/879-1271. p10-12/86

Pediatrics. The Racine Medical Clinic, a progressive cluster corporation of 30 physicians is currently seeking a pediatrician. Full benefits, unlimited earnings and a full and exciting practice are offered. Please contact: Roger D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406; ph 414/886-5000. 10tfn/86

Multidisciplinary physician needed full-time for VA Medical Center. Inpatient treating of geriatric, chronic, medical and psychiatric patients. Contact Doctor Wang at 414/384-0680. 11-12/86

General Internist. Marshfield Clinic, one of the nation's largest multispecialty private groups, is seeking several Board-certified/Board-eligible general internal medicine specialists to join its 18-member section. Internal Medicine Residency Program, University affiliation, Research Foundation, and large regional referral base contributes to a very stimulating environment. Unique big city medicine opportunity in a family-oriented rural setting. Please send curriculum vitae to: John P Folz, Director, Marshfield Clinic, 1000 North Oak Ave, Marshfield, WI 54449 or call collect at 715/387-5181. 11-12/86;1/87

Otorhinolaryngologist, Psychiatrist, Endocrinologist, Radiologist, and General/Family Practitioner. Excellent opportunity for physicians in Los Angeles suburb to join 80-member multispecialty medical group. Large fee-for-service and prepaid practice, no Medi-Cal. Excellent compensation program based on guarantee plus incentive, profit-sharing and pension plan. Group provides health, dental, life and malpractice. Partnership in real estate and medical corporation available. Send CV to Wm Shaw, Associate Administrator, Mullikin Medical Center, 17821 S Pioneer Blvd, Artesia, CA 90701. p10-11/86

PHYSICIANS EXCHANGE

continued

Pediatrics—35-physician multispecialty group in college community of Beloit, Wisconsin seeks a fifth BC/BE pediatrician. Guaranteed salary with incentive plus excellent fringe benefits. Please submit letter with CV to: James F Ruethling, Administrator, Beloit Clinic, SC, 1905 Huebbe Parkway, Beloit, WI 53511. p10-12/86

Emergency Medicine opportunities. Excellent full-time positions are immediately available at client hospitals in Superior, Shawano, and Portage, Wisconsin. An emergency department medical directorship opportunity is also available in Portage. Receive a guaranteed competitive rate of compensation, allowance for the State Comp Fund, CME allowance, reimbursement of professional dues and flexible scheduling. Director also receives paid life, health, disability, and dental insurance which includes dependents. For more details contact Mary Anne Creekmore, Spectrum Emergency Care, PO Box 27352, St Louis, MO 63144; 314/878-2280; 1-800/325-3982. 10-12/86

Orthopedic opportunity to join existing three-man Board-certified orthopedic group. Opening July 1987. Send resume or CV to Clinic of Orthopedic Surgery, 73 East First St, Fond du Lac, WI 54935. 9-11/86

OB/GYN (PRO-LIFE). Board eligible or certified to join 45-physician multispecialty group. Contact E Daun, Northpoint Medical Group, Ltd, 2388 North Lake Dr, Milwaukee, WI 53211; ph 414/271-3700. p9-11/86

Lakeland Medical Associates, Ltd, seeking an ophthalmologist, OB/GYN, ENT, internist, general surgeon, and family practice physicians. Contact R J Sloan, MD, President, PO Box 549, Woodruff, WI 54568; ph 715/356-3292, ext 8692. 10-12/86;c11-12/86

Family Practitioner or General Internist with emphasis in General Ambulatory Care to join a 21-physician multispecialty and family physician group in Southern Wisconsin. We are located in a fast growing, scenic lake country area between Milwaukee and Madison and can offer excellent hospital, schools, and recreational facilities. Competitive starting salary and benefits. Eligible to become full shareholder after one year. Please send CV or call: James Dowd, Administrator, Wilkinson Clinic, SC, 915 East Summit Ave, Oconomowoc, WI 53066; ph 414/569-2300. 9tfn/86

Green Bay, Wisconsin. 27-physician multispecialty group seeking BC/BE physicians in the following specialties: **Family Practice, Ophthalmology, ENT, Dermatology, Plastic Surgery, Radiology, OB/GYN, Internal Medicine and Pediatrics.** Green Bay is a progressive community with an easy lifestyle, ample outdoor activities, excellent schools, and cultural activities. The Clinic offers competitive salary and excellent fringe benefits. Interested physicians please contact W J Mommaerts, Administrator, West Side Clinic, sc, PO Box 19070, Green Bay, WI 54307. 9;c10-12/86;1/87

Family Practice specialist. Marshfield Clinic Department of Family Medicine is seeking a BE/BC family practitioner to replace a retiring colleague. The physician joining this six-member department will enjoy the support of one of the nation's largest multispecialty groups, share the philosophy of family-oriented care with a preventive focus, and enjoy full hospital privileges but without the distractions of OB or surgical responsibilities. Marshfield Clinic offers an excellent salary plus extensive fringe benefits. Please send curriculum vitae to: John Folz, Assistant Director, Marshfield Clinic, Marshfield, WI 54449 or call collect at 715/387-5181. 11-12/86;1/87

Directorship position available at a 100-bed hospital located in Wisconsin Dells Resort Area. ACA physicians enjoy competitive compensation, paid malpractice insurance, CME allotment, flexible scheduling, assistance with relocation expenses, and the opportunity to join a group health plan. Interested parties should contact: Acute Care America, 641 Sixth St, Huntington, WV 25701; 1-800-231-0342 or 502/525-0852. p10-12/86

GP looking for position, or practice to buy, in family medicine. Prefer SE Wisconsin, including Madison and Milwaukee areas. Available now for relief work. Call 608/883-6712. p11/86

FAMILY DOCTOR'S DREAM! Small town living, large city conveniences. Proven community need for local Doctor. Modern well-equipped facility in Omro, 8 miles west of Oshkosh. Available for lease or purchase. **MEDICAL FACILITY** located on frontage road along a US highway. Facility is top quality construction. Building has central hallways and a floor plan dividing the property into four separate areas, three of which are separated into small offices and rooms. It contains two labs and an x-ray room. Contact Schwab Realty Ltd, 435 Algoma Blvd, Oshkosh, WI 54901; ph 414/233-4184. 10-11/86

Internist with or without subspecialty. Excellent opportunity for BC/BE physician to join eleven-member department of a 35-physician multispecialty group. Our 35,000 population college community has excellent school systems and good proximity to a variety of cultural and life-style amenities. First year guarantee, full benefit package and a very favorable ownership situation exist. Contact: James F Ruethling, Administrator, Beloit Clinic, SC, 1905 Huebbe Parkway, Beloit, WI 53511; ph 608/364-2200. p10-11/86

Physicians Needed. Over 400 opportunities nationwide! Call 612/786-1929 or send CV to: Earl Czech, North Central Staff Services, Inc, 4175 Lovell Rd, Ste 108, Circle Pines, MN 55015. p11/86

ER Physician—Large multispecialty clinic located in Milwaukee, Wisconsin, is seeking a physician to share emergency room coverage with the multispecialty group practice physicians at a 300-bed hospital. Competitive salary and benefits. Address inquiries and CVs to: Administrator, PO Box 427, Menomonee Falls, WI 53051. 9-10/86

Internal Medicine—Board certified or eligible, to join 16-physician multispecialty clinic with seven-physician internal medicine department. Located in beautiful Wisconsin lakeshore community of 35,000. Competitive salary, complete fringe benefits, profit sharing, generous vacation time. Send CV to: Administrator, Manitowoc Clinic, PO Box 3008, Manitowoc, WI 54220. 9-12/86

Wanted—Board qualified—board certified obstetrician-gynecologist as an associate. Modern well equipped facility. Excellent starting salary and benefits including profit sharing plan. Please contact Elizabeth Allen Steffen, MD, 734 Lake Ave, Racine, Wis 54303. 9tfn/83

Madison, Wisconsin. Physicians with appropriate experience are needed to staff two urgent care clinics in Madison. Competitive compensation and flexible scheduling. Contact P Beckfield, MD, 707 S Mills St, Madison, WI 53715; ph 608/845-6095. 11-12/86;1/87

NEW PHYSICIANS FOR WISCONSIN
is seeking
INTERNISTS

Laurie S Glowac, Administrator
810 University Bay Drive
Madison, WI 53705
608/263-4095
7-12/86;1-6/87

PHYSICIANS EXCHANGE

continued

Internal Medicine. Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 2tfn/86

Immediate opportunities for emergency medicine physicians who possess excellent clinical and communication skills. Position available in a popular Wisconsin area bordering Illinois. Please contact: Nora Geschrey, Medical Emergency Service Associates (MESA), SC, 15 S McHenry Road, Buffalo Grove, IL 60089 or call collect 312/459-7304. 8-9/86;g10-11/86

Family practitioner. Board certified or eligible to join 11 physician, expanding multispecialty practice in northern Wisconsin. Clinic adjoins JCAH hospital. Rural location with abundant outdoor recreational opportunities, small four-year college. Excellent salary and benefits. Call collect 715/532-6651 or send curriculum vitae with names of references to: Marshfield Clinic-Ladysmith Center, Howard T Chatterton, MD, 906 College Ave W, Ladysmith, Wis 54848. 9-11/86

Wisconsin. We are seeking a Board certified OB/GYN to assume a well-established practice in a beautiful Wisconsin community. There is a 240-bed hospital well equipped for active OB/GYN practice. We have a two-member OB/GYN department in a ten-member multispecialty clinic. The town has a population of 35,000 and a drawing area of 85,000 —equal distance from Madison and Milwaukee. All major specialties are represented in the community. Excellent community for families. Guaranteed salary for the first year. Please contact: E Howard Theis, MD, 92 E Division St, Fond du Lac, WI 54935; ph 414/921-0560. p9-12/86;1-2/87

Rheumatologist-General Internist, BC/BE. Immediate opportunity to join multispecialty group of 38 MDs in community of 50,000 on shores of Lake Michigan 50 miles north of Milwaukee. Drawing area of 100,000 plus. Attractive income arrangements, association membership possible after one year, pension, profit sharing, extensive fringe benefits. Excellent all-season indoor and outdoor recreation facilities. Teaching appointments possible and educational opportunities accessible. Contact Dept 581 in care of the Journal. 6tfn/86

Family Practitioners (3). Opportunity to join a group in Portage, or to practice in satellite clinics near resort areas. Generous guarantees. Contact **PROSEARCH**, a division of Brim & Associates, 177 NE 102nd Ave, Portland, OR 97220; ph 503/256-2070. p9-11/86

Two Pediatricians. BE/BC to join four pediatrician department in 15-physician multispecialty group practice. Wisconsin community of 100,000 with attractive cultural, educational and recreational opportunities. Income guarantee and attractive fringe benefit package. Send CV to Search Director, Beaumont Clinic, Ltd, 1821 S Webster Ave, Green Bay, WI 54301. p7-9;10-12/86

Excellent opportunity for a Board-certified or eligible **internist** with a subspecialty in **critical care medicine** to practice in conjunction with an 8-member Internal Medicine Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Family Practitioner. River Valley Medical Center is seeking two family practice Board eligible/certified physicians for its multispecialty group of 16 physicians in Northwest Wisconsin. Excellent starting salary and comprehensive fringe benefit package the first year with full group membership after one year. Attached to a progressive 90-bed hospital. We are within 45 minutes of the St Paul-Minneapolis area. Please contact Dr Carl Hansen, Recruitment Chairman or Tom Halverson, Clinic Manager, 208 Adams St, South, St Croix Falls, WI 54024; ph 715/483-3221. p11/85;12tfn/85

Family Practice: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Lake Superior. BC/BE internist needed to join two young, quality-oriented general internists in a growing active practice. Natural beauty, small-town environment with sophisticated 105-bed hospital, on the south shore of Lake Superior. Excellent salary and benefits. Contact Dept 587 in care of the Journal. p9-11/86

Family Practitioner with special interest in OB and pediatrics, or OB/GYN, BC or BE to join small multispecialty group in North Central Wisconsin. Send CV to Merrill Medical Associates, SC, 716 East 2nd St, Merrill, WI 54452; ph 715/536-2463. 11-12/86;1/87

Family Practitioner. BC/BE to join busy primary care clinic of 6 physicians in Green Bay, WI. Contact Dr Kenneth Hujet, 1745 Dousman St, Green Bay, WI 54303; ph 414/494-9661. p8;p9-11;g12/86

Physicians needed full or part-time to perform light physicals. Milwaukee area. Professional liability provided. Phone 414/344-2100, Ms Jenkins. 10tfn/84

West Bend, Wisconsin, General Clinic, a (21) physician multispecialty group, is seeking physicians in the specialties of Family Practice, OB/GYN, and Pediatrics. First-year salary guaranteed. Corporate membership possible after one year. Excellent fringe benefits. Located in scenic, recreational area with close proximity to Milwaukee. Please contact Hans W Schmelzling, Administrator, General Clinic, 279 S 17th Ave, West Bend, WI 53095; ph 414/338-1123. 6tfn/85;c6tfn/86

Excellent opportunity for a Board certified or eligible **ob/gyn** to practice in conjunction with a 4-member OB/GYN Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Primary Care Physicians. Family practice, general practice, or ER experience desirable. To staff clinics for industrial, walk-in, after hours, and satellite medicine. Excellent opportunity, guaranteed salary, profit sharing, great fringes. Send CV to: Administrator, Manitowoc Clinic, PO Box 3008, Manitowoc, WI 54220. 9-12/86

Internist and Family Practitioner wanted to join 11-physician multispecialty group in central Wisconsin community of 30,000. Competitive salary and fringe benefits. Send CV to: Administrator, Doctors' Clinic, SC, 1041 Hill St, Wisconsin Rapids, WI 54494; ph 715/423-0122. p10-12/86

Family Practice opportunity. Northwest Medical Center, Spooner, has an opening for a family practice or internal medicine BC/BE physician to join 6 BC FPs and one general surgeon. Northern Wisconsin lake country, ideal rural living. Contact J Chamberlain, Admn, Northwest Medical Center, 707 Ash St, Spooner, WI 54801; ph 715/635-2151. p8-12/86;1/87

MEDICAL FACILITIES

For Sale. Large Family Practice available in 1987 in Green Bay. Gross $180,000 plus with no OB or surgery. All terms negotiable. Contact Dr Eugene Brusky, 2353 Ridge Rd, Green Bay, WI 53404; ph 414/494-5050. p10-11/86

Family Practice Physicians. Clinic for lease. 10,000 sq ft, with 26 exam rooms; prime location; completely furnished; modern x-ray and laboratory facilities, and ancillary staff. Extremely active practice. Present physicians retiring. Growing Central Wisconsin city with drawing population of 150,000. Easy access to lake, woods, and mountains. Contact Dept 588 in care of the Journal. p9-12/86

MEDICAL FACILITIES

continued

General and surgical solo practice for sale. Gross in excess of $300,000. Growing desirable midwestern university city with population 25,000. One very well-equipped hospital in county of 60,000 a few blocks away. Owner will remain to introduce. Contact Dept 563 in care of the Journal. 9tfn/85

For sale. Used Profexray portable (rollaround type) unit. Used only for small parts radiographs. Write for more details. Stainless steel tank and cassettes included. Have no further use for it. Ask for price of ad and you move it sale price. Contact: A J Sebesta, MD, 126½ S Main St, PO Box 360, Shawano, WI 54166. p11/86

Physician's Suite for lease, 1370 sq ft, 3 exam rooms, private office, reception room, nurses station in MODERN BROWN DEER MEDICAL BUILDING, suburb of Milwaukee, with lab, x-ray, pharmacy, parking etc. Available immediately. Call 414/355-5860 or 414/355-6688. p10-12/86

MISCELLANEOUS

Home Study Course in Allergy and Asthma by Drs Busse, Bush, Graziano and Lemanske of the University of Wisconsin Medical School. 62 hours AMA Category I credit. Contact: Wisconsin Independent Study Program, 6417 Antietam Lane, Madison, WI 53705. p11/86

Medical Office Computer Program. Written by Doctors in Computer Science and Medicine. Very easy to use and yet powerful. Complete billing package, appointment, recall, payroll, query by example, reports, and even customized database, multiple doctors, training. $900, pay after completely satisfied. Ph 414/961-3454. p11/86

HOLTER MONITOR

Quality Scanning for reel or cassette type recorders by qualified technicians and certified cardiologists' interpretations, scan price $35.00 with UPS speedy delivery. Recorders loaned, leased, or purchase new dual-channel Holter recorders, $750.00, with two-year warranty. For more information call Advance Medical and Research Center 1-800/552-6753. 11tfn/85

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

WISCONSIN

DECEMBER 6, 1986: Wisconsin Chapter: American College of Surgeons, Milwaukee.

FEBRUARY 10-12, 1987: Telemark Symposium, Cable. Contact WAFP, Elm Grove, WI 53122; ph 414/784-3656. 10-12/86;1/87

FEBRUARY 19-21, 1987: *Practical Clinical Neurology,* sponsored by Dept of Neurology, Mayo Graduate School of Medicine, 200 First St, SW, Rochester, MN 55905. Americana Resort and Conference Center, Lake Geneva. Approved 13 CME credits. Fee: TBA. Info: Mr William Nietz, 200 First St, SW, Rochester, MN 55905; ph 507/284-2085. p11-12/86

FEBRUARY 28, 1987: Wisconsin Dermatological Society, University Hospital and Clinics, Madison. g11-12/86;1/87

MAY 15, 1987: Wisconsin Chapter: American Academy of Pediatrics, American Club, Kohler. g11-12/86;1-4/87

JUNE 5-6, 1987: Wisconsin Radiological Society, The Abbey, Fontana. g11-12/86;1-5/87

State Medical Society of Wisconsin

Dates and locations of ANNUAL MEETINGS 1986-1992

All meetings will be held in Milwaukee at the Milwaukee Exposition and Convention Center and Arena (MECCA) and the new Hyatt Regency as the headquarters hotel.

1987—March 26-28
1988—April 28-30
1989—April 13-15
1990—April 26-28
1991—April 18-20
1992—April 23-25

Meeting days will be Thursday and Friday; the first session of the House of Delegates will convene on Thursday, the second and third on Friday. Scientific programming will be on Friday and Saturday.

Further information: Commission on Continuing Medical Education, State Medical Society of Wisconsin, Box 1109, Madison, Wis 53701. Local telephone: 257-6781; toll-free in Wisconsin: 1-800/362-9080.

OCTOBER 9-10, 1987: Wisconsin Radiological Society, Concourse, Madison. g11-12/86;1-9/87

OTHERS

DECEMBER 10-12, 1986 (Illinois): *Neurology for the non-neurologist,* The Westin Hotel, Chicago. Contact: University Office of Continuing Education, Rush University, 600 S Paulina, Chicago, IL 60612; ph 312/942-7095. 9-11/86

FEBRUARY 12-21, 1987 (Israel): Promotional-educational health tour for physicians, dentists, other health professionals. Round-trip air KLM from Chicago/First Class Hotels/Breakfast Buffet daily. One night Amsterdam; sightseeing and kibbutz stay. Only $975.00. Heavenly International Tours, (414) 352-8622/(414) 351-5933. 11/86

APRIL 2-4, 1987 (Minnesota): *Primary Care Medicine,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g11-12/86;g1-2/87

JULY 29, 1987—AUGUST 3, 1987 (Kentucky): *International Doctors In Alcoholics Anonymous Annual Meeting,* Lexington Marriott Resort—Griffin Gate, Lexington. Reservations may be made at a later date when specific details and instructions are published. Info: Information Secretary, IDAA, 1950 Volney Rd, Youngstown, Ohio 44511; ph 216/782-6216. g11-12/86;1-5/87

THIS LISTING is compiled by the State Medical Society of Wisconsin in cooperation with others who wish to maintain a centralized schedule of meetings and courses of interest to Wisconsin physicians and to avoid scheduling programs in conflict with others. Hospitals, Clinics, Specialty Societies, and Medical Schools are particularly invited to utilize this listing service. There is a nominal charge for listing of Continuing Medical Education courses at the following rates: 50¢ per word, with a minimum charge of $20.00 per listing. *All listings must be prepaid.*

BOXED LISTINGS: $25.00 per column inch. Listings of other scientific meetings will be included at the discretion of the editors.

COPY DEADLINE for listings is 15th of the month preceding the month of publication; *eg,* copy for the August issue is due by July 15. Address communications to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 1-800-362-9080.

FOR LISTING of other meetings see the January 3, 1986 issue of the *Journal of the American Medical Association:* Continuing Education Opportunities for Physicians for period January 1986 through December 1986.

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

continued

CONTINUING MEDICAL EDUCATION

SCHOOL OF MEDICINE

UNIVERSITY OF WISCONSIN MADISON, WISCONSIN

Schedule of Conferences/Workshops 1986–1987

Oct 31–Nov 1: *Child and Adolescent Depression and Suicide,* The Sheraton Inn and Conference Center, Madison, AAFP prescribed credit

Nov 7–8: *Focus on Rheumatology—1986,* University of Wisconsin Clinical Science Center, Madison, AAFP prescribed credit

Nov 7–8: *Medical and Surgical Approaches to Pulmonary and Esophageal Disease,* The Radisson Inn, Madison, AAFP prescribed credit

Nov 13–14: *Aging and Illness in Primary Care—The Fifth Symposium on Clinical Problems and the Future of Health Care of the Elderly,* The Radisson Inn, AAFP prescribed credit

Nov 14–15: *Perspectives in Diabetes Mellitus 1986,* University of Wisconsin Clinical Science Center, Madison, AAFP prescribed credit

Dec. 5: *Cardiovascular Practice 1986–1987—A Summary of the Current Position,* The Edgewater Hotel, Madison, AAFP prescribed credit

Dec 27–30: *Clinical Cardiology 1986,* The Wyndham Hotel, Orlando, FL, AAFP prescribed credit

Jan 18–21: *New Therapeutics VII: The Results of Recent Advances in Medicine,* Telemark Lodge, Cable, AAFP prescribed credit

Mar 9–18: *CME Study Tour,* Spain

Apr 24–May 8: *CME Study Tour,* China

May 28–June 11: *CME Study Tour,* Switzerland

All courses qualify for AMA Category I credit.

Info: Sarah Aslakson, Program Coordinator, Continuing Medical Education, 610 Walnut St, Room 465A, Madison, WI 53705; ph 608/263-2856.

11/86

AMA

DECEMBER 7–10, 1986: Interim AMA House of Delegates, Las Vegas, NV.

JUNE 21–25, 1987: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 6–9, 1987: Interim AMA House of Delegates, Atlanta, GA.

JUNE 26–30, 1988: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 4–7, 1988: Interim House of Delegates, Dallas, TX.■

FEBRUARY 20–22, 1987: AMA National Leadership Conference, Chicago. Contact Michelle Zaba: 312/645-4430.

FEBRUARY 25–27, 1987: *Medical Profession: Enduring Values and New Challenges,* Los Angeles. Contact Pat Clark: 312/645-4497.

MAY 7–8, 1987: National Conference on AIDS, Chicago. Contact Pat Clark: 312/645-4497.

ADVERTISERS

Acme Laboratories 58
Advanced Technology Associates, Inc 52
Medical Computer Systems
Air Force Medicine 46
American Physicians Life 38
Ayerst Laboratories . . 11,12,13,14,24,25,26
Inderal® LA
Premarin®
Capital Data 57
Dista Projects Co (Div of Eli Lilly & Co) 54
Keflex®
Gaarder & Miller/Madison, Inc 18
Gaarder & Miller Associates, Ltd (Appleton) 18
Gaarder Miller Milwaukee Ltd 6
House of Bidwell 58
Marion Laboratories 55,56
Cardizem®
Medical College of Wisconsin 37
Physician Resource Network
Medical Protective Company 50
PBBS Equipment Corp 57
Peppino's 58
Professional Data Management 22
Professionals Insurance Company of Wisconsin 42,43,44,45
Roche Laboratories 65,BC
New Roche Product Books
SK&F Company 23
Dyazide®
S&L Signal Company 49
SMS Services, Inc 15
Ster-O-Lizer Manufacturing Corp 4
Upjohn Company, The 53
Motrin® ■

CPT 1987

Starting December 1 the AMA will begin filling orders for *CPT 1987.* Pending orders are expected to be delivered by mid-December.

Discounted price for AMA members is $24. Price for all others is $30.

MasterCard and Visa orders may be made on AMA's tollfree number: 1-800-621-8335.

Other orders (with check enclosed) should be directed to Book & Pamphlet Fulfillment, AMA, PO Box 10946, Chicago, IL 60610-0946, noting the publication number, OP 341/7. *CPT 1987* also will be available on floppy disk. For information on its forthcoming availability and cost, write Book & Pamphlet Fulfillment.

Ordering information is contained in advertisement now appearing in *JAMA* and *AMERICAN MEDICAL NEWS.*

AMA to host national conference on AIDS

The American Medical Association will sponsor a national conference on AIDS . . .

May 7–8, 1987—Chicago Marriott Hotel downtown

The conference, entitled . . .

AIDS and Public Policy: A Community Response

. . . is expected to draw attendees from the community (local government officials, business leaders, school administrators, civic organizations, etc) who are involved in developing and implementing policy on public law and health issues.

Those wishing further registration or program information should contact Desiree Goodwin at 312/645-4526.

NEWS YOU CAN USE

SMS SEEKS REPEAL OF PHARMACIST PRESCRIPTION RULE. SMS is seeking the repeal of a state administrative rule which could allow pharmacists to prescribe drugs or perform therapeutic substitution. The Pharmacy Examining Board, which promulgated the rule, is currently resisting all efforts to repeal it. SMS has asked Senator John Plewa, D-Milwaukee, to support repeal of the rule. As cochairman of the Legislature's Joint Committee for Review of Administrative Rules, Senator Plewa has the oversight authority to instruct agencies to rescind rules or, if resisted, can write legislation for repeal. Although SMS maintains that the rule should apply to hospital-based pharmacists and those who work jointly with physicians in drug therapy, the Legislature has resisted attempts to include all pharmacists, particularly those at the retail level where a physician would not have the ability to supervise or inspect the implementation of patient services. In 1985, the Legislature intentionally eliminated a passage in a bill recreating the pharmacy statutes which would have defined the practice of pharmacy as "monitoring, initiating, administering, or modifying drug therapy." SMS, which pushed for removal of the passage, is maintaining that its inclusion in current administrative rules directly contradicts legislative intent and raises serious questions about its potential to downgrade patient care.■

NEW RULE ON HOME HEALTHCARE BEING STUDIED. Recent policy changes to home healthcare insurance coverage have spawned a great deal of interest and confusion among insurers, health professionals, and consumers. In response, the Office of the Commissioner of Insurance asked the State Medical Society to participate in discussions with insurance company representatives and home healthcare agency staff. These discussions initially produced an agreement that an emergency administrative rule be promulgated to interpret the state statute provisions outlining this increasingly utilized healthcare service. However, the participants have now concluded that promulgation of the rule should not be done on an emergency basis and, therefore, have opted to guide the change through the regular legislative hearing process. Therefore, such an administrative rule change is not expected to be made until February or March next year. The anticipated language in the rule would include: "Coverage of the mandated minimum 40 visits may not be denied solely on Medicare's denial of benefits." Due to the insurance industry's concern over the rapid use of home healthcare service under Medigap insurance policies, it is anticipated that physicians will be increasingly asked to justify their treatment plans. The SMS Committee on Aging, Extended Care Facilities, and Home Health Care, chaired by Kay Jewell, MD of Madison, will continue to monitor this issue. Physician inquiries may be addressed to Tracy Ellingson at SMS Headquarters, 608/257-6781 or toll-free 1-800-362-9080.■

WORKERS' COMPENSATION POLICIES TO BE AUDITED. In the next few weeks, field payroll auditors of Casualty Reciprocal Exchange will be calling on physicians who have Workers' Compensation policies with that company through the program endorsed by SMS Services, Inc. Physicians' help in having the necessary records ready for the audit will be especially appreciated. The more quickly audits can be completed, the sooner the Dodson Insurance Group can determine the earned savings and distribute them. If physicians have been asked to provide a voluntary report instead, they also can speed up the payment of savings by returning the requested information as soon as possible.■

ROCHE
ME
MEDICATION EDUCATION

The *New* Roche Product Books

- **Offer a supplement to, not a substitute for, patient contact**
- **Support your specific instructions to the patient**
- **Provide a permanent general reinforcement of your oral counseling**

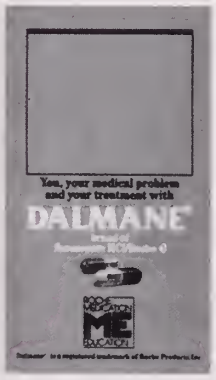
An ongoing Roche commitment to patient education

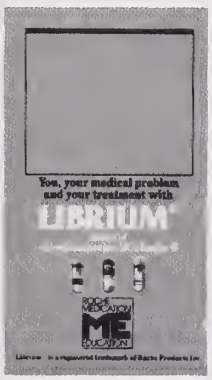
Roche has always believed that knowledge is each individual's key to good health and has long been committed to providing health care information to both professionals and the public. However, we have also always believed that the health care professional is and should be the prime source of medication information to patients. The Roche Medication Education (ME) program, begun in 1978, is one example of this commitment.

In the past seven years, over 50 million "WHAT IF" and "HOW TO" booklets have been provided by Roche for distribution to patients by physicians and other health care professionals.

Because you are the prime source of medication information for your patients, we invite you to look over the booklets listed below and request a complimentary supply of those applicable to your practice.

Complete the coupon and mail it to Professional Services Department, Roche Laboratories, Division of Hoffmann-La Roche Inc., Nutley, New Jersey 07110.





☐ ☐ ☐ ☐ ☐

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

ROCHE®
Medicines that matter
from people who care

ROCHE MEDICATION ME EDUCATION

We Wrote the Books on Patient Medication Education...

You, your medical problem and your treatment with

DALMANE®

brand of flurazepam HCl/Roche ©

You, your medical problem and your treatment with

LIBRIUM®

brand of chlordiazepoxide HCl/Roche ©

You, your medical problem and your treatment with

BACTRIM™

brand of trimethoprim and sulfamethoxazole/Roche

You, your medical problem and your treatment with

VALIUM®

brand of diazepam/Roche ©

You, your medical problem and your treatment with

LIMBITROL®

brand of chlordiazepoxide and amitriptyline HCl/Roche ©

ROCHE®

Copyright © 1986 by Hoffmann-La Roche Inc. and Roche Products Inc. All rights reserved.

To order a complimentary supply of Roche Product Books, please see preceding page.

Official Publication of the State Medical Society of Wisconsin

WISCONSIN MEDICAL JOURNAL

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA
JAN 8 - 1987
M. D. S.

Euthanasia—by omission . . . President Mullooly addresses "one of the most perplexing medical-ethical dilemmas of our day . . . withdrawal of fluids and nutrition in the permanently comatose patient." (See page 5)

Cadillac medicine . . . Past President Lewis has listened for 15 years to "health planners, corporate managers, and members of the public claim that they really don't want Cadillac medicine, they want Chevrolet medicine . . . In the eyes of physicians," he states, "there is no such thing as Cadillac medicine or Chevrolet medicine. There is good medicine and there is not-such-good medicine, and they are not related to the cost." (See page 7)

Strategies for smoking withdrawal . . . In the series of articles on clinical cancer, two UW–Madison professors provide practitioners with some information that may be helpful to them in assisting their patients who are trying to quit smoking. (See page 11)

Smokeless tobacco: A public health challenge . . . "Public awareness of the serious health consequences caused by the use of smokeless tobacco is lacking. A significant percentage of the public and some health professionals perceive smokeless tobacco as a safe alternative to smoking tobacco," say two staff members of the State Division of Health. They disspell this misconception and give an overview of smokeless tobacco usage patterns, health consequences, and preventive and regulatory action. (See page 14)

Induced abortions must be reported . . . The Wisconsin Induced Abortion Reporting System will initiate collection of data starting in January. Forms and manuals with instructions for reporting are being distributed to providers this month. (See page 34)

DECEMBER
1986

WISCONSIN MEDICAL JOURNAL

CONTENTS

December 1986

ISSN 0043-6542 / Established 1903

Owned and published by
State Medical Society of Wisconsin

Medical Editor
Victor S Falk MD, Edgerton

Associate Medical Editor
Richard D Sautter MD, Marshfield

Editorial Board
Victor S Falk MD, Edgerton *Chairman*
Melvin F Huth MD, Baraboo
M C F Lindert MD, Milwaukee
Andrew B Crummy Jr MD, Madison
Richard D Sautter MD, Marshfield
Dean M Connors MD, Madison
George W Kindschi MD, Monroe
Charles H Raine MD, Racine
Garrett A Cooper MD, Madison *Emeritus*

Editorial Director
Wayne J Boulanger MD, Milwaukee

Editorial Associates
R Buckland Thomas MD, Monroe
Russell F Lewis MD, Marshfield
Thomas H Cogbill MD, La Crosse
Victor S Falk MD, Edgerton
Richard D Sautter MD, Marshfield

Staff
Earl R Thayer, Madison
Secretary-General Manager
State Medical Society of Wisconsin

H B Maroney II, Madison
Assistant Secretary-Corporate Counsel
State Medical Society of Wisconsin

Mrs Mary Angell, Madison
Managing Editor

Mrs Marjorie Stafford, Madison
Publications Assistant

NATIONAL ADVERTISING REPRESENTATIVE: State Medical Journal Advertising Bureau, Inc, 711 South Blvd, Oak Park, Ill 60302. Ph 312/383-8800.

LOCAL (WISCONSIN) ADVERTISING: Contact. Mrs Mary Angell, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701. Ph 608/257-6781.

SUBSCRIPTION RATES: Members, $12.50 per year (included in dues); nonmembers, $25.00. Single copy: current year, $2.00, previous years, $3.00. SPECIAL RATES: Foreign and Canada, $30.00. Blue Book issue, $8.00. Membership Directory issue, $15.00.

SECOND CLASS POSTAGE PAID at Madison, Wisconsin, and at additional mailing offices.

PUBLISHED MONTHLY. "Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917. Authorized August 7, 1918." Address all communications to THE WISCONSIN MEDICAL JOURNAL. Street address: 330 East Lakeside Street. Mailing address: Box 1109, Madison, Wis 53701.

POSTMASTER: Send address changes to Wisconsin Medical Journal, PO Box 1109, Madison, Wis 53701

COPYRIGHT 1986
State Medical Society of Wisconsin

SPECIAL FEATURES

President's Page

5 Euthanasia—by omission, by *John P Mullooly, MD,* Milwaukee

Editorials

7 SHIP-shape idea
7 Cadillac medicine, by *Russell F Lewis, MD,* Marshfield
8 One wonders, by *Victor S Falk, MD,* Edgerton
8 CES Foundation, by *Victor S Falk, MD,* Edgerton

Letters

8 Thanks from WIPRO, by *John J Kief, MD,* President, WIPRO Board of Directors, Madison

Special

14 Smokeless tobacco: A public health challenge, by *Rhys B Jones, DDS, MS* and *Sue Ann Pyper, RDH,* Madison
18 A Foundation worthy of its name, *Thomas A Leonard, MD,* Madison
59 INDEX: *Wisconsin Medical Journal,* January 1986–December 1986, Volume 85

Socioeconomics

33 Medicare changes for physicians start Jan 1
33 New charge limits due before year-end
34 WISPAC scores 96% in endorsed-candidate wins in General Election
34 Induced abortions must be reported
35 Safety Belt Coalition launches campaign
35 VNS director Ruth Hanson retires
36 Physicians can contest Worker's Compensation charge reductions
36 Officers and Directors, Physicians Insurance Company of Wisconsin
37 Wisconsin Worker's Compensation Division: Request for Resolution of Health Service Cost Dispute (form)
44 "Living will" form now available
45 "Living will" form

Miscellaneous

36 BLUE BOOK update
44 AMA Physician's Recognition Award Recipients

News you can use

58 Wisconsin patients see physicians more often
58 Court rules against free photocopies to peer review organizations
58 Reagan signs vaccine injury compensation bill

WISCONSIN MEDICAL JOURNAL (ISSN 0043-6542) is the official publication of the State Medical Society of Wisconsin, devoted to the interests of the medical profession and health care in Wisconsin. Its affairs are handled by the Editorial Board, subject to policy direction of the Society's Board of Directors. The Managing Editor is responsible for the production, business operation, and coordination of contents as well as the final responsibility of the entire publication. The Editorial Director is responsible for Editorials. Unsigned Editorials express views consistent with the policies of the State Medical Society of Wisconsin. Signed Editorials express personal views of the author for which the Society takes no responsibility. Neither the Editors nor the State Medical Society will accept responsibility for statements made or opinions expressed in the pages of the Journal. Indexed in "Index Medicus," "Hospital Literature Index," and "Cambridge Scientific Abstracts."

Vol. 85 No. 12

CONTENTS

STATE MEDICAL SOCIETY OF WISCONSIN

SCIENTIFIC MEDICINE

9 Histologic confirmation of recurrent Hodgkin's disease by percutaneous pleural biopsy; case report, by *Kevin Johnson, MD; Ross A Abrams, MD; Glenn F Ragalie, MD,* and *Gerald Hanson, MD,* Milwaukee

11 CLINICAL CANCER: Strategies for smoking withdrawal, by *Howard Leventhal, PhD* and *Timothy B Baker, PhD,* Madison (Number 12 of a series)

ORGANIZATIONAL

23 SMS Young Physicians Committee meets; elects AMA delegates

23 COUNTY SOCIETIES: Dane . . . Outagamie . . . Winnebago

23 Paying 1987 membership dues in 1986 a tax advantage

24 Membership facts

25 Information about your 1987 dues statement mailed in mid-November

26 Membership Directory—Update

50 CES FOUNDATION: Contributions during month of May 1986

DEPARTMENTS

49 PHYSICIAN BRIEFS

53 MEDICAL YELLOW PAGES
- Physicians exchange
- Medical facilities
- Miscellaneous
- Medical meetings—Continuing medical education
- Advertisers ■

THE STATE MEDICAL SOCIETY OF WISCONSIN, created by the Territorial Legislature in 1841, represents over 6600 member physicians in Wisconsin, comprising 55 county medical societies and 26 medical specialty sections. The purpose of the Society is to "bring together the physicians of the State of Wisconsin to advance the science and art of medicine and the better health of the people of Wisconsin, and to secure the enactment and enforcement of just medical laws." The major activities of the Society include continuing medical education, peer review, legislation, community health education, scientific affairs, socioeconomics, health planning, services for physicians, operation of a Charitable, Educational and Scientific Foundation, and publication of the *Wisconsin Medical Journal*.

Officers

PRESIDENT: *John P Mullooly, MD,* Milwaukee
PRESIDENT-ELECT: *Kenneth M Viste Jr, MD,* Oshkosh
SECRETARY-GENERAL MANAGER: *Earl R Thayer,* Madison
TREASURER: *John J Foley, MD* Menomonee Falls

Board of Directors

CHAIRMAN: *Darold A Treffert, MD* Fond du Lac
VICE CHAIRMAN: *Roger L von Heimburg, MD,* Green Bay

FIRST DISTRICT
Jerome W Fons Jr, MD, Cudahy
Roger Laubenheimer, MD, Milwaukee
Thomas A Hofbauer, MD, Menomonee Falls
Wayne H Konetzki, MD, Waukesha
H Leslie Ericson, MD, Racine
William L Treacy, MD, Milwaukee
Richard D Fritz, MD, Milwaukee
William J Listwan, MD, West Bend
Glenn H Franke, MD, Milwaukee
Lucille B Glicklich, MD, Milwaukee
Thomas A Reminga, MD, Milwaukee
H Myron Kauffman, MD, Elm Grove

SECOND DISTRICT
J D Kabler, MD, Madison
Cyril M Hetsko, MD, Madison
James J Tydrich, MD, Richland Center
Alwin E Schultz, MD, Madison
Kenneth I Gold, MD, Beloit
John D Wegenke, MD, Madison

THIRD DISTRICT
Pauline M Jackson, MD, La Crosse

FOURTH DISTRICT
William E Raduege, MD, Woodruff
Jung K Park, MD, Wisconsin Rapids
Richard H Ulmer, MD, Marshfield

FIFTH DISTRICT
Darold A Treffert, MD, Fond du Lac
James L Basiliere, MD, Oshkosh
C William Freeby, MD, Appleton

SIXTH DISTRICT
Roger L von Heimburg, MD, Green Bay
Joseph C DiRaimondo, MD, Manitowoc
John E Kraus, MD, Marinette

SEVENTH DISTRICT
Marwood E Wegner, MD, St Croix Falls
Philip J Happe, MD, Eau Claire

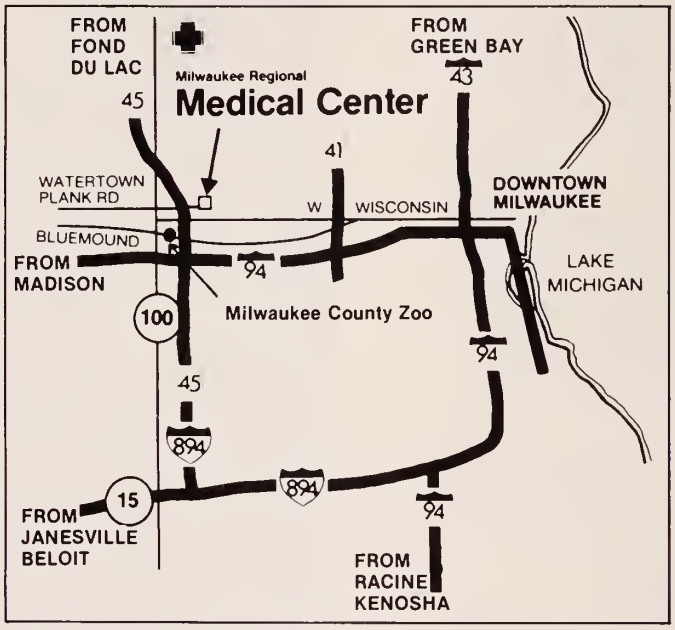
EIGHTH DISTRICT
Joseph M Jauquet, MD, Ashland

PRESIDENT: *Doctor Mullooly*
PRESIDENT-ELECT: *Doctor Viste*
PAST PRESIDENT: *John K Scott, MD,* Madison
SPEAKER: *Duane W Taebel, MD,* La Crosse
VICE SPEAKER: *Vernon M Griffin, MD,* Mauston

Medical College of Wisconsin

Close by freeway

- Smooth easy drive without rush hour hassles
- Suburban Milwaukee location with ample parking



Milwaukee Regional Medical Center Institutions:

1) **MEDICAL COLLEGE OF WISCONSIN**
2) Milwaukee County Medical Complex
3) Froedtert Memorial Lutheran Hospital
4) Curative Rehabilitation Center
5) Milwaukee County Mental Health Complex
6) Children's Hospital of Wisconsin (In 1988, moving into new hospital on campus.)
7) The Blood Center of Southeastern Wisconsin

Close by phone

- Over 300 faculty physicians providing tertiary care
- Medical information and referrals without red tape

One-phone-call access to
Medical College of Wisconsin faculty specialists

Toll Free: 1-800-472-3660

PRN
PHYSICIAN RESOURCE NETWORK™

Euthanasia—by omission

ONE OF THE MOST perplexing medical-ethical dilemmas of our day is the withdrawal of fluids and nutrition in the permanently comatose patient. Why is this such a perplexing problem? It is so because it raises issues of values not only of society but also of a fundamental ethic to do no harm. A permanently comatose patient may live indefinitely as long as he or she receives fluids and nutrition or if his or her underlying illness progresses to death. If fluids and nutrition are removed from the patient, death will surely follow in a short time. By removal of these basic needs the death of the patient is intended and accomplished. Over the centuries church teaching and Anglo-American law and the ethics of the medical profession have been in total accord in the condemnation of mercy killing, whether by active or passive means. The 1980 Vatican Declaration on Euthanasia states the following: "By euthanasia is understood an action or omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated. Euthanasia's terms of reference, therefore, are to be found in the intention of the will and in the methods used."

While all of the foregoing is quite clear, society is in the midst of reevaluating these clear-cut moral imperatives. Voices in the theological and legal communities are asking for a relaxation of these strictures against mercy killing. In fact, several courts have permitted the removal of feeding tubes providing fluids and nutrition in permanently comatose patients. Mr Brophy of Boston, who lived six years, comatose, after suffering a ruptured cerebral aneurysm, died one week after feeding tubes were removed following a court decision to allow it. In speculating about death by starvation and hydration, grave and inhumane physical effects can occur such as fever, convulsions, retraction of the eyes into their orbits, and the desiccation of lips, mouth, and skin.

If this manner of bringing about death for certain terminally ill and comatose patients is morally permitted, then in the minds of most common sense observers, the only logical alternative to causing this grotesque manner of dying would be to perform active euthanasia—the direct injection of a lethal dose of a drug in order to kill the patient painlessly but instantly. Surely many would argue that it is more humane to kill painlessly than to cause the additional prolonged agony of death by starvation.

Surely the medical profession holding onto its medical ethics will discern the threats to its ethics in these various efforts to legalize the practice of euthanasia. The courts in loosening the strictures against euthanasia by omission will be encouraging forces within our society to permit euthanasia by commission. It behooves us in organized medicine to become informed about these efforts and to vigorously oppose them. For these efforts strike at the very heart of our cherished medical oath to do no harm.

The Medicine and Religion Committee of the State Medical Society is presently studying this issue. I anticipate that in their deliberations, wisdom will emerge to help guide the members of the Society in the debates that lie ahead.■

AMERICAN PHYSICIANS LIFE

Serving All Your Life Insurance Needs.

American Physicians Life's comprehensive and competitively priced line of insurance products is now being offered exclusively through SMS Services Inc., to State Medical Society members.

APL is a majority-owned subsidiary of Physicians Insurance Company of Ohio (PICO) and a sister company of The Professionals Insurance Company, the carrier of the SMS-endorsed Professional Liability Insurance Plan.

APL coverages available to you through SMS Services Inc., and its authorized insurance representatives include:

- Innovative Universal Life coverages
- Low Cost Graded Premium Whole Life plan
- Yearly Renewable and Convertible Term Life protection
- Non-cancellable Disability Income programs
- Single and Flexible Premium Annuities
- Comprehensive Office Overhead Expense protection

Why not contact SMS Services Inc., today to find out how American Physicians Life can solve all your life insurance needs.

CONTACT:

STATE MEDICAL SOCIETY OF WISCONSIN
SMS SERVICES INC.
SUBSIDIARY

SMS SERVICES INC.
330 EAST LAKESIDE STREET
P.O. BOX 1109
MADISON, WISCONSIN 53701
(608) 257-6781 OR TOLL FREE
1-800-362-9080

Unsigned editorials express views consistent with the policies of the State Medical Society of Wisconsin.
Signed editorials express personal views of the author for which the Society takes no responsibility.

SHIP-shape idea

LOTS OF PUBLICITY is being generated by release of draft proposals from the State Council on the Uninsured whose members were charged by the Legislature to come up with a State Health Insurance Plan (SHIP) for making health insurance available to some 400,000 Wisconsinites who do not have such protection.

The Council, ably chaired by Economics Professor Ralph Andreano, former administrator of Wisconsin's Division of Health, is proposing four plans for trial over the next two years. They involve vouchers to assist low-income persons in buying health insurance; state-aided group insurance for small businesses that don't now offer health insurance; state loans to laid-off workers to help them keep coverage on a short-term basis; and another voucher plan to aid those who have disabilities that caused coverage rejection by private carriers. All of these require state subsidy.

These are ideas with basic merit. The State Medical Society's Ad Hoc Committee on the Uninsured studying the same issues, points out that care should be taken to address absolute need so that the tax burden can be kept to the minimum. One avenue that appears to have escaped Council and public attention is the responsibility of the health insurance industry itself to be more innovative with plans to attract those employed who are willing and able to pay a reasonable premium.

Most data indicate that from 40% to 65% of the uninsured are persons in families where there is at least one full-time equivalent wage earner. However, it is well-known that even if such a family meets the criteria of the working-well, the cost of modest coverage policy (not comprehensive) can be extremely intimidating.

A recent example which can be multiplied many thousands of times in reality, involves a man, wife, and two teenage children all of average good health, no major health problems. The family owns a small business in which the man is full-time and all others work on occasion. The net taxable income from the business is about $30,000 per year. They have a nongroup family policy of health insurance with a major carrier in Wisconsin. *The premium is $508.75 per month!* That equals 20% of the family's total income and is by no means full coverage of their annual healthcare costs since there is co-insurance and out-of-pocket for Rx drugs, immunizations, and routine office visits.

The traditional insurance carrier response to this very substantial nongroup market is "they aren't insurable without strict underwriting because of anti-selection—only the sickies enroll." And when the coverage is offered to the well, "premium has to be high to cover the higher risks." Are those "rules" still valid? In light of the public's growing level of understanding of health and healthcare, maybe some new approaches should be attempted. How about a pooling of the "average well" enrollees with an automatic bank account deduction to pay the premiums? Let SHIP provide subsidies for those with severe disability whom no carrier will accept unless in large groups.

Use SHIP to help those in transition from welfare to work, as well as the truly needy. And let the state insurance department promote the availability of private nongroup coverage the same way it promotes HMOs.

The SHIP ideas need shaping up, but let's put the great American concept of free enterprise and initiative to work capturing a large segment of this uninsured group that could and would buy without state subsidy if they had half a chance.

Cadillac medicine

FOR 15 YEARS I have listened to health planners, corporate managers, and members of the public claim that they really don't want Cadillac medicine, they want Chevrolet medicine. This is probably because they perceive that's all they can afford. Requests that they define what they mean have never elicited a concrete response. At this point in our conversation I make an effort to explain that in the eyes of physicians there is no such thing as Cadillac medicine or Chevrolet medicine. There is good medicine and there is not-such-good medicine, and they are not related to the cost. Not-such-good medicine, or as some people simply prefer—poor medicine—is usually associated with either over-utilization, under-utilization, poor communication, poor cooperation, or poor judgment.

At a recent SMS meeting an insurance man came up with a definition which I felt was worthwhile and worth publicizing. His definition is that Cadillac care is first-dollar coverage, whereas Chevrolet care represents the use of the deductible copayment approach. The difference is not in quality of care or comprehensiveness of care, it's in the financing.

His basic point, however, was that we as a society can no longer afford

Cadillac medicine and are going to have to make do with Chevrolet medicine. This will require the public to give up first-dollar coverage. He believed that we could ride in either car and get to our destination—good healthcare—but that we, as the public, have to accept what we can afford.

As a physician I have to point out, however, that the cost—money out of the public's pocket—is the same under the copay and deductible program as it is with first-dollar coverage. Those who happen to be unfortunate enough to be ill have to pay more to purchase the Chevrolet than the healthy and the wealthy who usually purchase the Cadillac. Such an attitude, in my opinion, won't be accepted in the long run.

—*Russell F Lewis, MD,* Marshfield

One wonders

WISPAC reported in the October *WMJ* that it had backed many winners in the September primary election. However, the candidates endorsed for Governor and Lieutenant Governor did not win in the November election. It seemed reasonable to support Governor Earl since he had courageously vetoed the annual chiropractic legislation in the last session.

A day or two after the election Governor-elect Tommy Thompson (who was not favored with WISPAC's endorsement) had selected his Secretary of Administration. This is the second most powerful person in state government. James Klauser was named to the position. It is of particular interest that he has been a lobbyist for the last five years—representing such clients as Wisconsin chiropractors.

One wonders how organized medicine will fare with this new administration. One also wonders if there will be disenchantment with WISPAC despite the dedication and well-meant effort of its directors. (See Doctor Ovitt's letter in the November issue of *WMJ*).

One also wonders whether those who complain about WISPAC's endorsements this year will become more involved, as they should, to influence the WISPAC endorsement process in the next election.

One need not wonder as to what small but militant, well-organized, very vocal, and heavily financed group will be first in line at the gates of the State Capitol.

—*Victor S Falk, MD,* Edgerton

CES Foundation

AT A RECENT meeting of the Wisconsin Association of Senior Physicians, Dr Thomas Leonard spoke extemporaneously about the Charitable, Educational and Scientific Foundation. In particular he mentioned the support the Foundation had provided over the years to the Maternal Mortality Study and Survey Committee. I asked Doctor Leonard to "put it in writing" for the *WMJ*. This he graciously did.

Over the years and through the efforts of the committee, and especially Doctor Leonard, the maternal mortality in Wisconsin dropped from 88 to 6 deaths per year. At the same time the infant mortality rate in Wisconsin was reduced from 28 per 1,000 live births to 6. Doctor Leonard's article appears in this issue of the *WMJ*.

We are indebted to Doctor Leonard, even though he has retired, for his continued interest in the profession. We are looking forward to publishing in the January issue another article he has written entitled "What has happened to this beloved profession of mine?"

—*Victor S Falk, MD,* Edgerton ■

LETTERS

The Editors would like to encourage physicians to contribute to the LETTERS section where they can ventilate their frustrations as well as opinions. This feature is intended to be lively and spirited as well as informative and educational. As with other material which is submitted for publication, all letters will be subject to the usual editing. Address correspondence to: The Editor, Wisconsin Medical Journal, Box 1109, Madison, Wis 53701.

Thanks from WIPRO

TO THOMAS L ADAMS (SMS Secretary-General Manager Designate): I am writing this short note to thank you for giving us an advance look at the Secretary's Report to the Membership (published in the November issue of *WMJ*). I think you probably now have a full appreciation of some of the difficulties which exist for WIPRO. I also think that your (State Medical Society's) decision to support legislative relief in this area is the only reasonable avenue of attacking the problem that organized medicine has at this time.

If WIPRO, as an organization, can assist in this legislative arena, please let us know. It will have to be in a relatively indirect way because as I'm sure you are aware, we are forbidden (as one of the other rules under which we exist) to lobby. I also think your three-point program, as outlined at the end of the article, is a giant step in the right direction. I think many physicians are tired of hearing directives from WIPRO; and maybe if they hear a similar set of instructions and directives explained by their State Medical Society, it may help alleviate some of the anxiety which exists at the present time. I have instructed Mr Simmons and Mr Laking to assist the SMS in any way they can, by providing necessary technical assistance and material for any seminars you may put on and to help prepare the booklet if you so desire.

Again, I thank you and the State Medical Society for your continuing support.

—*John J Kief, MD,* President
WIPRO Board of Directors
2001 West Beltline Highway
Madison, Wisconsin 53713■

CASE REPORT

Histologic confirmation of recurrent Hodgkin's disease by percutaneous pleural biopsy

Kevin Johnson, MD; Ross A Abrams, MD; Glenn F Ragalie, MD and *Gerald Hanson, MD,* Milwaukee, Wisconsin

ABSTRACT. *A 61-year-old woman with prior history of Hodgkin's disease in remission status post-radiation therapy presented with a large right pleural effusion. Undirected, percutaneous pleural biopsy established histologic confirmation of recurrent Hodgkin's disease. Pleural fluid cytology was nondiagnostic. Since there were no clinically suspicious lymph nodes easily accessible for biopsy, bone marrow biopsy was negative for Hodgkin's disease, and percutaneous liver biopsy was relatively contraindicated by the right pleural effusion; the pleural biopsy obviated the need for more invasive diagnostic efforts; eg, laparotomy, and permitted the initiation of appropriate antineoplastic therapy based on a firmly established diagnosis of recurrent malignancy.*

Key words: Hodgkin's disease; Pleura; Pleural effusion

THE OCCURRENCE of a new pleural effusion, particularly if exudative, in a patient with a prior history of Hodgkin's disease raises concerns regarding disease recurrence, development of a new malignancy (*eg,* lung cancer with pleural effusion), or infection (bacterial, mycobacterial, or fungal). The usual approach to obtaining histologic confirmation of suspected, recurrent Hodgkin's disease involves biopsy of lymph nodes, marrow, or liver. We report the case of a 61-year-old woman with recurrent Hodgkin's disease, which we were able to confirm histologically by *undirected* percutaneous pleural biopsy, in whom there were no easily accessible lymph nodes available for biopsy, bone marrow biopsy was negative, liver biopsy was relatively contraindicated by the presence of a right pleural effusion, and a chest computerized tomographic (CT) scan did not reveal lesions suitable for CT-directed biopsy.

Case report. A 61-year-old woman with known history of Hodgkin's disease was referred for evaluation of a right pleural effusion. Twenty months previously the diagnosis of pathologically staged (including staging laparotomy) IIIA, nodular sclerosing Hodgkin's disease had been established and the patient was treated with total nodal irradiation. She had done well until one month previously when shortness of breath and a right pleural effusion were noted.

Physical examination was negative for evidence of recurrent Hodgkin's disease (or lymphadenopathy) except for the presence of a moderately large right pleural effusion confirmed by chest x-ray film. Multiple staging tests including gallium scan, bilateral posterior iliac crest bone marrow biopsies, and CT examinations of the chest, abdomen, and pelvis revealed suggestive findings in the pulmonary hila, the retrocrural area, and questionably the mediastinum. None of these areas was easily accessible for biopsy and the bone marrow biopsies were negative. Pleural fluid was exudative (total protein 4.6 g/dL), sterile by routine culture, and cytologically negative. Subsequently, percutaneous pleural biopsy was accomplished; again, pleural fluid cytology was nondiagnostic but pleural biopsies demonstrated Sternberg-Reed cell variants diagnostic of Hodgkin's disease (Fig 1). This finding obviated a need for more invasive studies which otherwise would have been required to achieve histologic documentation of recurrence.

Although several series of autopsy studies have revealed measurable incidences of pleural involvement in patients with Hodgkin's disease and clinical evidence of pleural effusion,[1,2] antemortem diagnosis of recurrent Hodgkin's disease by pleural effusion cytology or closed needle pleural biopsy is felt to be a rather uncommon event.[2,3,4] Nevertheless, our experience with this patient would suggest that pleural biopsy is

Doctor Johnson is a Fellow in Pulmonary Medicine, Clement J Zablocki Medical Center; Doctor Abrams and Doctor Hanson are Assistant Professors in the Departments of Medicine and Pathology, Medical College of Wisconsin; and Doctor Ragalie is Associate Director, Department of Respiratory Therapy, St Mary's Hospital, Milwaukee. Reprint requests to: Ross A Abrams, MD, Medical College of Wisconsin, 8700 West Wisconsin Ave, Milwaukee, Wis 53226. Copyright 1986 by the State Medical Society of Wisconsin.

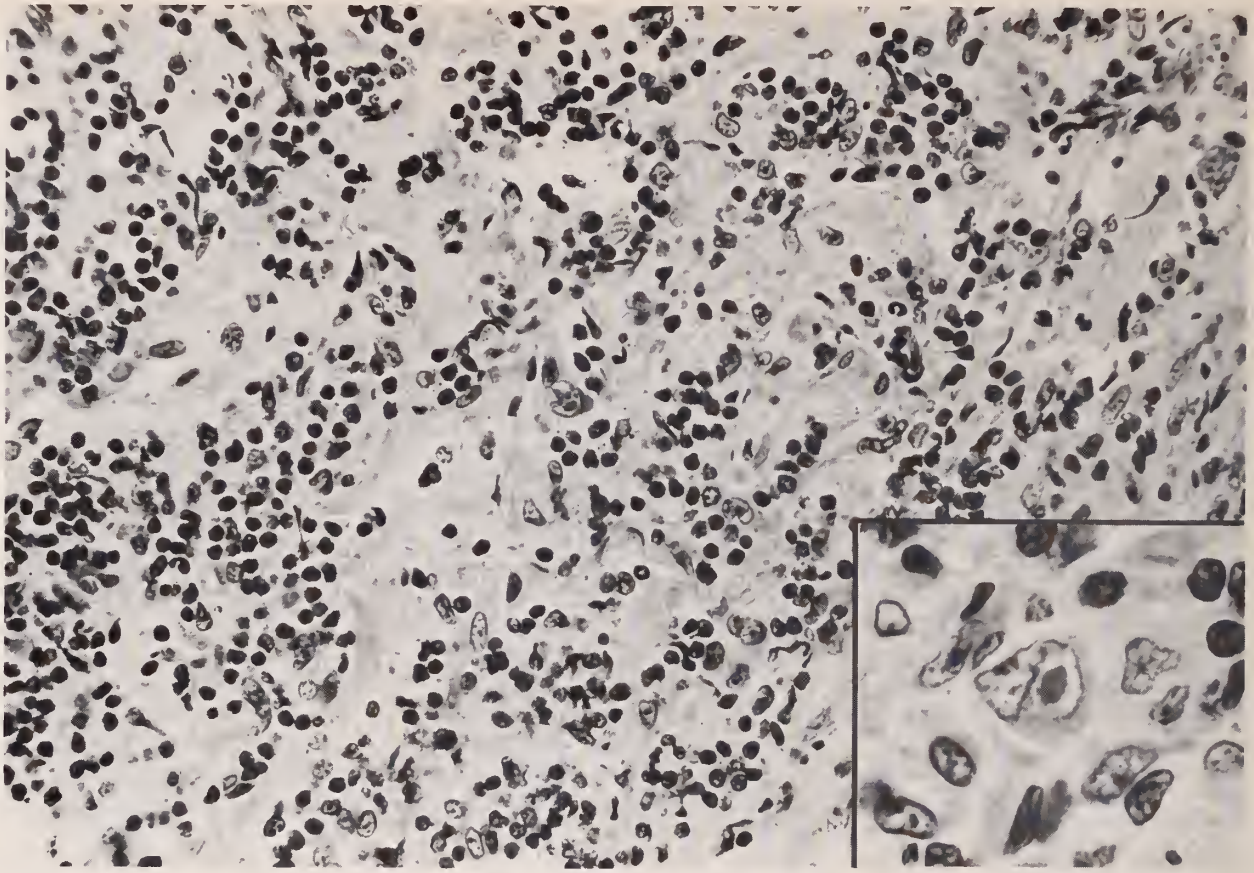


FIGURE 1—*Pleural biopsy showing a largely small lymphoid cell infiltrate with rare plasma cells and occasional atypical large "histiocytic" type cells (inset) acceptable as Sternberg-Reed cell variants.*

a worthwhile undertaking in the setting of suspected recurrent Hodgkin's disease with concomitant pleural effusion, particularly if there is no other clinically suspicious site easily accessible for biopsy. In addition, pleural biopsy may be advised in an effort to further exclude secondary infection in the immunocompromised host (*eg,* tuberculosis).

References

1. Vieta JD, Craver LF: Intrathoracic manifestations of the lymphomatoid diseases. *Radiology* 1941; 37:138–158.
2. Billingham ME, Rawlinson DG, et al: The cytodiagnosis of malignant lymphomas and Hodgkin's disease in cerebrospinal, pleural and ascitic fluids. *Acta Cytol* 1975; 19:547–556.
3. Blank N, Castellino RA: The intrathoracic manifestation of the malignant lymphomas and the leukemias. *Sem in Roentgenology* 1980; 15: 227-245.
4. Weick JK, Kiely JM, Harrison Jr. EG, et al: Pleural effusion in lymphoma. *Cancer* 1974; 31:848–853.

■

NUMBER OF PHYSICIANS RISES FASTER THAN POPULATION. The number of physicians per state residents increased by 20 percent from 1978 to 1984, changing from one physician per 724 people in 1978 to one per 579 people in 1984. The Wisconsin Center for Health Statistics, which compiled the figures, said the number of Wisconsin physicians increased 28% while the Wisconsin population increased only 3% in that six-year period. The 1984 physician-to-population ratio ranged from a high of 1:246 in Dane County to a low of 1:4,356 in Burnett County. About 90% of the state's 8,239 practicing physicians are white males, nearly half are aged 30 to 44, and most are graduates of a Wisconsin medical school, involved primarily in patient care, and work out of a private office. These statistics, the most recent available, appear in "Wisconsin Physicians 1984," which can be obtained from the Center at 608/267-9090.■

CLINICAL CANCER: Number 12 of a series

Strategies for smoking withdrawal

Howard Leventhal, PhD and *Timothy B Baker, PhD*
Madison, Wisconsin

THERE ARE AT least four aspects to the process of changing the status of a smoker to that of nonsmoker: (1) motivation; (2) decision and planning; (3) behavioral management of quitting; and (4) maintenance of status as a nonsmoker. The authors will discuss these factors and then focus on the practitioner's contribution to them.

Motivation. Motivation to be a nonsmoker can vary as to SOURCE, STRENGTH, and STABILITY. Sources include fear of health consequences (cancers of the lung and other organs, heart disease, etc), social pressures (pressure not to smoke from children, friends, practitioners), and pressure generated by the fear that one's children will become smokers and be injured by smoking. Strength will vary with the importance and number of the sources, as well as the level of pleasure that the smoker derives from smoking and the expectancy of success at quitting. Stability refers to expected variations in the strength of motivation over time. Motivation may be nonexistent or near zero in the period prior to contemplating quitting, become stronger as one thinks about quitting, peak when one decides to quit, waver during the period of quitting, and be displaced by the desire to smoke prior to relapse. The high rate of quitting by pregnant women, followed by a postpartum return to smoking, illustrates the strength of a socially-based motive and its stability.

Decision and planning. The decision to quit smoking marks an important transition from the contemplation of joining the ranks of nonsmokers to taking the initial steps to quit. Decisions vary as to firmness (the extent to which motivation operates in the decision process) and richness of the supporting plan. A decision made in the absence of any explicit or implicit plan or of a sense of effectiveness in carrying out the decision, is unlikely to result in successful quitting. The PLAN should include: (a) A time frame [a point at which to initiate quitting, a commitment to a lifetime as a nonsmoker, and an estimate of the duration of cessation difficulties]; (b) A program outline [how to quit]; (c) Awareness of potential difficulties in quitting and challenges to remaining a nonsmoker [who might object to one's efforts to quit, how one might feel after quitting, etc], and (d) Some notion as to benefits of quitting.

Behavioral management. An effective behavioral program is comprised of a series of specific steps for stopping smoking. These would likely include steps to ensure commitment (*eg,* a substantial monetary deposit that is returnable upon having succeeded), acts to avoid contact with cigarettes (throwing away cigarettes, self instructions to avoid purchases and to resist offers of cigarettes), and a systematic series of steps to control or alter one's felt appetite for cigarettes. Techniques to enhance control by monitoring smoking, smoking on rigid schedules, etc, may be useful adjuncts taken prior to quitting.[1] Currently used formal treatments that appear to reduce appetite or craving for cigarettes include rapid smoking (puffing and inhaling every six seconds on signal until one has smoked three cigarettes or until one feels too ill to continue) and rapid puffing (the same procedure but without inhalation), the latter being the preferred approach for individuals who are at risk for rapid smoking due to chronic disease. The rapid smoking session lasts about 20 minutes per session and the best current techniques use six such sessions. Six-week quit rates of 90% to 100% are common.[2] Nicotine gum also appears to be a useful aid to quitting. The nicotine gum and aversive smoking treatments have a common denominator in that they permit limited access to cigarettes or nicotine which appears to be helpful in ameliorating withdrawal urges. It is important to note that smokers who quit without the aid of a formal cessation program often have discovered for themselves

From the Department of Psychology, University of Wisconsin, Madison. Reprint requests to: Howard Leventhal, PhD, UW-Madison, Dept of Psychology, WJ Brogden Psychology Bldg, 1202 West Johnson St, Madison, Wis 53706 (phone: 608/262-0908). Copyright 1986 by the State Medical Society of Wisconsin.

Series Coordinator:

Ernest C Borden, MD, Madison

American Cancer Society Professor of Clinical Oncology, University of Wisconsin Clinical Cancer Center, 600 Highland Ave, Madison, Wisconsin 53792

Physicians are encouraged to contact the authors if they wish to discuss these topics further or obtain additional information. Comments or suggestions for topics would be welcome.

a variety of techniques or practices that reduce their appetite for cigarettes; *eg,* deep breathing, cognitive rehearsal of the cost, or unpleasant aspects of smoking.

High rates of long-term success in quitting require a well-constructed counseling program for managing the various challenges or threats to abstinence. These include management of withdrawal, *eg,* being prepared for cardiovascular changes; possible increases in appetite for sweets; diurnal variation in the urge to smoke (increases in intensity as the day progresses); and the possibility of increases in coughing and discharge of phlegm with restoration of the action of the ciliary system in the lungs. The quitter must be prepared to face possible (and unexpected) increases in urges at 7 to 11 days[3] and be ready for externally-induced urges when participating in activities (parties, drinking beer, etc) previously associated with smoking. Specific tactics for coping with these challenges are critical for success.

Maintenance. Regardless of the method used for quitting and its success in helping persons to quit, the major challenge is the long-term maintenance of nonsmoking. There is a steady, month-by-month decline in the maintenance of nonsmoking, and the very best programs seldom exceed a 50% abstinence rate two years post-intervention. A great variety of methods have been used to increase the probability of long-term success. These include the use of booster sessions, buddy systems, hot-lines, etc. The method that has been most successful and most carefully documented is an intensive counseling procedure that begins during treatment and focuses on the identification of specific threats to remaining in nonsmoking status and the preparation of specific coping reactions to deal with these threats.[2,4] Since counseling is part of quitting, the process of maintenance is not sharply distinguished from that of quitting.

There are aspects of counseling that focus on factors that are specific to maintenance. One of these is the desire to "try a cigarette" to test one's self-definition as a nonsmoker and one's control over smoking. Accepting such challenges, of course, promotes a return to smoking: effective counseling prepares the individual for such ideas and provides arguments to counter such "cognitive urges." Another aspect of maintenance is the "abstinence violation effect." This refers to the deep feeling of distress and failure generated by a slip: a single error is interpreted as a sign of weakness and the emotional upset at yielding intensifies feelings of incompetence. Effective counseling deals with this possibility and inculcates in subjects appropriate attributions to be made regarding an isolated relapse, and, finally, provides opportunities for renewed contact with the intervention system should a relapse occur.

ROLE OF THE PRACTITIONER

Motivation. A practitioner can assist a patient at each stage of the quitting process. To enhance the patient's motivation to quit, the practitioner might gently ask a smoking patient if s/he has even attempted to quit. If the patient reports having tried quitting, the practitioner should inquire about what went wrong. The practitioner should note that quitting is a skill just like golfing, sewing, or skiing. It is perfectly understandable that a person's initial quitting attempts are going to be unsuccessful. The practitioner should observe that the likelihood of quitting success increases with the number of attempts to quit.[5]

If a smoking patient reports never having tried to quit, the practitioner should inquire as to the reasons. Frequently patients have misconceptions about quitting that a practitioner can correct. For instance, many smokers believe that while smoking may increase disease risk, it is, nonetheless, very unlikely that they will ever develop a smoking-related disease if they continue smoking.

For all smokers, the practitioner should review the medical reasons that the patient should quit, emphasizing the reasons that are personally relevant to the particular patient. Does the patient have bronchitis? Is there a family history of heart disease, cancer, or vascular disease? In effect, the practitioner's goals with respect to motivation are to introduce the topic of quitting, explore the patient's beliefs or attitudes that might undermine quitting, and stress the personal health benefits that a patient may anticipate.

Decision and planning. The practitioner's role here may be very simple, yet vital. If, after inquiring about a patient's smoking status, the patient states that s/he knows that s/he "should" quit, or that s/he has been planning to quit, the physician should congratulate the patient for this decision, and then note that it is very important to set a definite quit date. The practitioner should offer several dates to the patient noting that s/he will schedule an office visit for the patient one to two days after the quit date. The practitioner should note that it is very helpful for the patient to have a specific quitting plan, and the practitioner should briefly review the patient's quitting options (*eg,* solo quitting, nicotine gum, American Lung Association "Freedom From Smoking" quit plans, local smoking clinics). If the patient firmly resists setting a quit date or making a quit plan, the practitioner should express understanding and encourage the patient to consider quitting in the future.

Behavioral management. The practitioner should encourage the patient to engage in a specific behavioral program. If it is an initial or early quitting attempt, the patient may have a good chance of quitting without the aid of a formal program. If the patient has failed in previous unaided quitting attempts, s/he should be encouraged to seek treatment from a formal, structured cessation program. Treatment effectiveness research suggests that the most effective treatments are those that contain the elements described in the "Behavior Program" section: a cigarette exposure or nicotine replacement component and a behavioral counseling component. However, such cost-effective treatments as nicotine gum and the Freedom From Smoking Program have certainly been of great benefit to many smokers. Traditional psychotherapies and hypnosis have not been shown to be particularly effective in promoting quit-

ting. Also, the practitioner should recommend quitting programs associated with reputable institutions: universities, hospitals, or nonprofit organizations.

Maintenance. While the typical practitioner is not trained or inclined to conduct formal maintenance treatments, s/he can make a positive contribution to the maintenance of cessation. The practitioner should schedule return appointments with patients making quitting attempts, preferably about one week, one month, and three months after the patient's quit date. These will serve as important milestones for the patient and will underscore the importance that the practitioner attaches to quitting. During such maintenance appointments, patients will frequently recite numerous complaints and problems to their practitioner. This can be very disturbing and uncomfortable for the practitioner if s/he feels responsible for the patient's discomfort and feels that s/he must alleviate the patient's problems and symptoms. The typical patient realizes that the practitioner cannot solve or cure the discomfort of smoking cessation. The patient's recital of symptoms and problems is really a request for sympathy and encouragement. Almost invariably the patient will feel better if the practitioner merely listens sympathetically. Finally, the practitioner must stress to the patient that time is on his/her side. The patient's discomfort will decrease automatically as long as s/he doesn't smoke.

The recurrent urges to smoke and the difficulty in maintaining nonsmoking status for months and years after quitting show that maintaining plasma nicotine level to eliminate withdrawal signs is but one aspect of the addiction process. Nicotine has powerful, and heterogeneous rewarding effects.[6] Over a period of years one can clearly learn to use nicotine to enhance attention, overcome boredom, facilitate performance, stimulate pleasure, and reduce anxiety and pain. Maintenance is difficult because of these complex effects, not because of an intrinsic problem in overcoming withdrawal signs. An intervention program that fails to recognize this is doomed to failure.

GENERAL COMMENTS AND CONCLUSIONS

To review, there are many steps the practitioner can take to assist a patient with quitting. First, the practitioner can be a source of motivation: as the expert helper in the relationship, it is perfectly legitimate for the practitioner to emphasize the personal nature of the risks taken by the smoker and to urge him or her to quit. Repeated contact with the patient allows the practitioner to monitor the process of change and help to: (1) Sustain motivation (social and health-based) throughout the period of quitting and, more importantly, during the long period of maintenance; (2) Provide information regarding sources for help [recommending programs with a known record: *ie,* programs that keep systematic records of success and failure]; (3) Make suggestions regarding the need for plans, specific steps involved in quitting, the need to expect, prepare for, and cope with challenges; (4) Encourage family members to support quitting and the maintenance of a nonsmoking status; and (5) Reward quitting and maintenance with social approval and connect quitting to observed and potential health benefits [*eg,* lowered heart rate, improved spirometry results, reduced angina or pulmonary symptoms, and an emphasis on reduced risk for smoking-related disease].

To facilitate the sequence of processes involved in quitting smoking, the practitioner needs to manage his/her relationship with the patient to encourage the patient to view him/herself as responsible for decisions and as an active and competent agent in effecting change. This does not necessarily mean that the practitioner should initially stress that quitting smoking is the patient's responsibility. Rather, it is often more helpful, initially, to provide encouragement to the patient and to emphasize that the practitioner is available as a consultant and source of support. As the patient makes progress in quitting, the practitioner should attribute the success to the patient's own skills, positive attributes, etc. Thus, there should be a gradual shift in attention and attribution of responsibility from the patient/physician team to the patient him/herself.

Given the fact that most patients have their own ideas about smoking and other life-style issues, and that an occasional patient will deny vulnerability to harm, the practitioner may doubt his/her effectiveness as a communicator and change agent. Focusing on the difficult patient, one displaying extraordinary denial of health risk, can produce an attitude of hopelessness about health promotion on the part of the practitioner. This attitude may undercut the legitimate influence inherent in the patient/practitioner relationship, a relationship that has been shown repeatedly to be an effective vehicle for producing smoking cessation.[7,8]

The practitioner can stimulate change; many practitioners over weeks, months, and years of practice can have a significant impact on smoking reduction and health. It pays to remember that while the public health component of medical practice is not dramatic or romantic, it may be the most important factor in the well-being of our population. After all, public health changes, not injections and antibiotics, have eliminated 80% to 90% of infectious diseases.

References

1. Leventhal H, Cleary P: The smoking problem; a review of the research and theory in behavioral risk modification. *Psychol Bull* 1980; 88:370-405.
2. Baker TB, Zelman DC, Brandon TH, et al: Smoking cessation: Effective cognitive-behavioral interventions. In Oldridge NB and Foster AC (eds): *Exercise and Heart Disease: Prevention and Rehabilitation.* Ithaca, NY: Movement Press (in press).
3. Shiffman SM: The tobacco withdrawal syndrome. In Krasnegor N (ed): *Cigarette Smoking as a Dependence Process.* Washington, DC: Department of Health Education and Welfare, NIDA Research Monograph 23, 1979.
4. Hall SM, Rugg D, et al: Preventing relapse to cigarette smoking by behavioral skill training. *J Consult & Clin Psychol* 1984; 52:372-382.
5. Brandon TH: *Enhancement of Long-term Cigarette Abstinence with a Cognitive-behavioral Maintenance Strategy.* Master Thesis, University of Wisconsin-Madison.
6. Pomerleau OF, Pomerleau CS: Neuroregulators and the reinforcement of smoking: Towards a biobehavioral explanation. *Neuroscience & Biobehavioral Rev* 1984; 8.
7. Lichtenstein E, Danaher BG: What can the physician do to assist the patient to stop smoking? In Brashear RE and Rhodes ML (eds): *Chronic Obstructive Lung Disease: Clinical Treatment and Management.* St Louis, MO: CV Mosby Co, 1978.
8. Russell MAH, Wilson C, et al: Effect of general practitioners' advice against smoking. *Brit Med J* 1979; 2:231-235. ■

SPECIAL

Smokeless tobacco: A public health challenge

Rhys B Jones, DDS, MS
Sue Ann Pyper, RDH
Madison, Wisconsin

ABSTRACT. *The use of smokeless tobacco products, predominantly by pre-adolescent and adolescent males, has dramatically increased in the past few years. Regional US data indicate that up to 36 percent of male high school and college age students regularly use smokeless tobacco products. Wisconsin school-age smokeless tobacco usage data mirror nationwide trends. A 1985 Dane County survey reports regular smokeless tobacco use increases from 9 percent of 7th grade boys to 22 percent of 12th grade boys.*

Public awareness of the serious health consequences caused by the use of smokeless tobacco is lacking. A significant percentage of the public and some health professionals perceive smokeless tobacco as a safe alternative to smoking tobacco.

The purpose of this paper is to overview pertinent issues involved surrounding the increased use of smokeless tobacco by young people. Issues discussed include product descriptions, tobacco company marketing strategies, United States and Wisconsin usage patterns, health consequences, and preventive and regulatory action.

Key words: Smokeless tobacco; Oral cancer; Prevention

Doctor Jones is Dental Coordinator, Wisconsin Division of Health, Madison; and Ms Pyper is Dental Hygienist Consultant, Wisconsin Division of Health, Madison. Reprint requests to: Rhys B Jones; DDS, Wisconsin Division of Health, PO Box 309, 1 West Wilson St, Madison, Wis 53701 (phone: 608/266-9711). Copyright 1986 by the State Medical Society of Wisconsin.

HEALTH PROFESSIONALS and much of the general public are well aware of the causal link between cigarette use and a multitude of detrimental health conditions. Cigarette smoking has justifiably assumed the role of the nation's leading cause of disease and number one public health problem.[1]

In contrast, the adverse health effects of smokeless tobacco are not so well recognized. Regional and national survey data on the marked increase of experimental, regular, and daily use of smokeless tobacco by pre-adolescent and adolescent males have been widely reported. These findings have prompted action on local, state, and Federal levels. As a result, public and professional awareness of the serious health consequences of the use of smokeless tobacco has increased.

The American Medical Association and the American Public Health Association recently have issued the strongest anti-tobacco attacks to date, calling for wide-reaching measures to reduce illness and death caused by smoking tobacco *and* smokeless tobacco.[2] The January 1986 National Institutes of Health Consensus Development Conference has issued strong warnings on the health implications of smokeless tobacco use.[3] The Conference scientific panel strongly recommended that the public be warned that the use of smokeless tobacco, particularly snuff when started in childhood, increases the risk of oral cancer. Similar conclusions have been reached in a report by advisors to the US Surgeon General.[4] The report, described as analogous to the landmark 1964 Surgeon General's report on smoking and health, concludes that "the oral use of smokeless tobacco represents a significant health risk. It is not a safe substitute for smoking cigarettes. It can cause cancer and a number of non-cancerous oral conditions and can lead to nicotine addiction and dependence."

Regional and national surveys report high percentages of school-age males are using smokeless tobacco products regularly. Many of these users are already dependent on the nicotine in smokeless tobacco.[5] These alarming use rates may be attributed to a combination of successful tobacco company marketing strategies, a false public perception of safety when compared to smoking, and a paucity of regulatory measures.

Smokeless tobacco defined. Smokeless tobacco products are produced and marketed in two forms: snuff and chewing tobacco. Snuff products are either dry or moist in form. Dry snuff, most popular in Great Britain, is consumed nasally. Moist snuff, packaged in small flat round tins, is fine-cut tobacco with varietal differences based on cut, texture, flavor, and scent. Moist snuff is usually placed in the mandibular buccal vestibule between the lower lip and gum by taking a "pinch" of tobacco between the thumb and fingers, a method commonly known as "dipping." Chewing tobacco is usually packaged in pouches. It may be processed as plug, twist, or loose-leaf tobacco and is commonly held in the

cheek as a "chew" or "quid," a golf ball-sized lump of tobacco.

Marketing of smokeless tobacco. US sales of smokeless tobacco products, especially moist snuff products, have significantly increased in recent years. Moist snuff sales increased 61 percent from 1978 to 1984. Chewing tobacco sales increased 9 percent in the same period. By contrast, cigarette sales decreased 3.6 percent in the 1978 to 1984 interval.[6] Moist snuff is the most popular product of choice among youth. Ninety percent of young smokeless tobacco users use moist snuff.[7]

Smokeless tobacco products are heavily advertised and have apparently become the "macho, in-thing" in schools across the country. Increases in moist snuff sales are associated with promotional campaigns by US smokeless tobacco manufacturers. Various marketing strategies have promoted the "virtues" of snuff. These efforts appear to focus on adolescents and young adults creating the virulent athletic image of the smokeless tobacco user.[8] Advertising has featured recognizable active and retired professional athlete and entertainer models. Products have been advertised without restriction on television and are associated with sporting events and publications. Other promotional strategies have included distribution of free samples on college campuses and through the mail, chewing clubs in high schools and colleges, product-identified clothes and accessories, tobacco spitting contests at state fairs, and sponsorship of sporting events.[9]

"Innovative" products have been developed fostering an image of a cleaner, more sociably acceptable form of tobacco in contrast to cigarette smoking. Advertisements have demonstrated how simple it is to use the products and made suggestions to begin with certain brands before trying stronger products. Peer pressure or social acceptance by friends has been a key reason for experimental use of the products.[7]

Smokeless tobacco usage trends—United States. Recent surveys from various US regions have found 8 to 36 percent of male high school and college students to be regular users of smokeless tobacco. Use among young people has been increasing rapidly. A Louisiana study reports a five- to eight-fold increase in snuff use by 8- to 17-year-old groups in a five-year period. This same study shows an 11 percent usage rate by 8- to 9-year-olds.[10] Two recent studies have shown regular use by 36.7 percent of Arkansas high school males[11] and 35 percent of Pittsburgh 8th, 9th, and 10th grade males.[12]

College age students also appear to be increasing their use of smokeless tobacco products. A national collegiate survey reported that approximately 22 percent of collegiate males admitted to the use of smokeless tobacco. Smokeless tobacco usage trends in schools and colleges appear to be predominantly a male phenomena, although indications of experimental use by females is surfacing. Regional surveys generally find less than one percent regular use by females.

National data has recently substantiated regional data of pre-adolescent and adolescent usage trends. A US Inspector General's study[7] provided a broad-based, geographically diverse survey of a sample of high school and junior high school current or former regular smokeless tobacco users. The study has found smokeless tobacco users in US schools to be predominantly white male, both athletes and nonathletes, of urban and rural origin, and of all socioeconomic status levels. Users, nonusers, and key informants all agree girls are least likely to use smokeless tobacco. Whites and Native Americans are most likely to dip or chew when compared with Black, Hispanic, and Asian American groups.

The average overall age of first use in this national data was surprisingly 10.4 years of age, in the 5th grade. Overall average regular use follows at 12.0 years of age, in the 7th grade. Most users (70 percent) admitted they dipped or chewed daily. Sixty-one percent of the users dip 5 or less times daily, 26 percent dip 6 to 10 times daily, and 13 percent take as many as 10 to 20 or more dips per day. The majority of the student users hold each dip or chew in their mouth over 25 minutes. Ten percent of the sample admitted they sometimes take a dip or chew prior to bedtime and sleep overnight with smokeless tobacco in their mouths. Ninety percent of the users reported using moist snuff, only 10 percent using chewing tobacco.

Smokeless tobacco use—Wisconsin. Wisconsin school-age smokeless tobacco use parallels national data. The 1985 Dane County Youth Survey randomly sampled 2,181 7th through 12th graders in Wisconsin's second most populous county. Table 1 presents the results of the survey on specific student tobacco use. Smokeless tobacco use in Dane County schools is predominantly male, although 11 percent of the girls have experimented with the products. More 7th through 12th grade boys in Dane County use smokeless tobacco than smoke. Fifteen percent of all boys use smokeless tobacco weekly. Smokeless tobacco use is now the primary reason for disciplinary suspension in several Madison high schools.

Table 2 shows regular use of smokeless tobacco by males increased from 9 percent in the 7th grade to 22 percent in the 12th grade. Daily use increased from 3 percent to 15 percent. Thirty-two percent of 7th grade males have tried smokeless tobacco products, 48 percent of 12th grade males. It appears that many students who experiment with smokeless products in earlier grades move to regular and daily use in later grades.[13]

Other preliminary data from a rural Wisconsin secondary school population analyzes regular use by males. The regular users chew or dip on the average 6 times a day, 25 percent of the sample chewing or dipping over 10 times a day. The average time period per chew or dip in the mouth is one hour. Several students reported sleeping at night with smokeless tobacco in the mouth. The mean starting age for smokeless tobacco use was age 12.

Table 1—*Dane County tobacco product use—Grades 7–12; N=2,181*

	Female	*Male*
Never Smoked	58%	61%
Never used smokeless	89%	55%
Smoked daily	9%	6%
Used smokeless daily	0%	8%
Smoked weekly	14%	12%
Used smokeless weekly	1%	15%

Table 2—*Dane County smokeless tobacco use—males by grade; N=2,181*

	Not at all	*Regularly (>1/wk)*	*Daily*
7th grade	68%	9%	3%
8th grade	55%	12%	6%
9th grade	53%	12%	3%
10th grade	50%	16%	8%
11th grade	53%	14%	11%
12th grade	52%	22%	15%

Predictors and correlates of smokeless tobacco use. The US Surgeon General has cited two powerful and related forces acting on young Americans, especially young males, which influence their choice to use smokeless tobacco: peer pressure and advertising.[14] Peer pressure or social acceptance by friends using the products was the major reason cited by 50 percent of the respondents in the Inspector General's national survey. A curiosity or desire to experience the effects and taste was the second most mentioned reason. The third reason was that family members or other relatives use smokeless tobacco. Fifty-eight percent of users admitted they were with a friend, usually their own age or a little older, when they first tried smokeless tobacco. Thirty-eight percent said they were with a family member or relative; a brother, cousin, father, uncle, or grandparent. Most often, the tobacco was given to them by these individuals.[7]

An analysis has been made of the correlates of smokeless tobacco use in the Dane County, Wisconsin adolescent population. The survey was an extensive examination of 7th through 12th grade lifestyles, health, and social structure. A number of variables showed correlation in differentiating occasional and regular users of smokeless tobacco from experimenters and nonusers. These variables included age, living situation, school performance, frequency of smoking tobacco use, frequency of use of beer/wine, frequency of use of liquor, delinquent behavior, and team sport participation. An interesting finding was that no relationship was found between smokeless tobacco use and participation in individual sports or fitness activities, although team sport participation was a significant predictor of use. Smoking tobacco use, on the other hand, was significantly negatively related to involvement in team sports.[15]

Health consequences of smokeless tobacco. Smokeless tobacco is associated with a variety of hard and soft tissue oral lesions and alterations. Disorders and maladies include dental caries, stained teeth, excessive tooth abrasion, decreased sense of smell and taste, periodontal destruction, and tooth loss. Of far more concern than the above is the serious potential for the development of oral cancer.[16]

A number of case reports and dental surveys of school-age children have shown periodontal problems associated at the intraoral site of smokeless tobacco placement. The most common form of periodontal damage is destruction of the gum tissue attached to the tooth surface in immediate contact with the smokeless tobacco.

Anecdotal information and case reports have associated dental caries with smokeless tobacco use. Large variations of different types of sugar concentration have been found among different products.

Numerous case control and cohort studies from different geographic areas of the United States and Europe have demonstrated a consistent association between smokeless tobacco use and oral cancer.[17] The association appears to be more definitive for snuff than for chewing tobacco products.

Two cohort studies showed occurrence of oral cancer among a significant number of US and Norway smokeless tobacco users during 15-year and 12-year followup periods. Increased risks for pancreatic, pharyngeal, and esophageal cancer also were found.[18,19] Carcinogenicity appears related primarily to the length of time the mouth is exposed to the tobacco. An epidemiologic study of oral cancer patients was conducted in the southern United States in response to unusually high regional oral cancer death rates. The exceptionally high mortality from oral cancer was due primarily to chronic snuff use. The risk associated with oral tissue in direct contact with tobacco products was 13-fold for those who had used snuff for 1 to 24 years, rising to 47.5-fold for users for 50 or more years. For those who smoked and dipped snuff, the risk was lower, presumably because they had less tissue contact time with snuff.[20]

Clinical leukoplakia is a term used to describe a white, wrinkled or fissured patch in the mouth that cannot be scraped off or attributed to any other diagnosable disease. Leukoplakia has the potential for premalignant dysplasia or malignant cancer transformation. Reports summarizing leukoplakia and cancer report between 1.8 and 17.5 percent of leukoplakia eventually show malignant transformation.[21,22]

Oral lesions and alterations, many described as leukoplakia, have been identified in US adolescent users of smokeless tobacco. Two Colorado surveys have found significant association between regular smokeless tobacco use and oral lesions.[23,24] Among rural adolescent users in one study, 62.5 percent had lesions of the oral tissues. An urban Colorado adolescent sample of regular users found 48.7 percent lesional incidence. In both studies, the subjects with lesions had longer daily contact with

smokeless tobacco, as well as a longer history of use, than those without lesions. All of the mucosal alterations arose directly in the area of placement of the smokeless tobacco.

The US Inspector General's study reported a high incidence of lesions in the national survey of regular adolescent smokeless tobacco users. Many young users reported they were experiencing serious health effects. About 40 percent of the sample reported having had leukoplakia at the site where smokeless tobacco is held in their mouths. Thirty-seven percent had experienced sores, blisters, ulcers or other lesions on their gums, lips, tongue and mouth. Many youth reported frequently shifting the smokeless tobacco from side to side in their mouths to allow sores or lesions to heal.[7]

Potent chemical carcinogens have been measured in commercial snuff products.[25] Popular US snuff brands contain levels of benzo [a] pyrene, polonium 210, and a number of nitrosamines which have been shown to be potent carcinogens in animals. Measurable levels of various tobacco-specific N-nitrosamines have been reported in the saliva of snuff users underscoring the repeated tissue exposure to carcinogens.[26] Total tobacco-specific N-nitrosamine levels in five popular snuff brands range from 9,600 to 289,000 ppb. These levels are exceptionally high when compared to the magnitude of occurrence in other consumer products such as beer and bacon (5 and 10 ppb). Lifetime nitrosamine exposure levels encountered by snuff users are similar in dosage to those that produce cancer in laboratory animals, an exposure level certainly presenting an unacceptable health risk to humans.[5]

Smokeless tobacco products are dependence-inducing. Nicotine is a classified drug of abuse which has been shown to produce dependence and addictive behavior. Studies in humans and animals have shown the following: dose-related changes in mood and feeling; euphoria as measured for other drugs of abuse; reinforcement and voluntary self-administration.[5] Nicotine is relevant to health consequences of smokeless tobacco use for two reasons: (1) it is the primary reason people consume smokeless tobacco, and (2) it also may contribute to causation of diseases. An habitual user of smokeless tobacco will have blood levels of nicotine similar to cigarette smokers with a daily exposure of 100 to 250 mg of nicotine. The health consequences of smoking that are nicotine-related would be expected to be hazards with the use of smokeless tobacco. Of particular concern are coronary artery and peripheral vascular disease, hypertension (nicotine increases heart rate, blood pressure, cardiac stroke volume and output, and coronary blood flow), peptic ulcer disease (decreases pancreatic fluid and bicarbonate secretion), reproductive disorders, and, in combination with nitrosamines, possible cancer causation.[27] Elevated blood pressure has been demonstrated in smokeless tobacco users when compared to nonusers.[28] Sodium content of smokeless tobacco has been shown to be as high as 1200 mg per container.[29]

Preventive and regulatory action. The adverse health consequences of smokeless tobacco use are most threatening for young people. In addition, thousands of adults may be switching from cigarettes to smokeless tobacco because of health concerns or workplace restrictions applied to smoking. Pregnant women may feel safer with snuff than with cigarettes while satisfying their nicotine dependence. A 12-year-old smokeless tobacco user today may be a smoker tomorrow. Cancer frequencies in relation to tobacco dependency may not rise or fall but only change site location.

The following is an overview of preventive and regulatory issues related to smokeless tobacco use in Wisconsin.

—Educational campaigns to increase public awareness of the possible adverse health effects caused by smokeless tobacco. Students, school officials, coaches, and parents should be informed of these health effects.

—State laws to prohibit sales to minors. Presently, 14 states have no such law. Wisconsin has no state law prohibiting the sale of smoking or smokeless tobacco products to minors.

—Strong prohibitions of smokeless tobacco use in schools and in school-sponsored events.

—Additional excise taxes levied on smokeless tobacco products. Presently, 28 states tax smokeless tobacco products.

—State laws to prohibit free distribution of tobacco products. Only two states have such a law.

—A ban on advertising. The Comprehensive Smokeless Tobacco Health Education Act of 1986 (PL 99-252) has banned electronic media advertising of smokeless tobacco products as of August 1986. The American Medical Association has called for a ban of *all* magazine, newspaper, and billboard advertising of *all* tobacco products.

—Strong health-warning labels on smokeless tobacco products and advertisements. Public Law 99-252 also requires that by February 1987 all smokeless tobacco products and print advertisements be accompanied by one of the following three health warnings which are to be rotated every four months: (1) WARNING: THIS PRODUCT MAY CAUSE MOUTH CANCER; (2) WARNING: THIS PRODUCT MAY CAUSE GUM DISEASE; and (3) WARNING: THIS PRODUCT IS NOT A SAFE ALTERNATIVE TO CIGARETTES. Outdoor advertisements are exempt from this law. States are free to regulate outdoor advertisements.

—Primary prevention programs, as well as cessation programs, need to be developed and implemented.

Physicians need to be aware that possibly one out of five pre-adolescent and adolescent males in their practices are regular smokeless tobacco users. Thorough intraoral examinations, parent consultations, and cessation recommendations should be routine. The medical profession should play a prominent role in raising public awareness and with prevention /cessation and regulatory action.■

References available upon request to author.

SPECIAL

A Foundation worthy of its name

Thomas A Leonard, MD, Madison, Wisconsin

THE CHARITABLE, Educational and Scientific Foundation of the State Medical Society of Wisconsin has proven itself worthy in its continuing effort to advance the causes of medicine. To name all of its activities would be superfluous to the relevancy of this article. It has supported many nursing and medical scholarships, a continuing statewide lecture series, contributions to medical research, and one of its most exciting causes, the acquisition of Fort Crawford Military Hospital at Prairie du Chien and the development there of the Medical Museum.

There has been another contribution by the CES Foundation which never should be forgotten. Funds from the CESF supported the work of the Maternal Mortality Study and Survey Committee and its teaching programs.

In the late 1940s, some of us had returned from the various armed services where we had witnessed the value of life at its lowest possible ebb, where human beings were slaughtering each other, for they knew not why. We returned to our various professional activities with new ideas and new intentions. A few of us had directed our attention to the appalling number of women who were dying in the process of childbearing in the State of Wisconsin. We decided to try to do something about it.

The Maternal Mortality Study and Survey Committee was organized. The physicians of the state were requested to help in this study and survey, and they did. Each maternal death received the personal attention of one of a select group of interviewing physicians, and the attending physician under whose care the death occurred was visited. The care which he had given was carefully reviewed, as were the hospital records and pathology reports. These data were submitted to the Reviewing Committee where decisions were made about the actual cause of death and about its preventability. After five years of such study, and a careful study of all the data received, it was plainly evident that the majority of deaths that had occurred would have been preventable.

It was then that the Study Committee decided to organize a teaching faculty of five. For the next several years, 30 maternal mortality seminars or institutes were conducted. Each year, throughout every portion of the state, from 150–250 physicians and obstetrical nurses were present at each of these sessions. Case reports and alternative methods of management were proposed. Adequate time was devoted for question-and-answer periods at each day- and evening-long session. It was not long before the maternal deaths began to drop.

After 25 years of the study and of the teaching programs, the maternal mortality in the State of Wisconsin was reduced from 88 in one year to 8, and during the last two years, there were only 6 maternal deaths.

In the 1960s another study related to the high infant mortality rate was started. Dr Stanley Graven, then the Professor of Pediatrics at the University of Wisconsin Center for Health Sciences, and Helen Callon, Nurse Consultant in Maternal and Infant Health for the State of Wisconsin Board of Health, were the two participants. They requested and received help from the Maternal Mortality Study Committee and utilized some of the methodologies which had been significant in our programs.

During their first year of the study, the infant mortality rate was 28 per 1,000 live births. At the end of 1985, due to the many innovations in the care of the newborn, especially those infants born prematurely, the infant mortality had declined to a low level of 6 per 1,000 live births. These two studies listed above and the subsequent teaching programs and the improvements in maternal and infant care have firmly established the State of Wisconsin as the safest place in the world for a woman to engage in the process of childbearing and to have as a result a healthy and secure infant.

The founding of these two studies was a joint contribution from the Wisconsin Board of Health, Division of Maternal and Child Health, and from the CES Foundation of the State Medical Society of Wisconsin, the major funding coming from the latter organization. If the CES Foundation had done nothing more than to support the two studies listed above, the existence of this Foundation would have been more than worthwhile. The Foundation, the Wisconsin Board of Health (now the Division of Health), and those of us who participated in these studies and subsequent teaching programs can feel very good about the number of women and infants who would not have lived had not these programs been accomplished. It is imperative that the CES Foundation be fully supported so that other equally important programs of the future can receive the attention they need.■

Doctor Leonard, who reached his 90th birthday December 4, has been a founding member, organizer, participant, and consultant in organizations related to his specialty of obstetrics-gynecology during a career that spans 55 years. He was founder and chairman for 25 years of the State Medical Society of Wisconsin's Maternal Mortality Survey and Study Committee. Reprint requests to: WMJ Publications, State Medical Society of Wisconsin, PO Box 1109, Madison, Wis 53701. Copyright 1986 by the State Medical Society of Wisconsin.

CONTROL ACID RAIN

with once-a-night h.s. therapy for active duodenal ulcers

Only one tablet at bedtime

Controls nocturnal acid to relieve pain and heal duodenal ulcers

Heals active duodenal ulcers after 4 weeks in most patients*[1]

ZANTAC 300 mg h.s.	*270/320*	*84%*
ZANTAC 150 mg b.i.d.	*292/345*	*85%*

In well-controlled, double-blind, multicenter trials, ZANTAC 300 mg h.s. healed active duodenal ulcers in 84% of patients after 4 weeks. After 8 weeks, healing rates may be higher with ZANTAC 150 mg b.i.d. (92%) than with ZANTAC 300 mg h.s. (87%).

Relieves pain and other symptoms as effectively as ZANTAC 150 mg b.i.d.[1]

Zantac® 300

ranitidine HCl/Glaxo 300 mg tablets

Once-daily dosing may enhance compliance in patients for whom dosing convenience is important

Side-effects profile comparable to ZANTAC 150 mg b.i.d.[1-3]

Headache—sometimes severe—has been reported. Rare effects on the CNS, cardiovascular, GI, hepatic, and integumental systems have been observed, as well as rare cases of hypersensitivity reactions. See ADVERSE REACTIONS section of Brief Summary of Product Information before prescribing.

No significant interference with the hepatic cytochrome P-450 enzyme system at recommended doses

ZANTAC 300 mg h.s. had no significant drug interactions with theophylline or warfarin. The bioavailability of certain medications whose absorption is dependent on a low gastric pH may be altered when ZANTAC or other medications which decrease gastric acidity are administered.

*It is not known exactly how much acid inhibition is needed to heal ulcers.

Glaxo / ROCHE

See next page for references and Brief Summary of Product Information.

IN ACTIVE DUODENAL ULCERS

Once-a-night h.s. therapy controls acid rain

Zantac® 300
ranitidine HCl/Glaxo 300 mg tablets

References: 1. Data available on request, Glaxo Inc. **2.** Ireland A, Colin-Jones DG, Gear P, et al: Ranitidine 150 mg twice daily vs 300 mg nightly in treatment of duodenal ulcers. *Lancet* 1984;2:274-275. **3.** Colin-Jones DG, Ireland A, Gear P, et al. Reducing overnight secretion of acid to heal duodenal ulcers. *Am J Med* 1984; 77 (suppl 5B): 116-122.

ZANTAC® 150 Tablets
(ranitidine hydrochloride)
ZANTAC® 300 Tablets
(ranitidine hydrochloride)

BRIEF SUMMARY OF PRODUCT INFORMATION

See complete product information before prescribing. The following is a brief summary.

INDICATIONS AND USAGE: ZANTAC® is indicated in:
1. Short-term treatment of **active duodenal ulcer**. Most patients heal within four weeks.
2. **Maintenance therapy** for duodenal ulcer patients at reduced dosage after healing of acute ulcers.
3. The treatment of **pathological hypersecretory conditions** (eg, Zollinger-Ellison syndrome and systemic mastocytosis).
4. Short-term treatment of **active, benign gastric ulcer**. Most patients heal within six weeks and the usefulness of further treatment has not been demonstrated.
5. Treatment of **gastroesophageal reflux disease (GERD)**. Symptomatic relief commonly occurs within one or two weeks after starting therapy. Therapy for longer than six weeks has not been studied.

In active duodenal ulcer, active, benign gastric ulcer, hypersecretory states, and GERD, concomitant antacids should be given as needed for relief of pain.

CONTRAINDICATIONS: ZANTAC® is contraindicated for patients known to have hypersensitivity to the drug.

PRECAUTIONS: General: 1. Symptomatic response to ZANTAC® therapy does not preclude the presence of gastric malignancy. 2. Since ZANTAC is excreted primarily by the kidney, dosage should be adjusted in patients with impaired renal function. Caution should be observed in patients with hepatic dysfunction since ZANTAC is metabolized in the liver.

Laboratory Tests: False-positive tests for urine protein with Multistix® may occur during ZANTAC therapy, and therefore testing with sulfosalicylic acid is recommended.

Drug Interactions: Although ZANTAC has been reported to bind weakly to cytochrome P-450 in vitro, recommended doses of the drug do not inhibit the action of the cytochrome P-450-linked oxygenase enzymes in the liver. However, there have been isolated reports of drug interactions which suggest that ZANTAC may affect the bioavailability of certain drugs by some mechanism as yet unidentified (eg, a pH-dependent effect on absorption or a change in volume of distribution).

Carcinogenesis, Mutagenesis, Impairment of Fertility: There was no indication of tumorigenic or carcinogenic effects in lifespan studies in mice and rats at doses up to 2,000 mg/kg/day.

Ranitidine was not mutagenic in standard bacterial tests (*Salmonella, E coli*) for mutagenicity at concentrations up to the maximum recommended for these assays.

In a dominant lethal assay, a single oral dose of 1,000 mg/kg to male rats was without effect on the outcome of two matings per week for the next nine weeks.

Pregnancy: ***Teratogenic Effects: Pregnancy Category B:*** Reproduction studies have been performed in rats and rabbits at doses up to 160 times the human dose and have revealed no evidence of impaired fertility or harm to the fetus due to ZANTAC. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: ZANTAC is secreted in human milk. Caution should be exercised when ZANTAC is administered to a nursing mother.

Pediatric Use: Safety and effectiveness in children have not been established.

Use in Elderly Patients: Ulcer healing rates in elderly patients (65 to 82 years of age) were no different from those in younger age groups. The incidence rates for adverse events and laboratory abnormalities were also not different from those seen in other age groups.

ADVERSE REACTIONS: The following have been reported as events in clinical trials or in the routine management of patients treated with oral ZANTAC®. The relationship to ZANTAC therapy has been unclear in many cases. Headache, sometimes severe, seems to be related to ZANTAC administration.

Central Nervous System: Rarely, malaise, dizziness, somnolence, insomnia, and vertigo. Rare cases of reversible mental confusion, agitation, depression, and hallucinations have been reported, predominantly in severely ill elderly patients.

Cardiovascular: Rare reports of tachycardia, bradycardia, and premature ventricular beats.

Gastrointestinal: Constipation, diarrhea, nausea/vomiting, and abdominal discomfort/pain.

Hepatic: In normal volunteers, SGPT values were increased to at least twice the pretreatment levels in 6 of 12 subjects receiving 100 mg qid IV for seven days, and in 4 of 24 subjects receiving 50 mg qid IV for five days. With oral administration there have been occasional reports of reversible hepatitis, hepatocellular or hepatocanalicular or mixed, with or without jaundice.

Musculoskeletal: Rare reports of arthralgias.

Hematologic: Rare reports of reversible leukopenia, granulocytopenia, thrombocytopenia, and pancytopenia.

Endocrine: Controlled studies in animals and man have shown no stimulation of any pituitary hormone by ZANTAC and no antiandrogenic activity, and cimetidine-induced gynecomastia and impotence in hypersecretory patients have resolved when ZANTAC has been substituted. However, occasional cases of gynecomastia, impotence, and loss of libido have been reported in male patients receiving ZANTAC, but the incidence did not differ from that in the general population.

Integumental: Rash, including rare cases suggestive of mild erythema multiforme, and, rarely, alopecia.

Other: Rare cases of hypersensitivity reactions (eg, bronchospasm, fever, rash, eosinophilia) and small increases in serum creatinine.

DOSAGE AND ADMINISTRATION: Active Duodenal Ulcer: The current recommended adult oral dosage is 150 mg twice daily. An alternate dosage of 300 mg once daily at bedtime can be used for patients in whom dosing convenience is important. The advantages of one treatment regimen compared to the other in a particular patient population have yet to be demonstrated.

Maintenance Therapy: The current recommended adult oral dosage is 150 mg at bedtime.

Pathological Hypersecretory Conditions (such as Zollinger-Ellison Syndrome): The current recommended adult oral dosage is 150 mg twice a day. In some patients it may be necessary to administer ZANTAC® 150-mg doses more frequently. Dosesshould be adjusted to individual patient needs, and should continue as long as clinically indicated. Doses up to 6 g/day have been employed in patients with severe disease.

Benign Gastric Ulcer: The current recommended adult oral dosage is 150 mg twice a day.

GERD: The current recommended adult oral dosage is 150 mg twice a day.

See full prescribing information for dosage adjustment for patients with impaired renal function.

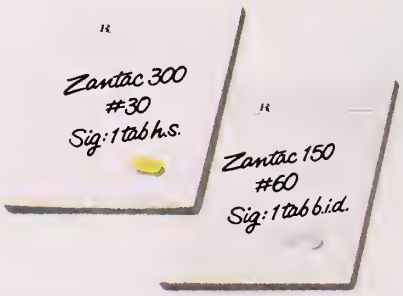
HOW SUPPLIED: ZANTAC® 300 Tablets (ranitidine hydrochloride equivalent to 300 mg of ranitidine) are yellow, capsule-shaped tablets embossed with "ZANTAC 300" on one side and "Glaxo" on the other. They are available in bottles of 30 (NDC 0173-0393-40) and unit dose packs of 100 tablets (NDC 0173-0393-47).

ZANTAC® 150 Tablets (ranitidine hydrochloride equivalent to 150 mg of ranitidine) are white tablets embossed with "ZANTAC 150" on one side and "Glaxo" on the other. They are available in bottles of 60 tablets (NDC 0173-0344-42) and unit dose packs of 100 tablets (NDC 0173-0344-47).

Store between 15° and 30°C (59° and 86°F) in a dry place. Protect from light. Replace cap securely after each opening.

© Copyright 1983, Glaxo Inc. All rights reserved. June 1986

Two effective regimens to treat active duodenal ulcers:



Glaxo
Glaxo Inc
Research Triangle Park, NC 27709

SMS Young Physicians Committee meets; elects AMA delegates

The SMS Ad Hoc Committee on Young Physicians held its first meeting October 1 in Madison to study ways to increase the involvement of young physicians at all levels of organized medicine. The AMA has asked each state medical society to form such an ad hoc committee to study representation in the Assembly of Young Physicians to be established in the AMA House of Delegates.

On October 16 the executive committee elected James P Ketterhagen, MD, Milwaukee, delegate and T Bayard Frederick, MD, Fond du Lac, alternate delegate to represent the State Medical Society in the AMA House of Delegates. The new AMA section is an attempt to offer physicians under 40 years of age a more active role in organized medicine. Currently, only 29% of those physicians are AMA members.

Members of the SMS Ad Hoc Committee on Young Physicians are John P Mullooly, MD, Milwaukee, chairman; Kenneth I Gold, MD, Beloit; John K Scott, MD, Madison; John Keggi, University of Wisconsin Medical School, Madison; Huron L Ericson, MD, Racine; Richard H Ulmer, MD, Marshfield; Gerald J Dorff, MD, Milwaukee; James P Ketterhagen, MD, Milwaukee; Kay E Jewell, MD, Madison; Timothy T Flaherty, MD, Neenah; and Susan Palmer, MD, Brookfield.■

COUNTY SOCIETIES

DANE: William L Kopp, MD,* Madison internist, recently was installed as president of the Dane County Medical Society for 1986–1987. Doctor Kopp succeeds John D Wegenke, MD* of Madison. Other officers elected at the society's 1986 annual meeting held earlier this month were: James P Speichinger, MD,* Madison, president-elect; Judith N Green, MD,* Madison, vice-president; and Thomas H Browning, MD,* Madison, secretary-treasurer.

OUTAGAMIE: Fifteen members were present at the October meeting of the Outagamie County Medical Society held in Appleton. The guest speaker, Michael Ptacin, MD, Wauwatosa, spoke on the "Role of Angioplasty in Managing the CAD Patient."

WINNEBAGO: Forty-seven members and four guests were present at the November meeting of the Winnebago County Medical Society to hear guest speaker Paul Proberezny, founder of the Experimental Aircraft Association (EAA) speak on the "Philosophy of the EAA." New members accepted to membership were MDs Nancy Lindo-Drusch,* Appleton; Matthew P Fischer,* Neenah; and Dilip K Tannan* of Oshkosh.■

Paying 1987 membership dues in 1986 a tax advantage

AMA legal counsel, Sidley & Austin, Attorneys, Chicago, have advised the State Medical Society that, under current law, all practicing physicians may deduct the dues they pay from their own funds to a medical society. Under the new Tax Reform Act, starting January 1, 1987, dues to medical societies that are paid or reimbursed by a physician's employer will continue to be a deductible business expense. However, such dues not paid by an employer, (SC), or paid by a partnership or solo unincorporated physician, will be treated as "miscellaneous deductions." The aggregate amount of all such deductions will be deductible only to the extent that it exceeds 2% of the physician's adjusted gross income.

Thus, it is likely that payment of 1987 medical society dues (state, county, AMA, and specialty society) before year-end 1986, will mean a considerable tax advantage to the physician.

SMS has received several inquiries as to whether physicians may prepay dues for 1988 and later in order to get the 1986 tax advantage. SMS does permit physicians to prepay dues on condition that amount prepaid is not refundable except for death or permanent, total disability; dues prepaid for 1988 and beyond will earn "credits" (applicable only to offset possible future dues increases) at the equivalent of 4% interest; and the physician may be responsible for any difference between future dues (less credits) and the amount of prepayment.

However, SMS tax advisors warn that while paying 1987 dues in 1986 is fully legitimate, prepayment of future years' dues in 1986 may be subject to challenge because this is a "gray area" of the new tax law. Members are urged to consult their own tax advisor on prepayment of 1988 or later dues.

Contact SMS for the fully-detailed AMA analysis of the Tax Reform Act on this area of expense. Call 608/257-6781 or 1-800-362-9080, H B Maroney, SMS Corporate Counsel.■

Membership facts

Whether you're just starting medical school, maintaining a full-time practice, or retiring, SMS has a membership classification to fit your individual needs. Election to membership by the County Medical Society in which your principal place of practice is located carries with it membership in the State Medical Society of Wisconsin and, if you wish, the American Medical Association. If you qualify for resident membership at the time of your election, your membership dues are greatly reduced. This may also qualify you for reduced dues the first two years of your practice. In addition, two-physician families may be eligible for a $50 discount on total SMS membership dues. Dues for regular membership in 1987 are $465 for SMS, $375 for AMA, and county society dues vary. A more detailed listing of SMS membership classifications and their corresponding dues follows:

State Medical Society of Wisconsin

DESCRIPTION OF MEMBERSHIP CLASSIFICATIONS

Regular: Member in active practice. • ***First year in practice***—physicians elected to SMS membership within six months of completing residency, fellowship, or fulfillment of government obligation enjoy a dues reduction of 50 percent for the first year. • ***Second year in practice***—physicians who quality by meeting the above criteria enjoy a 25 percent dues reduction during their second year of practice. • ***Two-physician family***—one member (spouse) of a two-physician family is entitled to a dues reduction of $50 or the amount of their State Society dues whichever is less.

Resident: Physician who at January 1 of dues year is in an approved training program as a hospital resident or research fellow who is licensed to practice medicine and surgery in Wisconsin.

Military Service: Members who are serving in the U.S. armed forces (generally not to exceed five years).

Associate: Member whose dues are waived because of financial hardship due to illness or disability. This classification is temporary and is reviewed on an annual basis.

Life: Member who has held membership in a state medical society for 50 years or is a Past President of the State Medical Society of Wisconsin.

Honorary: Member who was named by the Board of Directors in recognition of long and distinguished service to the cause of medicine.

Your membership in organized medicine . . .

. . . will help ensure the continued "safety" of your practice and quality care for all patients. Your voice *will* be heard through participation. Membership in the State Medical Society of Wisconsin also requires membership in the county medical society (AMA membership is optional but encouraged). For Regular, Part-time Practice, or Over Age 70 membership classifications, dues may be paid in one lump sum or in two equal installments: one-half of the total payable by January 1, the other half not later than May 15, 1987 which is the removal date for those members who have not completed payment. You are urged to renew your membership.

Retired: Member who has completely retired from practice (works less than 240 hours per year). All dues are waived unless county society indicates they wish to charge county dues.

Part-time Practice: Physician, regardless of age, who practices 1,000 hours or less during the calendar year but does not qualify for retired membership.

Over Age 70: Member in active practice who is over 70 years of age as of January 1.

Candidate: Member attending a medical school in Wisconsin or fulfilling a postgraduate obligation prior to eligibility for licensure.

Scientific Fellow: The Board of Directors may by invitation and unanimous consent confer upon any person engaged in teaching of or research in one or more of the basic sciences at an accredited college or university, and not holding the degree of Doctor of Medicine or Osteopathy, the status of Scientific Fellow.

Emeritus: Retired members who have chosen not to renew their license.

1987 DUES AMOUNTS FOR THESE CLASSIFICATIONS

	SMS	AMA	COUNTY
Regular	$465.00	$375.00	Normal County Dues
1st Year in Practice	$232.50	$187.00	Normal County Dues
2nd Year in Practice	$348.75	$281.00	Normal County Dues
Two Physician Family	$415.00	$375.00	Normal County Dues
Part-Time Practice	$232.50	$375.00/-0-*	Normal County Dues
Part-Time—Over Age 70	$232.50	$187.00*	Normal County Dues
Resident	$ 46.50	$ 45.00	Varies
Military Service	-0-	$250.00/$45.00	-0-
Associate	-0-	-0-	-0-
Retired	-0-	$375/$75/-0-*	-0-
Retired—Over Age 70	-0-	-0-	-0-
Life	-0-	$375.00/-0-*	-0-
Honorary	-0-	$375.00/-0-*	-0-
Over Age 70	$232.50	$375.00/-0-*	Normal County Dues
Candidate—			
Students	[1]$ 10.00	[2]$ 20.00	
Postgraduate—One	$ 10.00	$ 45.00	Varies
Scientific Fellow	-0-	-0-	-0-
Emeritus	-0-	-0-	-0-

[1]Students' SMS and County Dues for four academic years.
[2]Students' AMA Dues for the calendar year 1987.

*Physicians in these categories may be eligible for exemption from paying AMA dues under the grandfather clause:

AMA dues-exempt members who were granted exemption before 1986 based on previously established criteria, with the exception of financial hardship or disability, will automatically be dues-exempt in 1986 and beyond under the grandfather clause.

Under new AMA policy, only the following two categories of physicians will qualify for new dues exemption:
(1) Financial hardship and/or disability.
(2) 70 years of age or older *and* fully retired.

Under age 70 and fully retired AMA dues may be reduced to $75.00.

State Society dues are prorated on a monthly basis for those elected to membership July 1 through September 30. Those elected after September 30 have no dues payable for the balance of the year in which they are elected. AMA dues follow the same pattern except prorating is on a semiannual basis rather than monthly basis.

To begin the membership process, if your practice is or will be located in Wisconsin, or you have any questions, you may contact your local county society or call the Membership and Communications Division of the State Medical Society, if in Wisconsin: 1-800-362-9080 (Madison area number: 257-6781).■

Information about your 1987 dues statement mailed in mid-November

• AMA dues are recommended, but optional.

• **Installment payment plan:** If your 1987 membership dues statement is for Regular, Part-time practice, or Over Age 70 classification, your dues may be paid in one lump sum or in two equal installments. Should you use the installment method, one-half of the total is payable by January 1, 1987 and the other half not later than May 15, 1987. Even though you use this method of payment, you will continue to receive dues statements showing the unpaid balance at regular intervals. New members should be aware that AMA publications, to which you are entitled as part of your membership benefits, will not be sent until the full amount of your first year's dues is received and the AMA portion is recorded in that office.

• **Credit card plan:** If you prefer to pay your dues via MasterCard or VISA credit card, please refer to the authorization form enclosed with your dues statement.

• **New practitioners:** If you have entered practice for the first time, you may have reduced SMS and/or AMA dues. A physician elected to membership in this Society within six months of completing residency, fellowship, or fulfillment of government obligation enjoys a State Society dues reduction of 50% the first year and 25% the second year of practice. AMA dues are reduced by 50% for all physicians entering their first year of practice and 25% the second year. If your State Society dues are less than $465 and your AMA dues are less than $375 for a Regular member, the dues reductions have been reflected on your statement.

• **Voluntary contributions:** Members are encouraged to include voluntary contributions listed on the dues statement in their payment; however, since these are separate organizations, nonpayment will in no way affect your membership status in the medical societies to which you pay dues. You are to mark (X) next to each voluntary contribution you are including in your payment. If you decide to make any or all of these contributions, it is helpful and gives greater assurance for proper application of funds if you **mark (X) by those you are including in your payment and pay them in full.**

• **Charitable, Educational and Scientific Foundation (CESF):** The Charitable, Educational and Scientific Foundation was created in 1955 to provide members of the State Medical Society of Wisconsin and other friends an opportunity to present gifts or grants to projects vitally affecting medicine and public health in Wisconsin. The Foundation is governed by a Board of Trustees consisting of the officers and directors of the Society, ten nonmedical trustees, and a representative from each of the county medical societies. Most funds are used to provide student loans for Wisconsin youth in medicine and allied health fields, continuing medical education, help for needy physicians and their families, and preservation of medical history. In addition, the Board is always receptive to innovative projects suggested by other members of the Society. All contributions to CESF are deductible for income tax purposes to the extent permitted by law. The amount reflected on the dues statement is a suggested contribution only.

• **WISPAC/AMPAC/Physicians for Better Government:** WISPAC and AMPAC are the political action committees which represent the memberships of the State Medical Society of Wisconsin and the American Medical Association respectively. Voluntary contributions to these nonprofit, nonpartisan organizations are used to support candidates for state and national legislative offices. Final decisions on candidate support are made by the WISPAC Board of Directors for state elections, and by the AMPAC Board for national elections and are based heavily on the recommendations of local physicians. To ensure that the medical community will continue to make gains in the political arena, a new fund has been created—**Physicians for Better Government.** Your contribution to this fund will be placed in a special account established in your name and will allow you to make direct personal contributions to the candidates of your choice. You will have complete control to determine which candidates are supported, and the amounts of any contributions. WISPAC/AMPAC/Physicians for Better Government are separate segregated funds. You may contribute to one or all of these funds; membership contributions must be written on personal checks, and are not limited to the suggested amounts. WISPAC serves as a transmittal agent for AMPAC memberships. Unless otherwise specified, the Regular membership category of $100 results in an allotment of $20/WISPAC, $20/AMPAC, $60/Physicians for Better Government. "Sustaining Membership" is also available for $200 with an allotment of $50/$50/$100.

• **Auxiliary dues:** State and national auxiliary dues are included on a limited number of State Medical Society of Wisconsin member statements for their spouses in the following amounts:

	Resident	*All Others*
State membership	$5	$20
National membership	$5	$15

A limited number of county auxiliaries have opted for dual billing for 1987, which makes provision for including county, state, and national dues for auxiliary members on the annual dues statements sent to SMS members. Others are not included because the Auxiliary Board of Directors took action to rescind mandatory dual billing, effective with 1987 auxiliary dues collection. If the Auxiliary amount appearing on your dues statement is over $10 for Resident membership and over $35 for other memberships, county auxiliary dues are included. If county dues are not included, your spouse will be billed by the local county auxiliary. **Every physician's spouse is encouraged to join the Federation—county, state, and national auxiliaries.**■

Membership Directory—Update

The following information is being provided from Membership reports and from individual members for updating the 1986 Membership Directory as published in the July 1986 issue of the *Wisconsin Medical Journal*. Because of space limitations address changes and phone numbers will not be included in this Update; however, they will be changed in Membership Records. County transfers will be included when processing has been completed by Membership Records. **Changes in practice specialties** (as used by the AMA) and changes in **Board-certified specialties** as listed by the American Board of Medical Specialties (see July 1986 Membership Directory) are included. **Practice specialties** appear before the slash (/) and **Board-certified specialties** appear after the slash.

By County Society

BARRON-WASHBURN-BURNETT

P
Michael V Mc Canless MD
1065 West 7th Ave
Cumberland WI 54829

BROWN

IM NEP / IM
John M Lawton MD
530 Sunrise Lane
Green Bay WI 54301

Wallace Mac Mullen MD
161 Arbor Lane
Green Bay WI 54301

William J Schibly MD
530 S Irwin St
Green Bay WI 54301

DANE

IM EM / IM
David P Athas MD
1238 North Gammon Rd
Middleton WI 53562

David A Baer MD
409 N Eau Claire Ave, #315
Madison WI 53705

IM
Steven J Bailin MD
418 Farley Ave
Madison WI 53705

HEM ON / IM
Richard M Carr MD
2 West Gorham St
Madison WI 53703

FP
Marilyn J Chohaney MD
562 S Hillcrest Dr
Verona WI 53593

IM
Robert Cornwell MD
6525-D Harvest Hill Rd
Madison WI 53705

OPH / OPH
Victor M Elner MD
1025 Regent St
Madison WI 53715

FP
Linda F Farley MD
777 South Mills St
Madison WI 53715

ON HEM / IM
Michael S Frontiera MD
PO Box 1725
Madison WI 53701

P
Keith A Gockel MD
23 Goldenrod Lane
Madison WI 53719

FP / FP
James N Icken MD
826 Hibbard St
Columbus WI 53925

FP
Susan N Isensee MD
202 S Century Ave
Waunakee WI 53597

OBG
Gary Alan Johnson MD
700 Woodview
Sun Prairie WI 53590

IM
Timothy D Johnson MD
5542 Century Ave
Middleton WI 53562

P
Hugh F Johnston MD
600 Highland Ave
B6/210 CSC
Madison WI 53792

V Jill Kempthorne MD
345 W Washington Ave
PO Box 222
Madison WI 53701

OS PD / PD
John D Kenny MD
707 South Mills St
Madison WI 53715

CHP P / PD
James H Killpack MD
1313 Fish Hatchery Rd
Madison WI 53715

OBG
Karen R Kronman MD
2 West Gorham St
Madison WI 53705

FP
David J Okada MD
116 Spring St
Oregon WI 53575

FP
Timothy J O'Neil MD
2901 Monroe St, #2W
Madison WI 53711

FP
Elissa J Palmer MD
408 W Lakeside St
Madison WI 53715

AN
Thomas M Pellino MD
7613 Farmington Way
Madison WI 53717

Pamela Propeck MD
5405 Century Ave, #10
Middleton WI 53562

IM
Darrell W Rauwerdink MD
1313 Fish Hatchery Rd
Madison WI 53715

U
John M Roehmholdt MD
4849 Sheboygan Ave, #212
Madison WI 53705

IM / IM
James E Schneider MD
125 Church St
Stoughton WI 53589

IM
Brian D Templeton MD
1313 Fish Hatchery Rd
Madison WI 53715

FP / FP
Stuart P Turner MD
4813 Tocora Lane
Madison WI 53711

FP EM
James S Vawter MD
3593 Natvig
Cottage Grove WI 53527

PD
Sandra D Wiederhold MD
2601 Ardsley Circle, #4
Madison WI 53713

GS
Roy V Yeazel MD
1 South Park St
Madison WI 53715

continued next page

KENOSHA

R
Donald J Kash MD
6308 8th Ave
Kenosha WI 53140

IM CD / IM
Ramanuja Rao Manda MD
3734 7th Ave, #27
Kenosha WI 53140

FP
Rebecca Williams MD
6707 25th Ave
Kenosha WI 53140

MILWAUKEE

Lynda M Adrig
8701 Watertown Plk Rd
Wauwatosa WI 53226

FP / FP
Jose R Agoncillo Jr MD
180 West Grange
Milwaukee WI 53207

Michael J Anderson
6617 Hillside Lane
Milwaukee WI 53213

ORS / ORS
Mark R Aschliman MD
3970 N Oakland Ave
Milwaukee WI 53211

Ken A Ausloos MD
3130 North 52nd St
Milwaukee WI 53216

OBG / OBG
Allen H Babbitz MD
1218 W Kilbourn Ave
Milwaukee WI 53233

Thomas R Becker MD
1834 West Wisconsin
Milwaukee WI 53233

ORS
Norman Cheung MD
21530 Doneswood Dr
Waukesha WI 53186

GS
James M Coticchia MD
2572 North 124th, #441
Wauwatosa WI 53226

PD
Lynn V Coulter MD
1036 South 16th St
Milwaukee WI 53204

PUD IM / IM
Jeffrey M Dorf MD
8700 W Wisconsin Ave
Milwaukee WI 53226

IM
Michael D Erdmann MD
421 South Hawley Rd, #7
Milwaukee, WI 53214

RHU IM / IM
John J Fahey MD
4144 Menomonee
River Parkway
Wauwatosa WI 53222

James L Flowers MD
8500 W Capitol Dr
Milwaukee WI 53222

PDC / PD
David Z Friedberg MD
2040 W Wisconsin Ave, Rm 419
Milwaukee WI 53233

IM CD / IM
Anil Kumar Garg MD
3238 S 16th St
Milwaukee WI 53215

OBG
George Demetrios Geanon MD
W71 N905 Harrison Ct, #202
Cedarburg WI 53012

FP
Suzanne Gehl MD
2735 N Stowell Ave
Milwaukee WI 53211

FP
Nina J Gilberg MD
700 W Rock Pl
Milwaukee WI 53209

OBG
Daniel D Gilman DO
4957 W Fond du Lac Ave
Milwaukee WI 53216

Carl F Glienke MD
7803 Geralayme Dr
Milwaukee WI 53213

RHU GER / IM
James S Goodwin MD
8700 Wisconsin Ave
Milwaukee WI 53226

OBG OS / OBG
Phillip R Hamilton MD
950 North 12th St
PO Box 342
Milwaukee WI 53201

Mark L Harlow MD
526 North 66th St
Wauwatosa WI 53213

FP / FP
Stephen A Haughey MD
4900 W Burleigh St
Milwaukee WI 53210

IM / IM
Jane A Hawes MD
8500 W Capitol Dr
Milwaukee WI 53222

P / P
William Houghton MD
c/o 4215 N Newhall Ln
Shorewood WI 53211

FP
Suping J Hsieh MD
2400 W Villard Ave
Milwaukee WI 53209

Mark A Huffman MD
2315 North Lake Dr
Milwaukee WI 53211

John M Kampine
18360 Tilton Lane
Brookfield WI 53005

Robert J Kany MD
2014 S 102nd St, #317
West Allis WI 53227

IM EM / IM
Harry D Kerr MD
4641 North Ardmore
Whitefish Bay WI 53211

GS
John A Kole MD
2054 S 102nd St, #309B
West Allis WI 53227

James G Korkos MD
2525 South Shore Dr
Milwaukee WI 53207

GS VS
Parmod Kumar MD
9200 West Loomis Rd
Franklin WI 53132

Patricia J Liethen
387 Pheasant Run
Colgate WI 53017

FP
Lisa B Lloyd MD
1750 North Cambridge
Milwaukee WI 53202

GP
Punnoose Mackiel MD
4118 W Fairmount Ave
Milwaukee WI 53209

GS GP / GS
Robert R Magliocco DO
9900 W Bluemound Rd
Milwaukee WI 53226

GP PUD
Antonia A Malapira MD
756 North 35th St
Milwaukee WI 53208

AN
James P Maney Jr MD
9604 W Center St
Milwaukee WI 53222

EM
Cindi L Marquette MD
8700 W Wisconsin Ave
Milwaukee WI 53226

IM
Joel Mc Cullough MD
4034 South 77th St, #2
Milwaukee WI 53220

John R Milbrath MD
2600 N Mayfair Rd, #810
Milwaukee WI 53226

PD/PD
Paul E Norton MD
3510 N Oakland Ave
Shorewood WI 53211

ORS/ORS
Thomas J Pojunas MD
3970 N Oakland Ave
Milwaukee WI 53211

PD
Noemi A Prieto MD
3168 South 40th St
Milwaukee WI 53215

IM
Edward G Reshel MD
7811 W Oklahoma Ave, #6
Milwaukee WI 53219

OPH
Michael G Richie MD
3003 W Good Hope Rd
Milwaukee WI 53217

PD/PD
Robert T Rohloff MD
7635 W Oklahoma Ave
Milwaukee WI 53219

Gregory D Rypel MD
3293 South Swain Court
Milwaukee WI 53207

GS
Basil M Salaymeh MD
2653 N 85th St
Wauwatosa WI 53226

PTH
Annette D Segura MD
4052 North 96th St
Wauwatosa WI 53222

CDS GS / GS
Paul E Seifert MD
2901 West KK Parkway, #311
Milwaukee WI 53215

IM / IM
David H Shapiro MD
8500 W Capitol Dr
Milwaukee WI 53222

PD
Narinder K Sidhu MD
17570 Bedford Dr
Brookfield WI 53005

U
Elliot C Silbar MD
2040 W Wisconsin Ave
Milwaukee WI 53233

CD IM / IM
Sanjay Singh MD
8700 W Wisconsin Ave
Milwaukee WI 53226

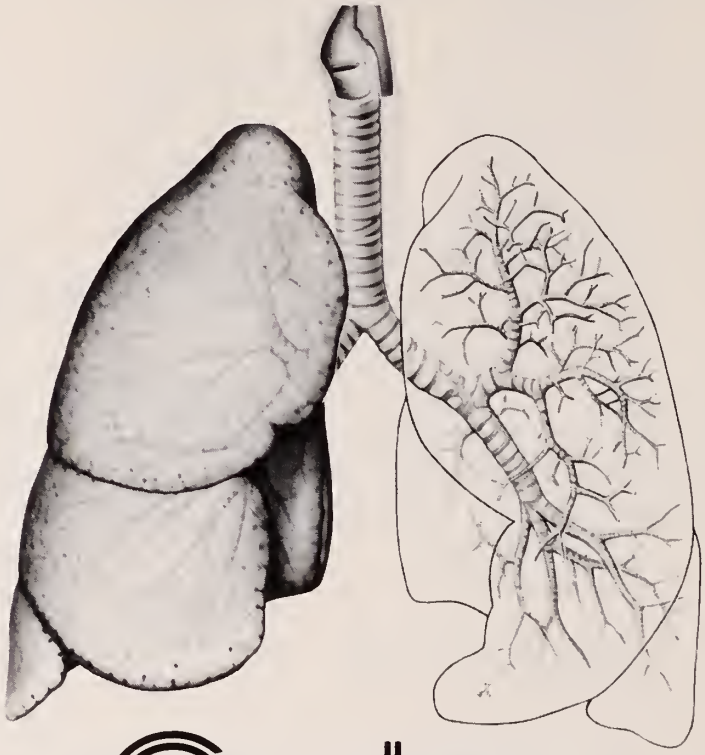
IM PD / IM
Craig L Skold MD
32847 Comanche St
Westland MI 48185

David A Slosky MD
2315 West Lake Dr
Milwaukee WI 53211

P
Larry Sprung MD
1009 North Jackson, #1401B
Milwaukee WI 53202

continued

Consider the causative organisms...



Ceclor®
cefaclor

250-mg Pulvules® t.i.d. offers effectiveness against the major causes of bacterial bronchitis

Haemophilus influenzae, H influenzae, Streptococcus pneumoniae, Streptococcus pyogenes
(ampicillin-susceptible) (ampicillin-resistant)

Note: Ceclor® is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

Ceclor® (cefaclor)

Summary. Consult the package literature for prescribing information.

Indications: Lower respiratory infections, including pneumonia, caused by susceptible strains of *Streptococcus pneumoniae, Haemophilus influenzae,* and *S. pyogenes* (group A beta-hemolytic streptococci).

Contraindications: Known allergy to cephalosporins.

Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:
- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of nonsusceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- In renal impairment, safe dosage of Ceclor may be lower than that usually recommended. Ceclor should be administered with caution in such patients.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:
- Gastrointestinal (mostly diarrhea): 2.5%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, erythema multiforme, serum-sickness-like reactions): 1.5%; usually subside within a few days after cessation of therapy. These reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%.

Abnormalities in laboratory results of uncertain etiology
- Slight elevations in hepatic enzymes.
- Transient fluctuations in leukocyte count (especially in infants and children)
- Abnormal urinalysis; elevations in BUN or serum creatinine
- Positive direct Coombs' test
- False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly)

© 1986, ELI LILLY AND COMPANY [060485LR]

Lilly

Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285

Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630

600332

MILWAUKEE continued

HS GS
Ron H Stark MD
3070 North 51st St, #402
Milwaukee WI 53210

GS VS / GS
Gary W Stewart MD
N84 W16889 Menomonee Ave
Menomonee Falls WI 53051

FP
Gojko D Stula MD
3238 South 16th St
Milwaukee WI 53215

IM / IM
Janet R Todorczuk MD
2553 North Lake Dr
Milwaukee WI 53211

IM
Joseph G Trojan MD
4271 South 20th St
Milwaukee WI 53221

Franz Vanderpool MD
3744 North 55th St
Milwaukee WI 53216

GS
Sterling Blake Walker MD
622 North 61st St
Wauwatosa WI 53213

IM
Jeffrey L Warner MD
12011 West North Ave
Wauwatosa WI 53226

OPH
David F Williams MD
3003 W Good Hope Rd
Milwaukee WI 53217

GS TS/GS
Leonard W Worman MD
5005 W Washington Blvd
Milwaukee WI 53208

PIERCE-ST CROIX

Milton A Cornwall MD
327 S 7th St
Hudson WI 54016

POLK

James R Franzel MD
Rte #2
Luck WI 54853

WAUKESHA

IM
John C Christianson MD
N14-W23900 Stoneridge Dr
Waukesha WI 53186

FP
Jerry L Correces MD
121 West North St, #32
Waukesha WI 53188

IM/IM
Stephen J Dufresne MD
13700 W National Ave, #121
New Berlin WI 53151

FP
David A Kornhauser DO
W180 N7950 Town Hall Rd
Menomonee Falls WI 53051

FP
Karin Krygsman MD
434 Madison St
Waukesha WI 53188

FP
Steven Miszkiewicz MD
4328 North 88th
Milwaukee WI 53222

FP
Patrick J Murphy MD
434 Madison St
Waukesha WI 53188

GP EM
Gerald P Nelezen DO
13700 W National Ave
New Berlin WI 53151

IM
John A Obudzinski DO
13700 W National Ave
New Berlin WI 53151

PTH NM / PTH
Alexander Romashko DO
13750 W National Ave
New Berlin WI 53151

AN
Bhupinder Singh Saini MD
18585 Kamala Ct, #B
Brookfield WI 53005

FP
Susan M Torhorst MD
434 Madison St
Waukesha WI 53188

FP
Paul B Volker MD
434 Madison St
Waukesha WI 53188

County society transfers

DANE

(from Price-Taylor)
Steven J Novacheck MD
900 Ridge St
Stoughton WI 53589

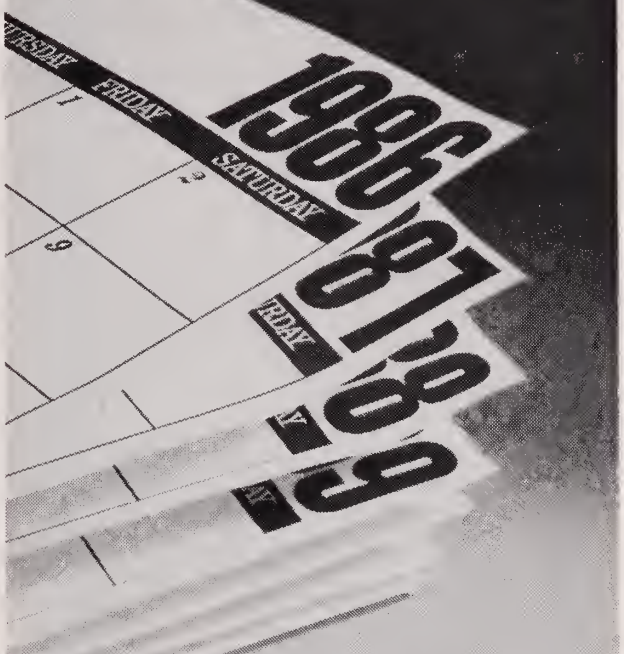
MILWAUKEE

(from Dane)
William M Goodman MD
2350 W Villard Ave, #200
Milwaukee WI 53209

(from Waukesha)
Stephen R Baldwin MD
21480 Lancelot Dr
Brookfield WI 53005

Jane M Collis-Geers MD
2300 N Mayfair Rd, #630
Wauwatosa WI 53226■

Are you ready for your future?



At Gaarder Miller we are experts at managing the business aspect of medical practices. Our professional consultants will tailor solutions to your special needs . . . solutions that result in increased productivity, optimal patient services and maximized income for today — and tomorrow.

WE OFFER: • Financial projections • Office management • Organizational planning • Facilities planning • Tax preparation • Personal financial planning • Billing service • Computer billing . . .

All the value of a full-time business manager at a part-time cost.

Gaarder Miller Milwaukee Ltd.
12778 W. North Ave.
Brookfield, WI 53005
(414) 784-9559

Planning today . . . for a secure tomorrow.

• Cri·sis (Krī·ses)

n. A Situation That Has Reached A Critical Phase

There is no other way to define it.

The evidence—skyrocketing claims, million-dollar court judgments and reports of doctors being forced to curtail services—all points directly to the reality of a medical liability insurance crisis in progress.

For some Wisconsin doctors, the crisis has meant hardship in obtaining quality professional liability protection from a company dedicated to providing secure coverage now and well into the future.

• Ac·tion (ˈAk·shen)

n. An Act of Will

Wisconsin physicians have not been idle as this crisis worsened. By acting to form their own company—Physicians Insurance Company of Wisconsin—they have taken the necessary steps to ensure the availability of quality protection plans to last throughout their medical careers.

Physicians Insurance Company of Wisconsin offers protection plans and services sponsored by the State Medical Society—secure coverage from a company responsive to the total requirements of the medical community.

Secure Protection For Your Medical Career...Now And In The Future.

Physicians Insurance Company of Wisconsin

- Secure Coverage
- Physician-Oriented Philosophies
- Personalized Services

Sponsored By
The State Medical Society of Wisconsin

Eligibility Requirements

- Licensed By The State Medical Board
- Practice A Majority Of Time In Wisconsin
- Membership In The State Medical Society
- Meet Company Underwriting Requirements

Featuring:

- Partnership/Corporation Coverage At No Charge
- Premium Billing Options
- Local Agency Services

PHYSICIANS INSURANCE COMPANY OF WISCONSIN

429 Gammon Place
P. O. Box 5285
Madison, Wisconsin 53705

(608) 833-8866 or
toll-free 1-800-362-2433

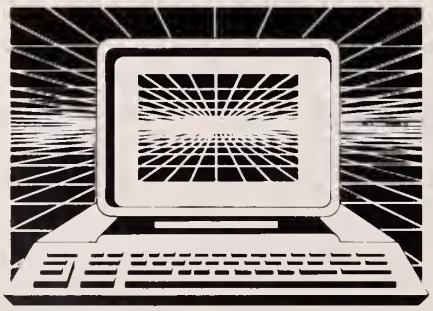
YOU MAY BE LOSING PATIENTS BY NOT KEEPING IN TOUCH WITH THEM

If you are thinking about enhancing your patient relations between visits, Advanced Technology Associates suggests that you investigate MDX, the clinical management system that's flexible enough to meet any physician's or clinic's correspondence needs.

MDX helps your patient communications between visits by letting you keep up a steady flow of correspondence, appointment reminders, recall letters and even birthday greetings.

MDX gives you a choice. You can use the pre-programmed letters it provides and tailor them to address each patient's unique circumstances, or create your own correspondence, drawing upon the MDX data base for pertinent information.

MDX even lets you add personal greetings to your statements, an easy way to make sure they receive the prompt attention they deserve.



Of course, these correspondence capabilities are just the beginning. MDX also lets you automate all the other facets of your clinic, from accounting and scheduling to records management. And it all has the unique distinction of being endorsed by SMS Services Inc. for members of the State Medical Society of Wisconsin.

For a *free videotape on MDX, please call us.

*Qualified callers only.

ATA
ADVANCED
TECHNOLOGY
ASSOCIATES

4710 WEST NORTH AVENUE MILWAUKEE, WI 53208 414/445-4280

Medicare changes for physicians start Jan 1

Physicians, hospitals, health insurance carriers and others will be affected by changes in the Medicare program, enacted by Congress in late October. Physicians will experience changes in the areas of Medicare reimbursement, physician fees, and participation/nonparticipation in the program.

The changes affecting physicians are summarized as follows:

REIMBURSEMENT

- Both participating and nonparticipating physicians will receive an equal 3.2% update in Medicare prevailing charges beginning Jan 1, 1987.
- Prevailing charges for nonparticipating physicians will be set at 96% of the prevailing charge level allowed participating physicians.

FEES

- The current freeze on actual charges of *nonparticipating* physicians expires Dec 31, 1986, and is replaced by a series of charge limitations.
- Under the new limitations, a nonparticipating physician whose charges exceed 115% of the prevailing charge will be allowed to raise fees no more than 1%. Lower fees can be raised to the 115% mark in increments over a four-year period.

Medicare carriers are required to provide each nonparticipating physician, at the beginning of each year, with a list of his or her maximum allowable actual charges for the year.

Medicare, using inherent reasonableness procedures, must review the 10 most costly Medicare procedures. On any procedure where the Medicare prevailing is reduced as a result of the application of "inherent reasonableness" authority, nonparticipating physicians have to reduce the actual charge, over a two-year period, to no more than 125% of the new Medicare prevailing charge.

PARTICIPATING/ NONPARTICIPATING

- Must make a new election prior to Jan 1, 1987.
- Participating physicians must continue to accept assignment in all cases.
- Nonparticipating physicians may continue to elect assignment on a case-by-case basis.
- Directories listing participating physicians will be available free.
- Participating physicians have no controls on fees.
- Nonparticipating physicians must, where assignment is not accepted for elective surgery over $500,

  (1) advise patient, in writing on form approved by Secretary:
  - Medicare allowed amount
  - patient's deductible and coinsurance liability
  - physician's excess charge
  - availability of participating physician,

  (2) make refund to beneficiary where disclosures are not made.
- Hospitals must provide inpatients and outpatients with a copy of participating physician directory.

SMS continues to work with the AMA and the Medicare carrier to determine the practical implications of these voluminous and complicated regulations. A thorough explanation of the new law's impact on participating and nonparticipating physicians appears in the November 26 issue of MEDIGRAM.

Contact Rick Reas or Kit Nimtz, SMS Division of Medical Policy and Practice, for more information.■

MEDICARE UPDATE

New charge limits due before year-end

HCFA officials are hopeful that Medicare carriers will be able to provide physicians with newly-required Medicare Maximum Allowable Actual Charge (MAAC) limits information before the "participating-nonparticipating physician" signup period for 1987 ends.

Originally HCFA hadn't contemplated requiring carriers to provide this MAAC information until March, but it is now expected to ensue as a result of MAAC and other complex changes in Medicare provisions. Physicians will need to determine what their MAAC profiles and limits are on the services they provide so they can make informed economic decisions on whether to participate. Physicians must decide by December 31 if they want to change status.

SMS is continuing to sift through the new regulations and is gathering information for a comprehensive publication which will explain their practical implications. Meanwhile, SMS would like to respond to two

continued next page

continued from preceding page

key questions many physicians are concerned about:

• **Lab Assignment**—Under a provision of the Consolidated Omnibus Budget Reconciliation Act (COBRA), physicians who perform office clinical laboratory services for Medicare patients must accept assignment ***starting January 1. If they don't, the services won't be covered by Medicare.*** Failure to accept assignment for such services would make the patient responsible for the ***entire bill.*** The patient would receive no reimbursement from Medicare.

• **Elective Surgery**—Guidelines for nonparticipating physicians only: this provision of the bill ***does not take effect until October 1, 1987.*** The national Medicare office is developing forms for this procedure, negating the need for physicians to develop their own forms. SMS will notify members as soon as these forms are available.

Note: WPS has established a new department to help physicians and their staff to deal specifically with regulations of the Health Care Financing Administration, Medicare billing, quotations, and any other Medicare-related questions. Call Karen Lord, supervisor for provider education, at WPS, telephone 608/221-4711, with your Medicare concerns. At SMS, contact Kit Nimtz or Rick Reas with your questions, toll-free 1-800-362-9080 or 608/257-6781.■

WISPAC scores 96% in endorsed-candidate wins in General Election

In the November 4 General Election Wisconsin Physicians Political Action Committee (WISPAC) reaped a 96% winning record for endorsed candidates in state races and a 90% record for wins in the Congressional races.

SMS Secretary-General Manager Designate Thomas L Adams said

continued next page

Induced abortions must be reported

The Center for Health Statistics in the State Division of Health is responsible for implementing state statute 69.186 which requires hospitals, clinics, or other facilities to report induced abortions to the State Department of Health and Social Services, according to Raymond D Nashold, PhD, State Registrar and Director of the Center.

The Wisconsin Induced Abortion Reporting System will initiate collection of data with the beginning of calendar year 1987. Forms and manuals with instructions for reporting are being developed and should reach potential or active providers in December. The statute follows:

Induced Abortion Reporting (s. 69.186)

(1) On or before January 15 annually, each hospital, clinic or other facility in which an induced abortion is performed shall file with the department a report for each induced abortion performed in the hospital, clinic or other facility in the previous calendar year. Each report shall contain all of the following information with respect to each patient obtaining an induced abortion in the hospital, clinic or other facility:

(a) The state and, if this state, the county, of residence.
(b) Patient number.
(c) Race.
(d) Age.
(e) Marital status.
(f) Month and year in which the induced abortion was performed.
(g) Education.
(h) The number of weeks since the patient's last menstrual period.
(i) Complications, if any, resulting from performance of the induced abortion.

(2) The department shall collect the information under sub. (1) in a manner which the department shall specify and which ensures the anonymity of a patient who receives an induced abortion, a health care provider who provides an induced abortion and a hospital, clinic or other facility in which an induced abortion is performed. The department shall publish annual demographic summaries of the information obtained under this section, except that the department may not disclose any information obtained under this section that reveals the identity of any patient, health care provider or hospital, clinic or other facility and shall ensure anonymity in all of the following ways:

(a) The department may use information concerning the patient number under sub. (1) (b) or concerning the identity of a specific reporting hospital, clinic or other facility for purposes of information collection only and may not reproduce or extrapolate this information for any purpose.

(b) The department shall immediately destroy all reports submitted under sub. (1) after information is extrapolated from the reports for use in publishing the annual demographic summary under this subsection.

In section 69.186, the term "induced abortion" means:

the termination of a uterine pregnancy by a physician of a woman known by the physician to be pregnant, for a purpose other than to produce a live birth or to remove a dead fetus.

Enacted April 29, 1986.■

continued from preceding page

physicians became much more personally involved in election activity this year. "I am pleased and gratified by the time and enthusiasm SMS members put into political activity. Whether our candidates win or lose, political activity is very excellent, very healthy for the State Medical Society," Mr Adams said.

Despite the loss of WISPAC-backed Governor Anthony Earl (D) to Tommy Thompson (R), Mr Adams noted that WISPAC candidates for two other major offices—Attorney General and US Senator—won: Donald Hanaway (R) won over Bronson La Follette (D) for Attorney General and Robert Kasten (R) won over Edward Garvey (D) for the US Senate. "The Society is committed to working closely with the new Governor on a wide spectrum of health-related legislation expected to be developed next year," Mr Adams added. "He understands physicians' concerns on a number of important healthcare issues."

Of 10 races, the only Congressional candidate backed by WISPAC to lose was District 2 challenger Ann Haney (R) to US Rep Robert Kastenmeier (D). Mr Adams also partly attributed the reelection of US Senator Robert Kasten (R) to an $80,000 independent expenditure campaign by AMPAC, the AMA's political action committee.

WISPAC-backed candidates won election to 100 of 104 state office races. For state offices other than Governor, only two WISPAC-endorsed candidates lost in the State Assembly, and one lost in the State Senate.■

Safety Belt Coalition launches campaign

SMS physicians and Auxiliary members are helping the Wisconsin Safety Belt Coalition launch a statewide campaign to promote the required use of safety belts and to urge the public to "buckle up" during the holiday season.

Physicians and Auxiliary members appeared at a six-stop fly-in November 20 to help publicize the campaign.

As a member of the coalition, the State Medical Society during 1987 will assume a leading role in urging passage of life-saving legislation requiring the use of safety belts.

The coalition had arranged to have a live turkey, a wrecked automobile, and three legislators at each fly-in site to announce next year's introduction of the proposed legislation.

"Don't be a turkey—buckle up now!" is the campaign slogan which also will herald a series of statewide media ads.

Participating physicians include Kathleen Hargarten, MD, Milwaukee; Steven Toutant, MD, Madison; Allen Brailey, MD, La Crosse; and Michael Finkel, MD, Eau Claire. For more information contact Donald D Lord, Governmental Relations Manager, at SMS Headquarters in Madison.■

VNS director Ruth Hanson retires

Ruth M Hanson, who had served as executive director of the Visiting Nurse Service of Dane County (VNS) since 1974, retired October 15 for health reasons.

On November 6 she was honored by the VNS Board of Directors, her colleagues, friends, and family at a dinner at the Sheraton Hotel in Madison. She received many accolades in recognition of her distinguished career and personal accomplishments. One of those to acknowledge Mrs Hanson's achievements was Earl Thayer, secretary of the State Medical Society of Wisconsin. The VNS has been a tenant of the SMS Headquarters since 1979.

In the 12 years she headed the VNS, the oldest and largest home healthcare agency in Dane County, the organization grew from a budget of less than $300,000 to over $2 million. In that same time the number of visits made to patients each year increased 191%, from 20,308 to 59,178. During the 12-year period, the number of Mobile Meals served to homebound and disabled persons in the Greater Madison area grew from 19,136 to 53,386.

From its inception in 1908 until 1982, the Visiting Nurse Service has provided home healthcare to the Madison area. In 1982, at the request of the United Way of Dane County, the agency expanded its service to the entire Dane County area.

In 1981 Mrs Hanson was named United Way Distinguished Agency Executive. The following year she was featured in the *Wisconsin State Journal's* "Know Your Madisonian" column. The University of Wisconsin-Madison School of Nursing awarded Mrs Hanson its Outstanding Nurse Recognition Award in 1983.■

Earl Thayer, Secretary of the State Medical Society of Wisconsin, extends warm regards, personally and as the VNS landlord, to Ruth Hanson upon her retirement as executive director of the Visiting Nurse Service of Dane County. (Photo courtesy of Joan McGucken Slate, VNS)

Persons interested in the Impaired Physician Program may call 608/257-6781 or toll-free in Wisconsin: 1-800-362-9080 and explain their concern to Mr John LaBissoniere or Mr H B Maroney of the State Medical Society staff. The caller's identity will be kept in complete confidence.

Physicians can contest Worker's Compensation charge reductions

The Wisconsin Department of Industry, Labor and Human Relations (DILHR) has established an appeals mechanism through which physicians can contest attempt by insurance carriers to reduce charges for patients covered by Worker's Compensation. The appeal can be initiated by completion of a brief, one-page form listing the physician's name, the patient's name, the carrier's name, the amount billed, and the amount paid.

Several insurance carriers and third-party administrators have recently cited a November 1985 amendment to the Worker's Compensation Law as justification for arbitrarily reducing physician charges. SMS reminds members that it is ***DILHR, and not the carriers,*** that has the authority to determine the reasonableness of charges submitted by physicians for the care of patients covered by Worker's Compensation.

DILHR has acknowledged that merely exceeding a carrier's percentile limits does not necessarily constitute an unreasonable charge. Thus, carrier decisions based solely on percentile reimbursement schemes are being reversed by DILHR in favor of the physician. SMS encourages all physicians to appeal or to contest all carrier actions they deem inappropriate. The staff of the SMS Division of Medical Policy and Practice is available to provide members with technical assistance in the appeals process.

A copy of the appeals form appears on the opposite page; members may wish to photocopy this form or they can obtain one from the Worker's Compensation Division, PO Box 7901, Madison, Wis 53707.■

Officers and Directors
Physicians Insurance Company of Wisconsin

Richard W Edwards, MD
Chairman of the Board and Director
Richland Center

Jerome W Fons Jr, MD
President and Director
Cudahy

William T Montei
Executive Vice President and Director
Madison

OTHER DIRECTORS

Timothy T Flaherty, MD
Past President of SMS of Wisconsin
Neenah

John J Gaughan, MD
Past Chairman of the Board
of Physicians Insurance Company
of Ohio
Cleveland, Ohio

William J Listwan, MD
Member, SMS Board of Directors
West Bend

John P Mullooly, MD
President, SMS of Wisconsin
Milwaukee

John K Scott, MD
Immediate Past President, SMS
of Wisconsin
Madison

William L Treacy, MD
Member, SMS Board of Directors
Milwaukee

Kenneth M Viste Jr, MD
President-elect, SMS of Wisconsin
Oshkosh

Donald L Bailey
CPA, Bailey & Stolzman, SC
Madison

Joseph K Gilmore
CEO, Physicians Insurance Company
of Ohio
Pickerington, Ohio

Earl R Thayer
Secretary-General Manager, SMS
of Wisconsin
Madison

BLUE BOOK UPDATE

On page 140 of the June "Blue Book" issue, under the Officers of Specialty Societies, the following changes have been made for the Wisconsin Society of Anesthesiologists:

P—John H Barsch, MD
146 Nautilus Dr
Madison, WI 53705

PE—Jay J Kuritz, MD
2412 Sandy Lane
Green Bay, WI 54302

ST—W Stuart Sykes, BM
600 Highland Ave
Madison, WI 53792.

Under the Wisconsin Chapter: American College of Emergency Physicians the following changes have been made:

P—Milton R McMillen, MD
1252 Cliffwood Lane
La Crosse, WI 54601

S—John J Maher, MD
1969 West Hart Rd
Beloit, WI 53511

T—Mark J Mirik, MD
9161 North Fielding Rd
Milwaukee, WI 53217.

Under the Wisconsin Neurological Society the following changes have been made:

P—Michael Finkel, MD
733 W Clairemont Ave, Box 1510
Eau Claire, WI 54701

PE—Ivan Stanko, MD
2727 Plaza Dr
Wausau, WI 54401

ST—Benjamin Brooks, MD
600 Highland Ave
Madison, WI 53715.

Under the Wisconsin Society of Radiation Oncologists the following changes have been made:

P—Alan B Fidler, MD
2900 West Oklahoma Ave
Milwaukee, WI 53215

PE—Homer H Russ, MD
611 St Joseph Ave
Marshfield, WI 54449

S—Sally M Schlise, MD
1124 Cass St
Green Bay, WI 54307

T—Richard A Steeves, MD
600 Highland Ave
Madison, WI 53792.

On page 138 of the June "Blue Book" issue, under the Officers of Specialty Sections of SMS, the following changes have been made for the Section on Anesthesiologists:

C—John H Barsch, MD
146 Nautilus Dr
Madison, WI 53705.

Under the Section on Neurology the following changes have been made:

C—Michael Finkel, MD
733 West Clairemont Ave, Box 1510
Eau Claire, WI 54701.■

WISCONSIN WORKER'S COMPENSATION DIVISION

Request for Resolution of Health Service Cost Dispute

Instructions: The health service provider should provide the following information for each dispute. The information should be sent to the Worker's Compensation Division *and* the company which took the action in dispute. The information requested must be provided completely in order for a determination to be made.

1. Date: _____

2. Requested by (Name of Health Service Provider): _____

   Address: _____

   _____ Telephone No. _____

3. **Claimant Information:**

   _____

   Name | Social Security No. | Date of Injury

4. **Service Information:**

Specific Services Provided:	Date	Amount Charged	Amount Paid

5. **Insurance Carrier or Claims Service Information:**

   (Please provide information requested here on the particular company with which you have the dispute.)

   Company Name: _____

   Address: _____

   _____ Telephone No. _____

   Name of company representative with whom this issue was discussed in an effort at resolution:

   _____

   Date(s) of Discussion(s) _____

   Mail to: Worker's Compensation Division
   P.O. Box 7901
   Madison, WI 53707 Attn: Administrator

In ten years your malpractice carrier may be just a memory.

Unless it's Medical Protective.

As you consider professional liability insurance, consider this. The coverages stated in the policy are basically a promise — a promise to be here when needed regardless of legal climate or economic conditions. A company's ability to keep this promise is critical because your financial security may depend on it. Unfortunately, too many firms are now finding the task impossible.

Analyze your liability insurance options carefully just as you would any important investment. Go beyond the agent and the policy to the company that stands behind both. How long has it been in operation? Has it weathered some of the tough times? Will it be there for you when you need help?

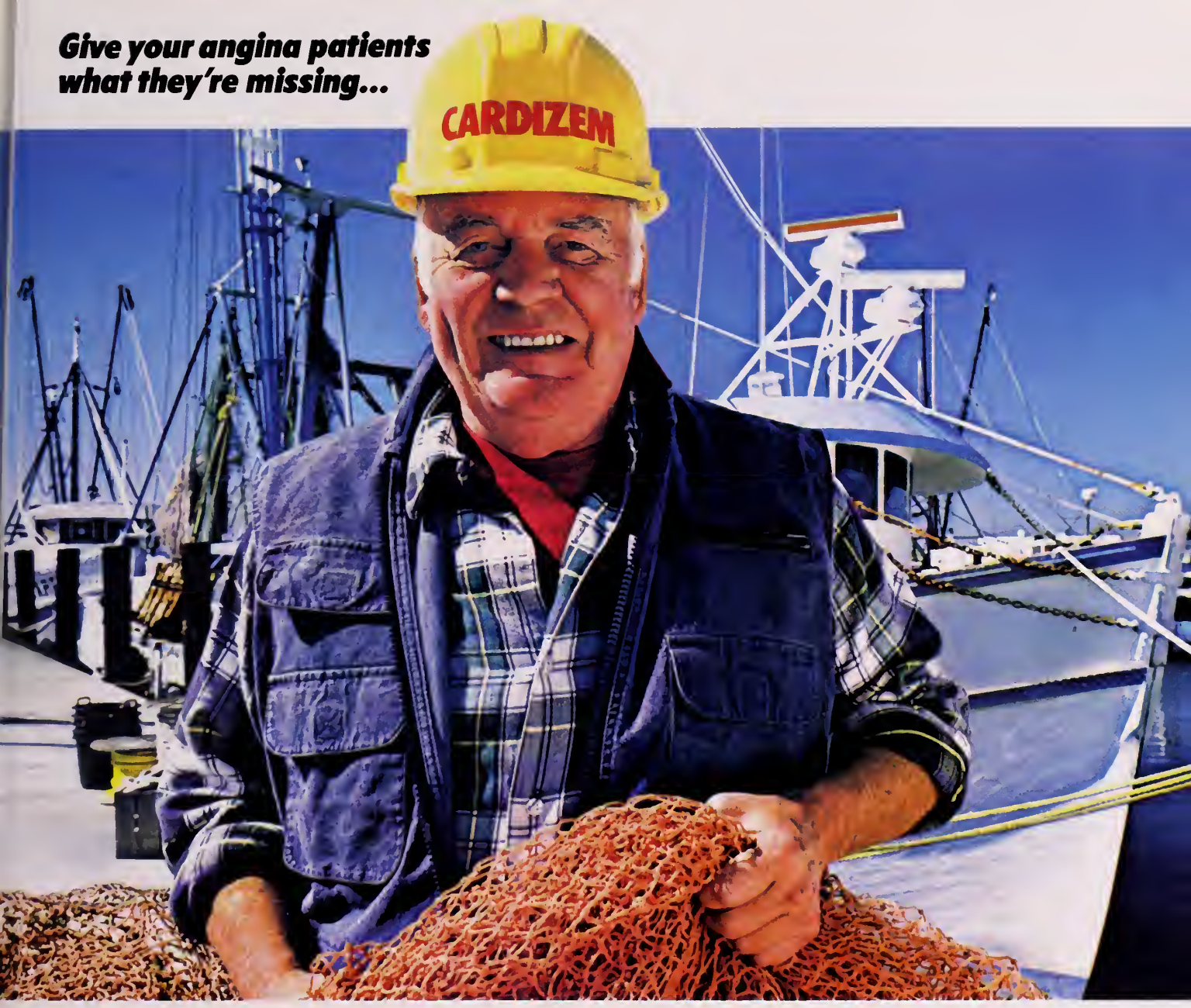
The Medical Protective Company pioneered professional liability coverage before the turn of the century and has served doctors exclusively ever since. Over 500,000 of them. Through good times and bad. We'll be here when you need us.

Contact The Medical Protective Company through one of our general agents. History shows we keep our promises.

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

Jerome E. Kronsnoble, William E. Herte
850 North Elm Grove Road, Elm Grove, WI 53122, (414) 784-3780

Give your angina patients what they're missing...



CARDIZEM®: FEW SIDE EFFECTS

diltiazem HCl/Marion

- ***Antianginal action includes dilatation of coronary arteries, a decrease in vascular resistance/afterload, and a reduction in heart rate***
- ***Proven efficacy when used alone in angina[1]***
- ***Compatible with other antianginals[2,3*]***
- ***A safe choice for angina patients with coexisting hypertension, asthma, COPD, or PVD[4,5]***

***See Warnings and Precautions.**

Please see brief summary of prescribing information on the next page.

CARDIZEM® FEW SIDE EFFECTS IN ANTIANGINAL THERAPY

diltiazem HCl/Marion

60 mg tid or qid

Brief Summary
Professional Use Information

CARDIZEM®
(diltiazem HCl) 30 mg and 60 mg Tablets

CONTRAINDICATIONS
CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic).

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1,243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt).
   Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients.
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury.** In rare instances, significant elevations in enzymes such as alkaline phosphatase, CPK, LDH, SGOT, SGPT, and other symptoms consistent with acute hepatic injury have been noted. These reactions have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in most cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS
General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes, however, these changes were reversible with continued dosing.
Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)
Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%.
Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats.
Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.
There are no well-controlled studies in pregnant women, therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.
Nursing Mothers. Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.
Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS
Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded.
In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy.
The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences as well as their frequency of presentation are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%). In addition, the following events were reported infrequently (less than 1%):

Cardiovascular:	Angina, arrhythmia, AV block (first degree), AV block (second or third degree — see conduction warning), bradycardia, congestive heart failure, flushing, hypotension, palpitations, syncope.
Nervous System:	Amnesia, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor.
Gastrointestinal:	Anorexia, constipation, diarrhea, dysgeusia, dyspepsia, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH (see hepatic warnings), vomiting, weight increase.
Dermatologic:	Petechiae, pruritus, photosensitivity, urticaria.
Other:	Amblyopia, dyspnea, epistaxis, eye irritation, hyperglycemia, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties.

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, gingival hyperplasia, erythema multiforme, and leukopenia. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established. *Issued 7/86*
See complete Professional Use Information before prescribing.

References: 1. Pepine CJ, Feldman RL, Hill JA, et al. Clinical outcome after treatment of rest angina with calcium blockers. Comparative experience during the initial year of therapy with diltiazem, nifedipine, and verapamil. Am Heart J 1983, 106(6):1341-1347. **2.** Shapiro W: Calcium channel blockers: Actions on the heart and uses in ischemic heart disease. Consultant 1984;24(Dec):150-159. **3.** Johnston DL, Lesaway R, Humen DP, et al: Clinical and hemodynamic evaluation of propranolol in combination with verapamil, nifedipine and diltiazem in exertional angina pectoris: A placebo-controlled, double-blind, randomized, crossover study. Am J Cardiol 1985;55:680-687. **4.** Cohn PF, Braunwald E: Chronic ischemic heart disease, in Braunwald E (ed): Heart Disease: A Textbook of Cardiovascular Medicine, ed 2. Philadelphia, WB Saunders Co, 1984, chap 39. **5.** Schroeder JS. Calcium and beta blockers in ischemic heart disease: When to use which. Mod Med 1982;50(Sept):94-116

Another potent benefit product from
PHARMACEUTICAL DIVISION
MARION LABORATORIES, INC.
KANSAS CITY, MO 64137

0246M6

Motrin® 800 mg TABLETS
ibuprofen

Extra strength
Convenience
Economy

Upjohn
A Century of Caring
1886·1986

©1986 The Upjohn Company

J-6138 January 1986

Before prescribing, see complete prescribing information in SK&F CO. literature or *PDR*. The following is a brief summary.

* **WARNING**
This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

Contraindications: Concomitant use with other potassium-sparing agents such as spironolactone or amiloride. Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: **Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired.** If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. **Associated widened QRS complex or arrhythmia requires prompt additional therapy.** Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available. Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma. Possible exacerbation or activation of systemic lupus erythematosus has been reported with thiazide diuretics.

Precautions: The bioavailability of the hydrochlorothiazide component of 'Dyazide' is about 50% of the bioavailability of the single entity. Theoretically, a patient transferred from the single entities of triamterene and hydrochlorothiazide may show an increase in blood pressure or fluid retention. Similarly, it is also possible that the lesser hydrochlorothiazide bioavailability could lead to increased serum potassium levels. However, extensive clinical experience with 'Dyazide' suggests that these conditions have not been commonly observed in clinical practice. Angiotensin-converting enzyme (ACE) inhibitors can elevate serum potassium; use with caution with 'Dyazide'. Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids, and during concurrent use with amphotericin B or corticosteroids or corticotropin [ACTH]). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Cumulative effects of the drug may develop in patients with impaired renal function. Thiazides should be used with caution in patients with impaired hepatic function. They can precipitate coma in patients with severe liver disease. Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic and hemolytic anemia have been reported with thiazides. Thiazides may cause manifestation of latent diabetes mellitus. The effects of oral anticoagulants may be decreased when used concurrently with hydrochlorothiazide; dosage adjustments may be necessary. Clinically insignificant reductions in arterial responsiveness to norepinephrine have been reported. Thiazides have also been shown to increase the paralyzing effect of nondepolarizing muscle relaxants such as tubocurarine. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. Triamterene has been found in renal stones in association with the other usual calculus components. Therefore, 'Dyazide' should be used with caution in patients with histories of stone formation. A few occurrences of acute renal failure have been reported in patients on 'Dyazide' when treated with indomethacin. Therefore, caution is advised in administering nonsteroidal anti-inflammatory agents with 'Dyazide'. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine. Hypokalemia is uncommon with 'Dyazide', but should it develop, corrective measures should be taken such as potassium supplementation or increased dietary intake of potassium-rich foods. Corrective measures should be instituted cautiously and serum potassium levels determined. Discontinue corrective measures and 'Dyazide' should laboratory values reveal elevated serum potassium. Chloride deficit may occur as well as dilutional hyponatremia. Concurrent use with chlorpropamide may increase the risk of severe hyponatremia. Serum PBI levels may decrease without signs of thyroid disturbance. Calcium excretion is decreased by thiazides. 'Dyazide' should be withdrawn before conducting tests for parathyroid function. Thiazides may add to or potentiate the action of other antihypertensive drugs. Diuretics reduce renal clearance of lithium and increase the risk of lithium toxicity.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances; postural hypotension (may be aggravated by alcohol, barbiturates, or narcotics). Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and respiratory distress including pneumonitis and pulmonary edema, transient blurred vision, sialadenitis, and vertigo have occurred with thiazides alone. Triamterene has been found in renal stones in association with other usual calculus components. Rare incidents of acute interstitial nephritis have been reported. Impotence has been reported in a few patients on 'Dyazide', although a causal relationship has not been established.

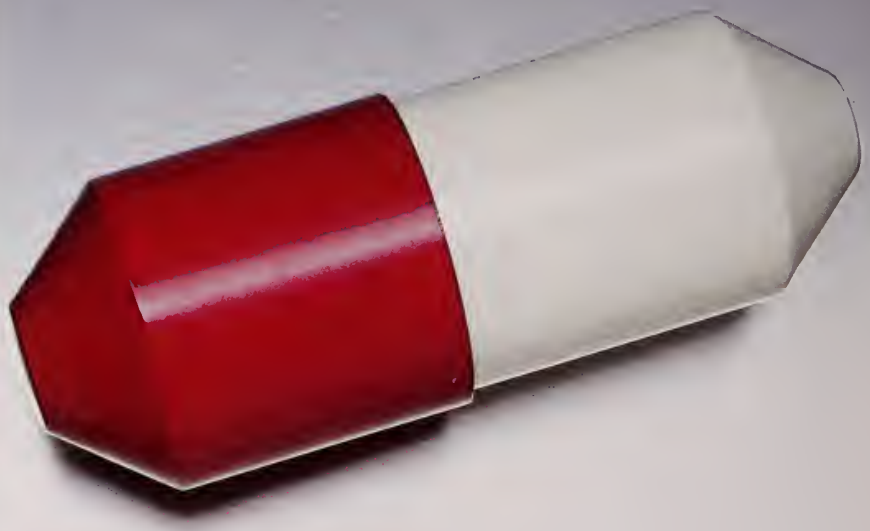
Supplied: 'Dyazide' is supplied as a red and white capsule, in bottles of 1000 capsules; Single Unit Packages (unit-dose) of 100 (intended for institutional use only); in Patient-Pak™ unit-of-use bottles of 100.

BRS-DZ:L42

In Hypertension*... When You Need to Conserve K^+

Remember the Unique Red and White Capsule: Your Assurance of SK&F Quality

Serum K^+ and BUN should be checked periodically (see Warnings and Precautions).



Potassium-Sparing

DYAZIDE®

25 mg Hydrochlorothiazide/**50 mg** Triamterene/SKF

Over 20 Years of Confidence

The unique red and white Dyazide® capsule: Your assurance of SK&F quality.

a product of
SK&F CO.
Carolina, P.R. 00630

©SK&F Co., 1983

YOU CAN HELP STOP BEDWETTING

For a large majority of your Enuretic patients

- Ethical — prescription only
- Professional — you supervise treatment
- Approximately 90 percent effective
- Proven reliable and dependable bell, pad, and light system
- Low cost rental service — $14.00 per week (avg. 6-week treatment)
- Convenient mail order service to the 48 states

For more information, call or write:

S. & L. SIGNAL COMPANY

Helping Enuretic Clients
Since 1950
1142 Fleetwood Ave. Madison, WI 53716
Phone: 608-222-7939

Accepted for advertising in the AMA Journal

SMS SERVICES INC.
STATE MEDICAL SOCIETY OF WISCONSIN + SUBSIDIARY +

WISCONSIN UNIFORM INSURANCE CLAIM FORM

can be ordered direct from SMS Services

- Claim form approved by DHSS and EDS Federal for Wisconsin Medical Assistance Program (WMAP) claims.
- Accepted by all major insurance carriers.
- Available in one- or two-part continuous form.
- Forms will be shipped to you within 48 hours after order received.

Place your order with SMS Services, Inc, 330 East Lakeside Street, PO Box 1109, Madison, Wisconsin 53701; or phone (608) 257-6781 or toll-free in Wisconsin (800) 362-9080.

Peppino's

CLASSICAL ITALIAN RESTAURANT
5518 UNIVERSITY AVENUE
MADISON (608) 233-2200
ELEGANT DINING • FINE WINES • INTIMATE COCKTAIL LOUNGE • OPEN DAILY AT 5:30 PM

Voted Best Italian Restaurant 1985–86—MADISON MAGAZINE poll

"For an elegant night of Italian dining." —PROF HERBERT KUBLY, *Milwaukee Journal* writer

"Living will" form now available

The State Department of Health and Social Services, Division of Health, has announced the availability of the living will form, "Declaration to Physicians," which can be obtained from sources listed below *or by photocopying the form on the opposite page.*

The Division urges users to give close attention to the witnesses' section. A person who signs a declaration should make relatives and friends aware of its existence and the location where it is kept. A signed declaration may be kept in a safe, easily accessible place until needed. The declaration given to the attending physician in the event of a terminal illness or injury must have the declarant's original signature. If the attending physician is notified of the existence of a signed declaration, the physician is required to make the declaration a part of the medical record.

The Division of Health has been asked to inform users that, in a letter dated Jan 14, 1985 to Representative Walter Kunicki, the Attorney General gave advice concerning the portion of the Declaration which states, "If I have been diagnosed as pregnant and my physician knows of this diagnosis, this declaration has no effect during the course of my pregnancy." The letter advised that the quoted language is applicable only to women whose fetuses are viable at the time life-sustaining procedures are withheld or withdrawn. This letter was not issued as a formal opinion of the Attorney General, the Division notes.

Up to four copies of the Declaration to Physicians are available free to persons who send stamped, self-addressed envelopes to Declaration to Physicians, Division of Health, PO Box 309, Madison, Wisconsin 53701-0309.

Physicians also may prefer to photocopy the blank form shown on the opposite page. The Division states the form would be valid if only the signature side were duplicated. However, the instructions on the back are important, particularly the information about witnesses; those are printed on the reverse side of the blank form. ■

AMA Physician's Recognition Award Recipients

LISTED BELOW are those physicians in Wisconsin who have earned the AMA Physician's Recognition Award in recent months. The State Medical Society of Wisconsin congratulates these physicians who have distinguished themselves and their profession by their commitment to continuing education.

AUGUST 1986

*Baker, Ralph K, Oshkosh
*Basu, Sailendra N, Wausau
*Caine, Marc R, Milwaukee
*Garry, Mark W, Milwaukee
*Lee, Martha L, Marshfield
Lin, Yeenan G, Marshfield
*Liss, Paul L, Marshfield
Mc Conough, John W, Wisconsin Rapids
*Riese, David C, Monroe
*Rotter, Francis J, Milwaukee
*Roy Michel Y, Marshfield
*Smith, Martin J, La Crosse
*Weisbrod, Louis W, Hayward
*Wells, Ronald K, Brookfield
*Zajac, Dorothy J, Janesville

SEPTEMBER 1986

*Adrouny, Salpi, Milwaukee
*Belgado, Paulino G, Clintonville
*Blahnik, Clarence L, Green Bay
*Britt, Archie G, La Crosse
*Craig, James L, New Richmond
De Boe, Frederick M, Milwaukee
*Downing, Edwin L, Oshkosh
*Freeman, Mark L, Menomonee Falls
*Grubb, William B, Appleton
*Hansen, Thomas R, Janesville
Harbin, Adie D, La Crosse
*Hoyer, John K, Rice Lake
Jacobs, Stephen C, Milwaukee
*Knoch, Frederick W, Neenah
*Liebenow, Roland R, Madison
*Loescher, Thomas M, Appleton
*Maasch, Lloyd P, Weyauwega
*Marquis, Arthur S, Watertown
*Mc Daniel, William P, Milwaukee
*O'Halloran, Michael J, Eau Claire
*Schell, Charles A, Woodruff
*Schmitz, John T, Milwaukee
Sennett, Louis W, Milwaukee
*Sorensen, Charles C, Wisconsin Rapids
*Stafl, Jaroslava, Milwaukee
*Westgard, David E, La Crosse

OCTOBER 1986

*Aguas, Ruben T, Marshfield
Chu, Ming, Tomah
Cohen, David J, Middleton
*Geldner, Barbara, Neenah
*Gilbert, Robert D, Madison
*Gmeiner, James G, Appleton
*Greenlaw, Robert H, Marshfield
*Gupta, Champalal, Merrill
*Janak, Steve W, Woodruff
Johnson, Rodney C, Sheboygan
*Keepman, Jay P, Madison
*Kelman, Donald B, Marshfield
*Kuglitsch, John F, Fond du Lac
*Lerner, Jerome A, Milwaukee
Lewis, Hilel, Milwaukee
Mc Bridge, Frank F, Fond du Lac
*Qureshi, Ijaz N, Milwaukee
*Redlin, Kenneth C, Milwaukee
*Rieder, Michael J, Neenah
*Rosenkranz, Wilbur E, Mukwonago
Smith, Brian D, Wausau
*Snow, Patrick D, Appleton
*Sorensen, Rodney W, Marshfield
*Thorgersen, Thor M, Waukesha
Turkington, Roger W, Milwaukee
*Zondag, Tuenis D, Eau Claire

CORRECTION

In the August issue, page 35, under the heading AMA Physician's Recognition Award Recipients for the month of April 1986, Frederick J Boehm, MD, Stevens Point, should have been listed as a member (*) of the State Medical Society of Wisconsin. The WMJ regrets this error. ■

"LIVING WILL" FORM

DOH 0060 (Rev. 5/86)
s. 154.03 (1), (2)

Effective Date
April 22, 1986

PLEASE BE SURE YOU READ AND UNDERSTAND THE INFORMATION ON THE BACK BEFORE COMPLETING DECLARATION

DECLARATION TO PHYSICIANS

Declaration made this _____ day of _____ (month), _____ (year).

1. I, _____, being of sound mind, wilfully and voluntarily state my desire that my dying may not be artificially prolonged if I have an incurable injury or illness certified to be a terminal condition by 2 physicians who have personally examined me, one of whom is my attending physician, and if the physicians have determined that my death is imminent, so that the application of life-sustaining procedures would serve only to prolong artificially the dying process. Under these circumstances, I direct that life-sustaining procedures be withheld or withdrawn and that I be permitted to die naturally, with only: a. The continuation of nutritional support and fluid maintenance; and b. The alleviation of pain by administering medication or other medical procedure.

2. If I am unable to give directions regarding the use of life-sustaining procedures, I intend that my family and physician honor this declaration as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences from this refusal.

3. If I have been diagnosed as pregnant and my physician knows of this diagnosis, this declaration has no effect during the course of my pregnancy.

4. This declaration takes effect immediately.

I understand this declaration and I am emotionally and mentally competent to make this declaration.

Signed _____

Address _____

I know the declarant personally and I believe him or her to be of sound mind. I am not related to the declarant by blood or marriage, and am not entitled to any portion of the declarant's estate under any will of the declarant. I am neither the declarant's attending physician, the attending nurse, the attending medical staff nor an employe of the attending physician or of the inpatient health care facility in which the declarant may be a patient and I have no claim against the declarant's estate at this time, except that, if I am not a health care provider who is involved in the medical care of the declarant, I may be an employe of the inpatient health care facility regardless of whether or not the facility may have a claim against the estate of the declarant.

Witness _____

Witness _____

This declaration is executed as provided in chapter 154, Wisconsin Statutes.

Note: This blank form may be duplicated.

A. **Definitions.**

(1) "Attending physician" means a physician licensed under ch. 448 who has primary responsibility for the treatment and care of the patient.

(2) "Declaration" means a written, witnessed document voluntarily executed by the declarant under chapter 154, Wisconsin Statutes, but is not limited in form or substance to that provided in ch. 154. *Only the original declaration is a valid instrument.*

(3) "Health care professional" means a person licensed, certified or registered under ch. 441, 448 or 455.

(4) "Inpatient health care facility" has the meaning provided under s. 140.86 (1) and includes community-based residential facilities, as defined in s. 50.01 (1).

(5) "Life-sustaining procedure" means any medical procedure or intervention that, in the judgment of the attending physician, would serve only to prolong the dying process but not avert death when applied to a qualified patient. "Life-sustaining procedure" includes assistance in respiration, artificial maintenance of blood pressure and heart rate, blood transfusion, kidney dialysis and other similar procedures, but does *not* include:

(a) The alleviation of pain by administering medication or by performing any medical procedure.

(b) The provision of fluid maintenance and nutritional support.

(6) "Qualified patient" means a declarant who has been diagnosed and certified in writing to be afflicted with a terminal condition by 2 physicians, one of whom is the attending physician, who have personally examined the declarant.

(7) "Terminal condition" means an incurable condition caused by injury or illness that reasonable medical judgment finds would cause death imminently, so that the application of life-sustaining procedures serves only to postpone the moment of death.

B. Who May Sign A Declaration

Any person 18 years of age or older and of sound mind may voluntarily execute a declaration authorizing the withholding or withdrawal of life-sustaining procedures when the person is in a terminal condition.

C. Effective Date

This declaration takes effect immediately.

D. Procedures For Signing Declarations

A declaration must be signed by the declarant in the presence of 2 witnesses.

If the declarant is physically unable to sign the declaration, the declaration must be signed in the declarant's name by one of the witnesses or some other person at the declarant's express direction and in his or her presence. Such a proxy signing shall either take place or be acknowledged by the declarant in the presence of 2 witnesses.

The declarant is responsible for notifying his or her attending physician of the existence of the declaration. An attending physician who is so notified shall make the original declaration a part of the declarant's medical records.

E. Restrictions on Witnesses

Witnesses to the signing of a declaration may *not*:

1) Be related to the declarant by blood or marriage.
2) Be entitled to any portion of the estate of the declarant upon his or her decease under any will of the declarant.
3) Be the attending physician, the attending nurse or the attending medical staff, an employe of the attending physician or an employe of the inpatient health care facility in which the declarant is a patient who is a health care provider under s. 146.81 (1) and is involved in the medical care of that patient, or have a claim against any portion of the estate of the declarant upon his or her death at the time of the execution of the declaration.

F. Revocation of Declaration

A declaration may be revoked at any time by the declarant by any of the following methods:

1) By being canceled, defaced, obliterated, burned, torn or otherwise destroyed by the declarant or by some person who is directed by the declarant and who acts in the presence of the declarant.
2) By a written revocation of the declarant expressing the intent to revoke, signed and dated by the declarant.
3) By a verbal expression by the declarant of his or her intent to revoke the declaration, but only if the declarant or a person acting on behalf of the declarant notifies the attending physician of the revocation.

The attending physician shall record in the declarant's medical records the time, date and place of the revocation and time, date and place, if different, that he or she was notified of the revocation.

G. Effect of Declaration

The desires of a qualified patient who is competent supersede the effect of the declaration at all times. If a qualified patient is incompetent at the time of the decision to withhold or withdraw life-sustaining procedures, a declaration, properly executed, is presumed to be valid.

The declaration of a qualified patient who is diagnosed as pregnant by the attending physician has no effect during the course of the pregnancy.

In the absence of actual notice to the contrary, a physician or inpatient health care facility may presume that a person who executed a declaration was of sound mind at the time.

H. Liabilities

No physician, inpatient health care facility or health care professional acting under the direction of a physician may be held criminally or civilly liable, or charged with unprofessional conduct, for any of the following:

1) Participating in the withholding or withdrawal of life-sustaining procedures under ch. 154.
2) Failing to act upon a revocation unless the person or facility has actual knowledge of the revocation.
3) Failing to comply with a declaration, except that failure by a physician to comply with a declaration of a qualified patient constitutes unprofessional conduct if the physician refuses or fails to make a good faith attempt to transfer the patient to another physician who will comply with the declaration.

I. General Provisions

SUICIDE. The withholding or withdrawal of life-sustaining procedures in accordance with Ch. 154 does not, for any purpose, constitute suicide. Execution of a declaration does not, for any purpose, constitute attempted suicide.

LIFE INSURANCE. Execution of a declaration under Ch. 154 may not be used to impair in any manner the procurement of any policy of life insurance. No policy of life insurance may be impaired in any manner by the withholding or withdrawal of life-sustaining procedures from an insured qualified patient.

HEALTH INSURANCE. No person may be required to execute a declaration as a condition prior to being insured for, or receiving, health care services.

Division of Health, P.O. Box 309, Madison, WI 53701

Discount prices on typewriters and copiers

SMS Services, Inc has negotiated an agreement with Modern Business Machines in Madison to provide SMS members with a discount on IBM Wheelwriter 3 Electronic and IBM Wheelwriter Selectronic typewriters (7K memory), with options. Also available is a discount on the Xerox Model 1020 and 1025 copiers with options.

For further information contact Noreen Krueger at SMS Offices in Madison at 608-257-6781 or 1-800-362-9080, extension 141.

24 HOUR Radio dispatched truck fleet for

INDUSTRY, INSTITUTIONS, SCHOOLS, ETC.

AUTHORIZED PARTS AND SERVICE FOR CLEAVER—BROOKS
Throughout Wisconsin and Upper Michigan

SALES
Boiler room accessories
O_2 trims
Cleveland controls
And-Car automatic bottom blowdown systems

SERVICE—CLEANING ON ALL MAKES
Complete Mobile Boiler Room Rentals

Stevens Point—715/344-7310
Green Bay—414/494-3675
Madison—608/249-6604

PBBS EQUIPMENT CORP.
5401 N Park Dr
PO Box 365
Butler, WI 53007
Phone: 414/781-9620

SMS 1987 Annual Meeting
March 26, 27, 28 • Milwaukee

MAJOR OPPORTUNITIES FOR HEALTH PROFESSIONALS.

The Army Medical Department represents the largest comprehensive system of health care in the United States, offering unique advantages to student, resident and practitioner in the following professions:

- Neurosurgery
- Family Practice
- Dentistry
- Psychology
- Optometry
- Veterinary Medicine
- Pharmacy

As an Army Officer, you will receive substantial compensation, an annual paid vacation, and will participate in an excellent non-contributory retirement plan.

For more information, fill in the form below and mail to the address provided, or call:

(312) 926-2040 (Collect calls accepted)

ARMY. BE ALL YOU CAN BE.

PLEASE SEND MORE INFORMATION ON OPPORTUNITIES IN THE ARMY MEDICAL DEPARTMENT.
Mail to: Cpt Art Pickering
AMEDD Personnel
Bldg 773
Ft Sheridan, IL 60037

NAME_____ AGE_____
ADDRESS_____
CITY_____ STATE_____ ZIP_____
PHONE_____
SCHOOL ATTENDED/ATTENDING_____
GRADUATION DATE_____ DEGREE_____
SPECIALTY AREA OF INTEREST_____

SMS Services, Inc.

IS PROUD TO ANNOUNCE OUR REPRESENTATION OF

STATE MEDICAL SOCIETY OF WISCONSIN
SMS SERVICES INC.
SUBSIDIARY

PHYSICIANS INSURANCE COMPANY OF WISCONSIN

- A Newly Formed, Physician Owned Company
- Offering Professional Liability Insurance for Members of the State Medical Society
- Sponsored by the State Medical Society
- Approved by House of Delegates
- Available through SMS Services, Inc.

For further information please call . . .

P.O. BOX 1109, MADISON, WI 53701 • PHONE 608/257-6781 OR TOLL-FREE 1-800-362-9080

James L Basiliere, MD,* Oshkosh, has been reelected medical staff president at Mercy Medical Center for the second consecutive year. Paul C O'Connor, MD,* was elected vice president and Edwin L Downing, MD,* is the secretary. Other positions filled by physicians on the staff are: chief of medicine, Michael A Duffy, MD;* vice chief, Kevin P Andrasko, MD;* chief of surgery, David H Romond, MD;* vice chief of surgery, David "Dick" Clark, MD;* chief of OB/GYN, Robert J Holly, MD;* vice chief of OB/GYN, Richard C Wolfgram, MD;* chief of radiology, Eric B Wilson, MD;* and vice chief of radiology is John F Aufderheide, MD.* Members-at-large of the medical staff committee include MDs James R Plos;* David "Dick" Clark;* Robert L Weston;* and Charles E Wernberg.*

Thomas M Aaberg, MD,* Elm Grove, has been named the first recipient of the Marjorie and Joseph Heil Professorship of Ophthalmology at the Medical College of Wisconsin. Doctor Aaberg, a Harvard graduate, is a nationally and internationally recognized expert in diagnosing and treating disease of the retina. He also is known for his innovative surgical techniques for correcting complicated retinal detachments. Doctor Aaberg has been at the Medical College of Wisconsin for the past 17 years.

J Brent Kooistra, MD,* Madison, received the 1986 Distinguished Service Award of the American Lung Association of Wisconsin. Doctor Kooistra, a pediatric allergist, is the founder and director of Camp WIKIDAS (Camp in Wisconsin for Kids with Asthma) which started in 1982. Besides coordinating the camp session, Doctor Kooistra helps give Lung Association workshops in southern Wisconsin for parents of children with asthma. He graduated from Michigan State University Medical School and completed his residency in pediatrics, allergy and immunology at the University of Wisconsin Hospital and Clinics in Madison.

James Bass Jr, MD,* Franksville, was chosen to be the keynote speaker for the 1986 Nicaraguan Annual Medical Association meeting that was held in Managua in October. Doctor Bass, a cardiovascular surgeon, spoke on coronary artery disease and mitral stenosis. He was invited to be the keynote speaker by Arthur Angove, DO, president of the Wisconsin Partnership of Partners of the Americas, a nonpolitical national organization that pairs US states with Latin American and Caribbean nations for exchange of information and culture.

Doctor Basiliere

Doctor Kooistra

Doctor Bass

Doctor Aaberg

Leonard Reedyk, MD,* Sheboygan, recently became a member of The Sheboygan Clinical medical staff. A family physician, Doctor Reedyk graduated from the University of Alberta, Canada, and served his internship and residency at the Edmonton General Hospital, Edmonton, Alberta, and has been in medical practice since 1978 in Big Rapids, MI. Doctor Reedyk is on the medical staff at St Nicholas and Sheboygan Memorial hospitals in Sheboygan.

Abdallah G Melkonian, MD,* Fox Point, recently joined the medical staff of the Ozaukee Medical Center in Thiensville. Board-certified in general surgery, Doctor Melkonian obtained his medical degree from Ein-Shams University, Cairo, Egypt, in 1955 and completed his residency at Milwaukee County General Hospital. Since 1963, Doctor Melkonian has specialized in the care of burns at St Mary's Burn Center in Milwaukee.

Mark Souza, MD, Boscobel, has joined the medical staff at Psychiatric Services of Boscobel Memorial Hospital and was named associate clinical director of the program. Doctor Souza graduated from Rush Medical School, Chicago, IL, and completed his residency training at the University of Wisconsin Medical School, Madison, which included rotation services in the Dane County and Veterans Administration hospitals.

Beth Hothan-Zielinski, MD, Fort Atkinson, recently joined the medical staff of Fort Atkinson Memorial Hospital and is affiliated with Filemon C Yao, MD in Whitewater. Doctor Hothan, a general surgeon, graduated from the University of Illinois and completed her residency at the University of Illinois St Francis Medical Center in Peoria.

William R Austad, MD,* Monroe, has been elected a fellow to the American Rheumatism Association. Doctor Austad has been a member of The Monroe Clinic since 1967. He graduated from the University of Wisconsin Medical School, Madison, and completed his internship and residency at Hurley Hospital, Flint, MI, and at Rackham Arthritis Research Unit in Ann Arbor, MI.

Enid Okokon, MD, River Falls, has joined the medical staff of the River Falls Medical Clinic. A pediatrician, Doctor Okokon graduated from the University of Wisconsin Medical School, Madison, and completed her residency at Lutheran General Hospital in Park Ridge, IL. Prior to joining the River Falls Medical Clinic, Doctor Okokon practiced at the Dupage County Health Center and also at Humana Hospital in Hoffman Estates, IL.

Bonnie L Wirfs, MD, recently became associated with the Bayside Parkside Medical Associates. She graduated from Southern Illinois University School of Medicine and completed her residency program in internal medicine at Rochester General Hospital, Rochester, NY. Doctor Wirfs, in addition to her medical degree, has degrees in speech pathology and was a special therapist prior to entering medical school. She is skilled in American sign language and has experience in caring for the hearing-impaired.

William G Sybesma, MD,* Waupun, recently became associated with the medical staff of Waupun Memorial Hospital. He graduated from the University of Iowa College of Medicine, and served his internship at Los Angeles County–University of Southern California Medical Center. Doctor Sybesma completed his residency in Otolaryngology at Wadsworth Veterans Administration Center and the UCLA Medical Center.■

CES Foundation
of the State Medical Society of Wisconsin

The Charitable, Educational and Scientific Foundation of the State Medical Society of Wisconsin recognizes the generosity of the following individuals and organizations who have made contributions during the month of May 1986.

Brown County Loan Fund

Dr and Mrs Robert Schmidt

General Student Loan Fund

Richard and Marcella Herfel

Barbara Scott Maroney Fund for Research on Diabetes

Maxine Gilbert

L C Pomainville Fund

LeRoy and Janice Johnson
Dr and Mrs Clifford Starr

Harrington-Wright Scholarship Fund

Grant County Medical Society Auxiliary
Outagamie County Medical Society Auxiliary

Grants

State Medical Society of Wisconsin

Work Week on Health

State Medical Society of Wisconsin

Memorials

Kristin L Bjurstrom
Dr and Mrs Irwin J Bruhn
Maxine Gilbert
Farrell F Golden, MD
Richard and Marcella Herfel
LeRoy and Janice Johnson
Reese and Mavis Minor
Kathy Mohelnitzky
E J Nordby, MD
Dr and Mrs Robert Schmidt
Family of James F Shipley
Dr and Mrs Clifford Starr
Norma Swenson
Earl and Alice Thayer

In Memoriam

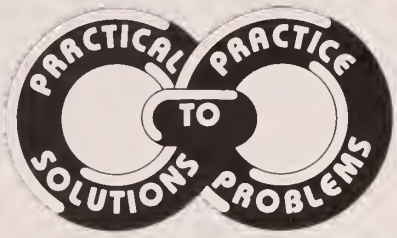
Paul Ariens
Mrs Broeren
Margie Gust
Thomas Henning, MD
T E Henny, MD
Thomas Hundley
Raymond Koenig
William Malaney
Leland Pomainville, MD
Elizabeth Prange
James F Shipley
Audrey Sullivan

Voluntary Contributions

Avadh B Agarwal, MD
Robin N Allin, MD
George W Arndt, MD
Max O Bachhuber, MD
Frank H Belfus, MD
Carol A Blum, MD
Sidney M Boxer, MD
Frederick Bunkfeldt, MD
Kenneth L Carter, MD
Charles W Christenson, MD
Raymond W M Chun, MD
Halil Davasligil, MD
William B Davies, MD
Hugh F DeMorest, Jr, MD
Anton S Dorn, MD
Eau Claire-Dunn-Pepin County Medical Auxiliary
Paul S Fox, MD
Theodore C Fox, MD
Leonard J Ganser, MD
Roland M Hammer, MD
George R Hammes, MD
John A Harris, MD
William F Hawan, MD
A W Hoessl, MD
Elmore P Huth, MD
Richard A Jensen, MD
Donald J Jeyrman, MD
Josef A Kindwall, MD
Douglas D Klink, MD
John R Larsen, MD
Olivia A Luib, MD
Richard J Marchiando, MD
John E McKenna, MD
Harold L Miller, MD
James O Moermond Jr, MD
James E Murphy, MD
George Nadeau, MD
Eugene J Nelson, MD
Margaret Newton, MD
Arthur G Norris, MD
Louis R Pfeiffer, MD
Charles J Picard, MD
Kenneth G Pinegar, MD
Vangalla Reddy, MD
Michael J Reinardy, MD
Elmer P Rohde, MD
Francis J Rotter, MD
William T Russell, MD
J Arthur Seaholm, MD
William L Semler, MD
Richard L Shaffer, MD
John C Shields, MD
Donald R Sipes, MD
Moon-Won Song, MD
Ruth S Stern, MD
Clarence A Topp, MD
John F Tucker, MD
Hart E VanRiper, MD
Edward G Vogel, MD
Hong Chu Wang, MD
William W Wendle
Alan F Wentworth, MD
James W Wilkie, MD
Gerhard L Witte, MD
James R P Wong, MD■

ESCAPE TO CHICAGO!

If you are seeking Practical Solutions to Practice Problems this conference is for you



Clinical Medicine in Practice

43rd Annual Midwest Clinical Conference
Chicago Hilton and Towers
March 6, 7 and 8, 1987

- Leading edge programs designed by 37 specialty societies — societies based in Chicago, one of the world's foremost medical centers.
- Up to 20 hours of category 1 continuing medical education credit, certified by the Chicago Medical Society.
- The latest medical information on Child Abuse, Cocaine Addiction, Teen Pregnancy and scores of other timely topics.
- Distinctive clinical, practice management and socioeconomic courses — more than 50 in all.
- 100 clinical and business exhibitors.
- A special awards luncheon for physicians, spouses and guests.
- The elegantly restored Chicago Hilton and Towers, on Chicago's beautiful lakefront.
- Chicago's finest shops, restaurants, arts, entertainments and sports — just steps from the conference.

TAKE ADVANTAGE OF EXCEPTIONAL PRE-REGISTRATION RATES AND EARLY COURSE SELECTIONS. WRITE OR CALL NOW.

SEND ME THE CONFERENCE DETAILS

PLEASE PRINT

NAME _____
(first) (initial) (last)

STREET _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____
(area code)

Detach and Return to:
MIDWEST CLINICAL CONFERENCE
Chicago Medical Society
515 North Dearborn Street
Chicago, Illinois 60610

OR CALL, if you prefer: (312) 670-2550;
Ask for the Midwest Clinical Conference

CHICAGO!

ANNOUNCING

A combined effort to improve the quality of life.

Qualified, competent orthotists and prosthetists have been the trademark of Acme Laboratories since its beginning in 1950. Now, with the acquisition by Acme of one of the most respected and oldest names in the business, the House of Bidwell, the trademark has only been strengthened.

Professional patient care, human understanding, custom orthoses or prostheses, high standards, quality service. We also accept all insurance, including Medicare and Medicaid.

Acme Laboratories, and now the House of Bidwell – where quality of life is our main concern.

Acme Laboratories, Inc. | House of Bidwell

IMPROVING THE QUALITY OF LIFE

Acme Laboratories, Inc Main Office
10702 W. Burleigh St
Milwaukee, WI 53222
(414)259-1090

Acme Laboratories, Inc.
525 E. Division St
Fond du Lac, WI 54935
(414) 923-6676

House of Bidwell, Inc.
7954 W. Harwood Ave
Milwaukee, WI 53213
(414)774-6250

Green Bay Orthopedic Division of Acme
428 S. Adams St
Green Bay, WI 54301
(414)435-1461

Madison Prosthetic-Orthotic Division of Acme
7817 Mineral Point Road
Madison, WI 53717
(608)833-9660

Are you practicing your specialty?

In a small group or solo practice, it's easy to become overwhelmed by the demands of accounting and financial management. But then, that's not your specialty. It's ours. At Gaarder & Miller, we make it our business to provide comprehensive financial and office management so you can concentrate on diagnosis and treatment.

Gaarder & Miller services include:

- Accounting & tax preparation
- Patient billing
- Insurance review & analysis
- Personnel policy & evaluation
- Long-range planning
- Benefit plan development
- Personal financial planning

Gaarder & Miller consultants are the best outside help you can have, complete financial management support that is well-organized and affordable. Individual physicians and small group practices are our specialty. Let us free you up to practice yours. **Contact one of these Gaarder & Miller offices now for a copy of our services brochure.**

Gaarder & Miller/Madison, Inc.
5530 Medical Circle
Madison, WI 53719-1282
608 274-1422

Gaarder & Miller Associates, Ltd.
1111 North Lynndale Drive
Appleton, WI 54914-3098
414 739-6261

PHYSICIANS EXCHANGE

Internist. Excellent opportunity to join busy, growing practice including established internist close to the Minneapolis-St Paul area. This successful satellite of Ramsey Clinic, a university-affiliated, 170-physician, multispecialty group in St Paul, Minnesota, combines a unique rural practice setting adjacent to an excellent community hospital with multiple teaching opportunities. Easy access to major city cultural opportunities and outdoor activities. Attractive salary and benefits package. Send curriculum vitae to: David J Mersy, MD, Satellite Medical Director, Ramsey Clinic, 640 Jackson St, St Paul, Minnesota 55101.
12/86;1/87

Qualified Emergency Physician needed to join an established southeastern Wisconsin Group. We maintain stable contracts at two hospitals and an active urgent care center. A competitive package and very flexible scheduling available. Send CV or contact: John Linstroth, MD, 1131 Sherwood Lane, Caledonia, WI 53108; ph 414/835-7761.
12tfn/86

Family Practice physician wanted to join busy group practice in Milwaukee. Generous salary and benefits with potential for partnership. Send CV to Office Manager, 3122 S 13th St, Milwaukee, WI 53215. p12/86;1/87

Two Pediatricians. BE/BC to join four pediatrician department in 15-physician multispecialty group practice. Wisconsin community of 100,000 with attractive cultural, educational and recreational opportunities. Income guarantee and attractive fringe benefit package. Send CV to Search Director, Beaumont Clinic, Ltd, 1821 S Webster Ave, Green Bay, WI 54301.
p7-9;10-12/86

RATES: 50¢ per word, with a minimum charge of $20.00 per ad. BOXED AD RATES: $25.00 per column inch. *All ads must be prepaid.*

DEADLINE: Copy must be received by the 15th of the month preceding month of issue; *eg*, copy for the August issue is due July 15. Send copy to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 1-800-362-9080.

Racine. Residency-trained or experienced emergency physician for opening summer of 1987. Send CV to Director, Emergency Department, Saint Mary's Medical Center, 3801 Spring, Racine, WI 53405. p12/86

Family Practice. To join seven Board-certified family practitioners and a general surgeon. Newly remodeled clinic adjacent to a progressive 100-bed hospital. A great location with fine schools and plentiful recreation. Contact Richard S Matthews, Mgr, Medical Associates, SC, 703 14th St, Baraboo, WI or call 608/356-8394. p12/86;1/87

Family Practice position available at Wild Rose Clinic, Ltd, an active rural practice in a community which owns its hospital. Two practice locations with the other being a wholly-owned office practice in Wautoma. Contact Roger A Kjentvet, MD, PO Box 314, Wild Rose, WI 54984; ph 414/622-3254.
p12/86;1-2/87

General Internist. The Janesville Riverview clinic is a 41-physician, multispecialty group with 12 internists, now accepting applications for BC/BE general internists. We offer an excellent call schedule, excellent financial incentive program, and a broad coverage of Internal Medicine subspecialties as well as surgical specialties. Beautiful family-oriented community. Please send CV to Dr Stan Gruhn, Janesville Riverview Clinic, Ltd, 580 North Washington, Janesville, WI 53545.
p12/86;1-2/87

Minneapolis, Family Practice, Internal Medicine, Cardiology, Child Psychiatry, Adult Psychiatry, Obstetrics/Gynecology, Ophthalmology, Urology. Join established group in one of America's leading metropolitan areas. Group provides professional liability, four weeks vacation, two weeks conference leave, disability, retirement, hospital dues, and more. Must be Board certified or Board eligible. Direct inquiries to: Paul J Brat, MD, Medical Director, Group Health, Inc, 2829 University Ave, SE, Minneapolis, MN 55414. 12/86;1/87

Pediatrics. The Racine Medical Clinic, a progressive cluster corporation of 30 physicians is currently seeking a pediatrician. Full benefits, unlimited earnings and a full and exciting practice are offered. Please contact: Roger D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406; ph 414/886-5000. 10tfn/86

Family Practitioner. River Valley Medical Center is seeking two family practice Board eligible/certified physicians for its multispecialty group of 16 physicians in Northwest Wisconsin opening in our Osceola office. Excellent starting salary and comprehensive fringe benefit package the first year with full group membership after one year. We are within 45 minutes of the St Paul-Minneapolis area. Please contact Dr Carl Hansen, Recruitment Chairman or Tom Halverson, Clinic Manager, 208 Adams St, South, St Croix Falls, WI 54024; ph 715/483-3221.
p11/85;12tfn/85

Pediatrics—35-physician multispecialty group in college community of Beloit, Wisconsin seeks a fifth BC/BE pediatrician. Guaranteed salary with incentive plus excellent fringe benefits. Please submit letter with CV to: James F Ruethling, Administrator, Beloit Clinic, SC, 1905 Huebbe Parkway, Beloit, WI 53511. p10-12/86

Emergency Medicine opportunities. Excellent full-time positions are immediately available at client hospitals in Superior, Shawano, and Portage, Wisconsin. An emergency department medical directorship opportunity is also available in Portage. Receive a guaranteed competitive rate of compensation, allowance for the State Comp Fund, CME allowance, reimbursement of professional dues and flexible scheduling. Director also receives paid life, health, disability, and dental insurance which includes dependents. For more details contact Mary Anne Creekmore, Spectrum Emergency Care, PO Box 27352, St Louis, MO 63144; 314/878-2280; 1-800/325-3982. 10-12/86

BC/BE Pediatrician recently trained to join three young pediatricians with full practices in a young 20-member multispecialty clinic located in a recreational area equally close to Milwaukee, Madison, and Green Bay. Competitive guaranteed salary plus incentives with full corporate membership available after one year. Send CV to Melvin V Mutzelburg, Administrator, Fond du Lac Clinic, SC, 80 Sheboygan St, Fond du Lac, WI 54935.
p12/86;1-2/87

Family Practitioner, Wisconsin. BC/BE to join 23-physician multispecialty group. Progressive hospital equipped with CT scanner. Reply: Administrator, 2501 Main St, Steven's Point, WI 54481 or call collect 715/344-4120.
11-12/86;1/87

PHYSICIANS EXCHANGE

continued

Obstetrician/Gynecologist—BC/BE—to join busy two-member OB/GYN practice in 41-member multispecialty clinic. Excellent opportunity in well-managed clinic with good financial situation. Community of 55,000 with drawing area of 200,000. Send curriculum vitae to Doctor James Vogel, Department of OB/GYN, Janesville Riverview Clinic, Ltd, 580 North Washington, Janesville, WI 53545. p12/86;1-2/87

Immediate opening for BC/BE internist to join an expanding group of general and subspecialty internists. Clinic is associated with large, acute care, university-affiliated private hospital. Excellent facilities with hospital-connected satellite clinic. Send CV to Margaret Bink, Clinic Manager, Clinic of Internal Medicine, 6745 W Wells St, Milwaukee, WI 53213 or call 414/453-5870. p12/86;1/87

Wisconsin (East Central). Wanted full-time physician for established urgent care center affiliated with regional hospital. Board eligibility or certification in primary specialty required. Competitive salary, 42 hours per week, benefit package, paid malpractice. Medium-sized city, family-oriented progressive community. Quality school system, cultural advantages, university, abundant outside recreational opportunities. Send CV to John J Kestly, St Elizabeth Hospital, 1506 South Oneida St, Appleton, WI 54915, or call collect 414/738-2014. p12/86

A second pediatrician is sought to join a rapidly expanding practice in Fort Atkinson, Wisconsin, a community of 10,000 with a service area of 60,000, served by a progressive 110-bed hospital. This practice opportunity provides a challenge of primary and consultative pediatrics and the ability to explore special interests. The recently constructed office is two blocks from the hospital. Located in a scenic rural area with nearby recreational facilities, this community also is less than an hour's drive from Madison and Milwaukee. Please send CV to Donald L Williams, MD, 500 McMillen St, Fort Atkinson, WI 53538. p12/86

NEW PHYSICIANS FOR WISCONSIN
is seeking
OB/GYNs for numerous Wisconsin communities
Laurie S Glowac, Administrator
810 University Bay Drive
Madison, WI 53705
608/263-4095
7-12/86;1-6/87

Family Practitioner wanted to share existing practice and fully-equipped medical office in Waushara County. Salary plus incentives and opportunity for eventual purchase of practice. Excellent recreational area, a great place to live and raise a family. Send inquiries to Roy Grunwaldt, Administrator, Wild Rose Hospital, PO Box 243, Wild Rose, WI 54984; ph 414/622-3257, ext 212. 11-12/86;1-2/87

Emergency Medicine for emergency physician who possesses excellent clinical and trauma skills within a group of 7 Emergency Room Physicians—located in a beautiful northwest Wisconsin area. Position opening July 1987. Please send CV to: Dr M A Jaghlit, 900 W Clairemont Ave, Eau Claire, WI 54701 or call 715/839-4404. p11-12/86;1/87

Excellent opportunity for a Board-certified or eligible **internist** to practice in conjunction with an 8-member Internal Medicine Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Wisconsin: Pediatric Allergist and General Pediatrician to join multispecialty clinic that includes three general pediatricians, pediatric hematologist/oncologist, and four neonatologists in city of 150,000. Send CV to Dept 583 in care of the Journal 10-12/86

Excellent opportunity for a Board-certified or eligible **internist** with a subspecialty in **critical care medicine** to practice in conjunction with an 8-member Internal Medicine Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Lakeland Medical Associates, Ltd, seeking an ophthalmologist, OB/GYN, ENT, internist, general surgeon, and family practice physicians. Contact R J Sloan, MD, President, PO Box 549, Woodruff, WI 54568; ph 715/356-3292, ext 8692. 10-12/86;c11-12/86

Madison, Wisconsin. Physicians with appropriate experience are needed to staff two urgent care clinics in Madison. Competitive compensation and flexible scheduling. Contact P Beckfield, MD, 707 S Mills St, Madison, WI 53715; ph 608/845-6095. 11-12/86;1/87

Green Bay, Wisconsin. 27-physician multispecialty group seeking BC/BE physicians in the following specialties: **Family Practice, Ophthalmology, ENT, Dermatology, Plastic Surgery, Radiology, OB/GYN, Internal Medicine and Pediatrics.** Green Bay is a progressive community with an easy lifestyle, ample outdoor activities, excellent schools, and cultural activities. The Clinic offers competitive salary and excellent fringe benefits. Interested physicians please contact W J Mommaerts, Administrator, West Side Clinic, sc, PO Box 19070, Green Bay, WI 54307. 9;c10-12/86;1/87

Family Practice specialist. Marshfield Clinic Department of Family Medicine is seeking a BE/BC family practitioner to replace a retiring colleague. The physician joining this six-member department will enjoy the support of one of the nation's largest multispecialty groups, share the philosophy of family-oriented care with a preventive focus, and enjoy full hospital privileges but without the distractions of OB or surgical responsibilities. Marshfield Clinic offers an excellent salary plus extensive fringe benefits. Please send curriculum vitae to: John Folz, Assistant Director, Marshfield Clinic, Marshfield, WI 54449 or call collect at 715/387-5181. 11-12/86;1/87

Directorship position available at a 100-bed hospital located in Wisconsin Dells Resort Area. ACA physicians enjoy competitive compensation, paid malpractice insurance, CME allotment, flexible scheduling, assistance with relocation expenses, and the opportunity to join a group health plan. Interested parties should contact: Acute Care America, 641 Sixth St, Huntington, WV 25701; 1-800-231-0342 or 502/525-0852. p10-12/86

Emergency physicians needed, Chicago, IL. Full or part time. Prefer Board-certified in emergency medicine or Board-eligible, or at least three years' full-time experience. New contractual situation with new group will offer outstanding growth possibilities and excellent compensation. Take advantage of this exciting opportunity to live and work in dynamic Chicago. Send resume as soon as possible to Kathleen Babe, 9401 S Sacramento, Evergreen Park, IL 60642 or call Kathleen Babe, ph 312/425-7797. Please don't delay in responding to this wonderful opportunity as there are only four positions available. 11-12/86;1-3/87

Family Practice: Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 9tfn/85

Physicians needed full or part-time to perform light physicals. Milwaukee area. Professional liability provided. Phone 414/344-2100, Ms Jenkins. 10tfn/84

PHYSICIANS EXCHANGE

continued

West Bend, Wisconsin, General Clinic, a (21) physician multispecialty group, is seeking physicians in the specialties of Family Practice, OB/GYN, and Pediatrics. First-year salary guaranteed. Corporate membership possible after one year. Excellent fringe benefits. Located in scenic, recreational area with close proximity to Milwaukee. Please contact Hans W Schmelzling, Administrator, General Clinic, 279 S 17th Ave, West Bend, WI 53095; ph 414/338-1123. 6tfn/85;c6tfn/86

Excellent opportunity for a Board certified or eligible **ob/gyn** to practice in conjunction with a 4-member OB/GYN Department of a 28-member multispecialty group. The group is located in southeastern Wisconsin, in a city of 100,000 between two major metropolitan areas. If interested, please send CV to: Stephen L Wagner, Kurten Medical Group, 2405 Northwestern Ave, Racine, WI 53404. All inquiries will be kept confidential. 5tfn/86

Primary Care Physicians. Family practice, general practice, or ER experience desirable. To staff clinics for industrial, walk-in, after hours, and satellite medicine. Excellent opportunity, guaranteed salary, profit sharing, great fringes. Send CV to: Administrator, Manitowoc Clinic, PO Box 3008, Manitowoc, WI 54220. 9-12/86

Internist and Family Practitioner wanted to join 11-physician multispecialty group in central Wisconsin community of 30,000. Competitive salary and fringe benefits. Send CV to: Administrator, Doctors' Clinic, SC, 1041 Hill St, Wisconsin Rapids, WI 54494; ph 715/423-0122. p10-12/86

Family Practice opportunity. Northwest Medical Center, Spooner, has an opening for a family practice or internal medicine BC/BE physician to join 6 BC FPs and one general surgeon. Northern Wisconsin lake country, ideal rural living. Contact J Chamberlain, Admn, Northwest Medical Center, 707 Ash St, Spooner, WI 54801; ph 715/635-2151. p8-12/86;1/87

Family Practitioner with special interest in OB and pediatrics, or OB/GYN, BC or BE to join small multispecialty group in North Central Wisconsin. Send CV to Merrill Medical Associates, SC, 716 East 2nd St, Merrill, WI 54452; ph 715/536-2463. 11-12/86;1/87

Family Practitioner. BC/BE to join busy primary care clinic of 6 physicians in Green Bay, WI. Contact Dr Kenneth Hujet, 1745 Dousman St, Green Bay, WI 54303; ph 414/494-9661. p8;p9-11;g12/86

Physicians Needed. Over 400 opportunities nationwide! Call 612/786-1929 or send CV to: Earl Czech, North Central Staff Services, Inc, 4175 Lovell Rd, Ste 108, Circle Pines, MN 55015. p12/86

General Internist. Marshfield Clinic, one of the nation's largest multispecialty private groups, is seeking several Board-certified/Board-eligible general internal medicine specialists to join its 18-member section. Internal Medicine Residency Program, University affiliation, Research Foundation, and large regional referral base contributes to a very stimulating environment. Unique big city medicine opportunity in a family-oriented rural setting. Please send curriculum vitae to: John P Folz, Director, Marshfield Clinic, 1000 North Oak Ave, Marshfield, WI 54449 or call collect at 715/387-5181. 11-12/86;1/87

Family Practitioner, and General Internist, to join seven-physician clinic in Cloquet, Minnesota, a community of 14,000 (30,000 service area), located 20 minutes from Duluth-Superior. Clinic facility is located one block from modern, well-equipped hospital. Cloquet enjoys a stable economy (forest products). Additionally, our community is noted for its excellent school system. First year salary guarantee, paid malpractice, health and disability insurance, vacation and study time. Contact: John Turonie, Administrator, Raiter Clinic, Ltd, 417 Skyline Blvd, Cloquet, MN 55720; ph 218/879-1271. p10-12/86

Internal Medicine—Board certified or eligible, to join 16-physician multispecialty clinic with seven-physician internal medicine department. Located in beautiful Wisconsin lakeshore community of 35,000. Competitive salary, complete fringe benefits, profit sharing, generous vacation time. Send CV to: Administrator, Manitowoc Clinic, PO Box 3008, Manitowoc, WI 54220. 9-12/86

Wanted—Board qualified—board certified obstetrician-gynecologist as an associate. Modern well equipped facility. Excellent starting salary and benefits including profit sharing plan. Please contact Elizabeth Allen Steffen, MD, 734 Lake Ave, Racine, Wis 54303. 9tfn/83

Multidisciplinary physician needed full-time for VA Medical Center. Inpatient treating of geriatric, chronic, medical and psychiatric patients. Contact Doctor Wang at 414/384-0680. 11-12/86

Family Practitioner with emphasis in General Ambulatory Care to join a 21-physician multispecialty and family physician group in Southern Wisconsin. We are located in a fast growing, scenic lake country area between Milwaukee and Madison and can offer excellent hospital, schools, and recreational facilities. Competitive starting salary and benefits. Eligible to become full shareholder after one year. Please send CV or call: James Dowd, Administrator, Wilkinson Clinic, SC, 915 East Summit Ave, Oconomowoc, WI 53066; ph 414/569-2300. 9tfn/86

Wisconsin. We are seeking a Board certified OB/GYN to assume a well-established practice in a beautiful Wisconsin community. There is a 240-bed hospital well equipped for active OB/GYN practice. We have a two-member OB/GYN department in a ten-member multispecialty clinic. The town has a population of 35,000 and a drawing area of 85,000—equal distance from Madison and Milwaukee. All major specialties are represented in the community. Excellent community for families. Guaranteed salary for the first year. Please contact: E Howard Theis, MD, 92 E Division St, Fond du Lac, WI 54935; ph 414/921-0560. p9-12/86;1-2/87

Internal Medicine. Thirty-one physician multispecialty group conveniently located between Chicago and Milwaukee. Well-equipped clinic offering salary guarantee with incentive bonus; excellent fringe benefits and early ownership. Please send curriculum vitae to: R D Lacock, Administrator, Racine Medical Clinic, 5625 Washington Ave, Racine, WI 53406. 2tfn/86

This space available
BOXED: $37.50
(1½ column inches)

Physicians needed, full-time. The Milwaukee Industrial Clinics, headquartered in Milwaukee, Wisconsin, is one of the most prestigious and comprehensive Occupational Health Care facilities in the country. With satellites in New Berlin, Wisconsin, and Dallas, Texas, and with feasibility studies under way in other parts of the country, we are actively looking for physicians interested in the expanding and challenging field of Occupational Medicine. If you are Board-certified or eligible in General Surgery, Family Practice, Emergency Medicine or Occupational Medicine, you may want to explore the opportunities available at Milwaukee Industrial Clinics. We offer a highly competitive starting salary and a comprehensive benefit package, which includes: malpractice insurance, health and dental insurance, life and disability insurance, continuing education support and paid vacation and holidays. If you are interested, please call Bill Broten at 414/931-7600. 12/86;1-2/87

MEDICAL FACILITIES

General and surgical solo practice for sale. Gross in excess of $300,000. Growing desirable midwestern university city with population 25,000. One very well-equipped hospital in county of 60,000 a few blocks away. Owner will remain to introduce. Contact Dept 563 in care of the Journal. 9tfn/85

Family Practice Physicians. Clinic for lease. 10,000 sq ft, with 26 exam rooms; prime location; completely furnished; modern x-ray and laboratory facilities, and ancillary staff. Extremely active practice. Present physicians retiring. Growing Central Wisconsin city with drawing population of 150,000. Easy access to lake, woods, and mountains. Contact Dept 588 in care of the Journal. p9-12/86

Physician's Suite for lease, 1370 sq ft, 3 exam rooms, private office, reception room, nurses station in MODERN BROWN DEER MEDICAL BUILDING, suburb of Milwaukee, with lab, x-ray, pharmacy, parking etc. Available immediately. Call 414/355-5860 or 414/355-6688. p10-12/86

MISCELLANEOUS

HOLTER MONITOR

Quality Scanning for reel or cassette type recorders by qualified technicians and certified cardiologists' interpretations, scan price $35.00 with UPS speedy delivery. Recorders loaned, leased, or purchase new dual-channel Holter recorders, $750.00, with two-year warranty. For more information call Advance Medical and Research Center 1-800/552-6753. 11tfn/85

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

WISCONSIN

FEBRUARY 4–6, 1987: *Telemark Cancer Conference* held at the Telemark Lodge, Cable. Info: Marshfield Clinic's Office of Medical Education, 1000 North Oak Ave, Marshfield, WI 54449; ph 715/387-5207. 12/86;1/87

FEBRUARY 10–12, 1987: Telemark Symposium, Cable. Contact WAFP, Elm Grove, WI 53122; ph 414/784-3656. 10-12/86;1/87

FEBRUARY 19–21, 1987: *Practical Clinical Neurology,* sponsored by Dept of Neurology, Mayo Graduate School of Medicine, 200 First St, SW, Rochester, MN 55905. Americana Resort and Conference Center, Lake Geneva. Approved 13 CME credits. Fee: TBA. Info: Mr William Nietz, 200 First St, SW, Rochester, MN 55905; ph 507/284-2085. p11-12/86

FEBRUARY 28, 1987: Wisconsin Dermatological Society, University Hospital and Clinics, Madison. g11-12/86;1/87

APRIL 4, 1987: *Eighth Annual Trauma Seminar—Environmental Trauma.* Gundersen Clinic/La Crosse Lutheran Hospital, La Crosse. Contact Darlene Kleba, Trauma and Emergency Center, La Crosse Lutheran Hospital, La Crosse, WI 54601; ph 608/785-0530. p12/86;1-2/87

MAY 15, 1987: Wisconsin Chapter: American Academy of Pediatrics, American Club, Kohler. g11-12/86;1-4/87

JUNE 5–6, 1987: Wisconsin Radiological Society, The Abbey, Fontana. g11-12/86;1-5/87

JUNE 18–21, 1987: *Wisconsin Academy of Family Physicians 39th Annual Scientific Assembly,* Americana Resort Hotel, Lake Geneva, WI. Contact: WAFP, 850 Elm Grove Rd, Elm Grove, WI 53122; ph 414/784-3656. p12/86

OCTOBER 9–10, 1987: Wisconsin Radiological Society, Concourse, Madison. g11-12/86;1-9/87

OTHERS

FEBRUARY 12–13, 1986 (Michigan): *Winter Pediatric Seminar,* Powderhorn Lodge, Bessemer. Info: Marshfield Clinic's Office of Medical Education, 1000 North Oak Ave, Marshfield, WI 54449; ph 715/387-9207. p12/86;1/87

FEBRUARY 20–22, 1987: AMA National Leadership Conference, Chicago. Contact Michelle Zaba: 312/645-4430.

FEBRUARY 25–27, 1987: *Medical Profession: Enduring Values and New Challenges,* Los Angeles. Contact Pat Clark: 312/645-4497.

MARCH 6–8, 1987 (Illinois): *43rd Annual Midwest Clinical Conference,* Chicago Hilton and Towers, Chicago. Approved for up to 20 credit hours in Category 1 of PRA/AMA. Info: Midwest Clinical Conference, Chicago Medical Society, 515 North Dearborn St, Chicago, IL 60610; ph 312/670-2550, ext 214. g12/86;1-2/87

MARCH 15–21, 1987 (Florida): *22nd Annual Clinical Conference* sponsored by the Marquette-MCW Medical Alumni Association and the Medical College of Wisconsin, Longboat Key Club, Longboat Key. Contact: Alumni Association, MCW, 8701 Watertown Plank Rd, Milwaukee, WI 53226; ph 414/257-8367. p12/86

APRIL 2–4, 1987 (Minnesota): *Primary Care Medicine,* St Paul. Info: Bonnie Young, CME, St Paul-Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101; ph 612/221-3977. g11-12/86;g1-2/87

MAY 7–8, 1987: National Conference on AIDS, Chicago. Contact Pat Clark: 312/645-4497.

17th ANNUAL WINTER REFRESHER COURSE FOR FAMILY PHYSICIANS

January 21, 22, and 23, 1987
Pfister Hotel, Milwaukee

Sponsored by the Department of Family Practice and Southeast Chapter of the Wisconsin Academy of Family Physicians.

Info: Mrs Susanna Rechlitz, Dept of Family Practice, 1315 North 74 Street, Wauwatosa, WI 53213. Phone: 414/778-3820. 12/86

THIS LISTING is compiled by the State Medical Society of Wisconsin in cooperation with others who wish to maintain a centralized schedule of meetings and courses of interest to Wisconsin physicians and to avoid scheduling programs in conflict with others. Hospitals, Clinics, Specialty Societies, and Medical Schools are particularly invited to utilize this listing service. There is a nominal charge for listing of Continuing Medical Education courses at the following rates: 50¢ per word, with a minimum charge of $20.00 per listing. *All listings must be prepaid.*

BOXED LISTINGS: $25.00 per column inch. Listings of other scientific meetings will be included at the discretion of the editors.

COPY DEADLINE for listings is 15th of the month preceding the month of publication; *eg,* copy for the August issue is due by July 15. Address communications to: Wisconsin Medical Journal, Box 1109, Madison, Wisconsin 53701; or phone (area code 608) 257-6781; or toll-free in Wisconsin: 1-800-362-9080.

FOR LISTING of other meetings see the January 3, 1986 issue of the *Journal of the American Medical Association:* Continuing Education Opportunities for Physicians for period January 1986 through December 1986.

MEDICAL MEETINGS—CONTINUING MEDICAL EDUCATION

continued

JULY 29, 1987—AUGUST 3, 1987 (Kentucky): *International Doctors In Alcoholics Anonymous Annual Meeting,* Lexington Marriott Resort—Griffin Gate, Lexington. Reservations may be made at a later date when specific details and instructions are published. Info: Information Secretary, IDAA, 1950 Volney Rd, Youngstown, Ohio 44511; ph 216/782-6216. g11-12/86;1-5/87

AMA

JUNE 21-25, 1987: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 6-9, 1987: Interim AMA House of Delegates, Atlanta, GA.

JUNE 26-30, 1988: Annual AMA House of Delegates, Chicago, IL.

DECEMBER 4-7, 1988: Interim House of Delegates, Dallas, TX.■

State Medical Society of Wisconsin

Dates and locations of ANNUAL MEETINGS 1986-1992

All meetings will be held in Milwaukee at the Milwaukee Exposition and Convention Center and Arena (MECCA) and the new Hyatt Regency as the headquarters hotel.

1987—March 26-28
1988—April 28-30
1989—April 13-15
1990—April 26-28
1991—April 18-20
1992—April 23-25

Meeting days will be Thursday and Friday; the first session of the House of Delegates will convene on Thursday, the second and third on Friday. Scientific programming will be on Friday and Saturday.

Further information: Commission on Continuing Medical Education, State Medical Society of Wisconsin, Box 1109, Madison, Wis 53701. Local telephone: 257-6781; toll-free in Wisconsin: 1-800/362-9080.

ADVERTISERS

Acme Laboratories 52
Advanced Technology Associates, Inc 32
Medical Computer Systems
Army Medicine 47
American Physicians Life 6
Chicago Medical Society 51
Dista Projects Co (Div of Eli Lilly & Co) 28
Ceclor®
Gaarder & Miller/Madison, Inc 52
Gaarder & Miller Associates, Ltd (Appleton) 52
Gaarder Miller Milwaukee Ltd 29
Glaxo Inc 19, 20, 21, 22
Zantac®
House of Bidwell 52
Marion Laboratories 39, 40
Cardizem®
Medical College of Wisconsin 4
Physician Resource Network
Medical Protective Company 38
PBBS Equipment Corp 47
Peppino's 43
Physicians Insurance Company of Wisconsin 30, 31
Roche Laboratories ..... 67, BC
Dalmane®
SK&F Company 42
Dyazide®
S&L Signal Company 43
SMS Services, Inc 48
Upjohn Company, The 41
Motrin® ■

CPT 1987

Starting December 1 the AMA will begin filling orders for *CPT 1987.* Pending orders are expected to be delivered by mid-December.

Discounted price for AMA members is $24. Price for all others is $30.

MasterCard and Visa orders may be made on AMA's tollfree number: 1-800-621-8335.

Other orders (with check enclosed) should be directed to Book & Pamphlet Fulfillment, AMA, PO Box 10946, Chicago, IL 60610-0946, noting the publication number, OP 341/7. *CPT 1987* also will be available on floppy disk. For information on its forthcoming availability and cost, write Book & Pamphlet Fulfillment.

Ordering information is contained in advertisement now appearing in *JAMA* and *AMERICAN MEDICAL NEWS.*

SMS Toll-free
number in Wisconsin

1-800-362-9080

Persons interested in the Impaired Physician Program may call 608/257-6781 or toll-free in Wisconsin: 1-800-362-9080 and explain their concern to Mr John LaBissoniere or Mr H B Maroney of the State Medical Society staff. The caller's identity will be kept in complete confidence.

Wisconsin Specialty Society Meetings 1987

- Wisconsin Society of Radiation Oncologists, Feb 8, Olympia Village, Oconomowoc
- Wisconsin Dermatological Society, Feb 28, University Hospital & Clinics, Madison
- Wisconsin Chapter: American College of Emergency Physicians, Mar 28, Milwaukee (held in conjunction with SMS A/M)
- Wisconsin Neurological Society, Mar 28, Milwaukee (held in conjunction with SMS A/M)
- Wisconsin Academy of Opthalmology, Mar 28, Milwaukee (held in conjunction with SMS A/M)
- Wisconsin Society of Pathologists, Mar 28, Milwaukee (held in conjunction with SMS A/M)
- Wisconsin Society of Physical Medicine & Rehabilitation, Mar 28, Milwaukee (held in conjunction with SMS A/M)
- Wisconsin Chapter: American Academy of Pediatrics, May 15, American Club, Kohler
- Wisconsin Radiological Society, June 5-6, The Abbey, Fontana
- Wisconsin Academy of Family Physicians, June 18-21, Americana Resort Hotel, Lake Geneva

NEWS YOU CAN USE

WISCONSIN PATIENTS SEE PHYSICIANS MORE OFTEN. Wisconsin patients visit their physicians more often than those in the rest of the nation, according to the final report of the 1983–84 Wisconsin Ambulatory Medical Care Survey (WAMCS). The survey was conducted by the state's Center for Health Statistics to monitor the use of ambulatory medical care services provided by office and hospital-based physicians in Wisconsin. The survey showed that Wisconsin outpatients visited their physicians 2.8 times per year, compared to a national rate of 2.6 visits. The average was consistently higher for all age groups with the exception of the 25–44 age group. The survey compared 1983–84 statistics in Wisconsin to the 1979 statistics reported nationally. Among Wisconsin males, the visit rate was 2.4, compared to a national rate of 2.1. Similarly, the visit rate among Wisconsin females was 3.2, compared to 3.0 nationally. Researchers attributed the difference between the state and national visit rates to several factors, including the time span between the state and national surveys, differences in state and national population characteristics, and recent cost containment efforts emphasizing outpatient versus inpatient health care. The data were collected by the University of Wisconsin Survey Research Laboratory. Data collection for a 1986–87 WAMCS study is nearly half completed, with completion expected in May. Physicians' cooperation and continued participation in the study is greatly appreciated since the resulting outpatient morbidity data are the only information of this kind available in the state. Copies of the 1983–84 report are available from Sue Schilling or Dale Wilson at the Wisconsin Center for Health Statistics, PO Box 309, Madison, WI 53701, telephone (608) 267-7266.■

COURT RULES AGAINST FREE PHOTOCOPIES TO PEER REVIEW ORGANIZATIONS. A US District Court in Madison has declared invalid federal regulations requiring hospitals to provide free copies of medical records to Medicare Peer Review Organizations. In *Burlington Memorial Hospital v Bowen,* 17 Wisconsin hospitals successfully contended that final PRO rules issued in 1985 were arbitrary and capricious, that they violated federal law requiring Medicare to pay all costs of peer review incurred by hospitals, and that hospitals were forced to shift costs to nonMedicare patients. The court ruled that the Department of Health and Human Services failed to consider hospitals' increased burden of photocopying costs when it issued final PRO regulations in 1985. DHHS had argued that photocopying costs were adequately reflected in Prospective Payment System payments.■

REAGAN SIGNS VACCINE INJURY COMPENSATION BILL. President Ronald Reagan November 14 signed into law Senate Bill 1744, endorsing development of a no-fault system to compensate vaccine-injured children and their families. SMS, the AMA, and other healthcare groups had strongly urged the President to sign SB 1744, known as the Vaccine Injury Compensation Bill. The bill imposes a surcharge on each dose of pertussis vaccine produced. The surcharge would be placed in a fund from which children injured by the vaccine would receive compensation based on the extent of their injuries. Permanent brain damage occurs in an estimated one in 300,000 doses because of endotoxins in the vaccine. Advocates of the bill, however, estimated that 10 to 17 times as much brain damage and death would result if the vaccination ceased. The legislation is expected to deter some malpractice allegations by giving parents the opportunity to seek compensation first through a nontort approach. Critics of the bill urged the President to veto it, maintaining that this new product liability effort at the federal level will open the floodgates to other such programs. The vaccine injury compensation program is expected to become operational following Congressional approval of the surcharge. SB 1744 also achieved a hard-won victory for SMS, the AMA, and other state medical societies pushing for the abolition of the Health Planning Act. The bill de-authorizes the existence of a slate of health systems agencies in Wisconsin and other states.■

STATE MEDICAL SOCIETY OF WISCONSIN

WISCONSIN MEDICAL JOURNAL

ISSN 0043-6542
OWNED AND PUBLISHED BY THE
STATE MEDICAL SOCIETY OF WISCONSIN
COPYRIGHT 1986

INDEX

VOLUME 85
JANUARY 1986
through
DECEMBER 1986

A monthly journal of medicine and surgery

KEY TO NUMBERING: First number is the issue number (*eg*, January is 1, February is 2, etc) followed by a hyphen and the page number within the issue.

AUTHORS* OF SCIENTIFIC ARTICLES

Abrams, Ross A, Milwaukee: 12-9
Aldrich, Robert E (PA-C), Marshfield: 8-15
Aprahamian, Charles, Milwaukee: 11-27

Baker, Timothy B (PhD), Madison: 12-11
Bayron, Harry, Marshfield: 4-30
Belzer, Folkert O, Madison: 3-15
Bricker, Eugene M, St Louis, MO: 5-25
Buggy, Brian P, Milwaukee: 9-23

Carbone, Paul P, Madison: 1-24
Carlson, Robert, Marshfield: 4-30
Cogbill, Thomas H, La Crosse: 8-18
Cole, James S, Appleton: 10-27
Cox, James E, Milwaukee: 7-16
Cripps, Derek, Madison: 4-23

Darin, Joseph C, Milwaukee: 11-27
Davis, Hugh L, Milwaukee: 8-22
Deierhoi, Mark, Madison: 3-15
Denker, Stephen T, Appleton: 10-27
Diba, Ali A, Milwaukee: 10-31
Donegan, William L, Milwaukee: 2-14

Engbring, Norman H, Milwaukee: 1-21

Finkel, Michael F, Eau Claire: 7-9
Findling, James W, Milwaukee: 9-23
Franson, Timothy R, Milwaukee: 1-21, 3-19
Friedenberg, William R, Marshfield: 4-26

Gani, Kosasih S, Marshfield: 9-26
Griese, George G, Marshfield: 4-30

Hanson, Gerald, Milwaukee: 12-9
Hargarten, Kathleen, Milwaukee: 11-27
Harris, Gary J, Milwaukee: 3-19
Hendley, Gail, Milwaukee: 11-27

Inhorn, Stanley L, Madison: 5-34

Johnson, Kevin, Milwaukee: 12-9

Kalayoglu, Munci, Madison: 3-15
Katcher, Murray L, Madison: 8-24
Kelman, Donald B, Marshfield: 8-15

Lamb, Karen T (RN,PhD), Milwaukee: 8-27
Landercasper, Jeffrey, La Crosse: 8-18
Laravuso, Raymond, Madison: 3-15
Leventhal, Howard (PhD), Madison: 12-11

Magnin, George E, Marshfield: 9-26
Mateer, James R, Milwaukee: 11-27
Mazza, Joseph J, Marshfield: 4-26
Metheny, Jeffrey A, La Crosse: 8-18
Mielke, John E, Appleton: 10-27
Moffat, Nelson A, Marshfield: 9-30

Neff, Mark R, Madison: 8-24
Norfleet, Robert G, Marshfield: 9-26

Peterson, Carol E (MS), Madison: 8-24
Peterson, Lowell F, Appleton: 10-27

Raff, Hershel (PhD), Milwaukee: 9-23
Ragalie, Glenn F, Milwaukee: 12-9
Ramirez, Guillermo, Madison: 4-33
Rauscher, Frank J Jr (PhD), New York: 10-30

Segerson, Thomas P, Milwaukee: 9-23
Shallman, Richard W, Marshfield: 8-15
Snow, Stephen N, Madison: 4-23
Stone, William H, Racine: 9-27
Stueland, Dean T, Marshfield: 8-15, 9-26
Strutt, Pamela (RN), La Crosse: 8-18
Sty, John R, Milwaukee: 2-9
Sullivan, Richard L, Milwaukee: 2-12
Sutton, Thomas M, Marshfield: 4-30

Thompson, Bruce M, Milwaukee: 11-27

Wells, Robert G, Milwaukee: 2-9
Weese, James L, Madison: 3-21, 4-33
Wilson, Robert L, Appleton: 10-27

All authors are MDs unless otherwise indicated

AUTHORS* OF NONSCIENTIFIC ARTICLES

Addiss, David G, Madison: 1-27
Affeldt, John E, Chicago, IL: 1-17

Behrens, Susan F, Beloit: 4-14
Blackwell, Barry, Milwaukee: 9-18, 10-24

Edwards, Richard W, Richland Center: 2-21

Gruchow, Harvey (PhD), Milwaukee: 10-17

Horvath, Edward P, Marshfield: 6-101

Jones, Rhys B (DDS), Madison: 12-14

Katcher, Murray L, Madison: 1-27
Kief, John J, Fond du Lac: 9-10

Leonard, Thomas A, Madison: 12-18
Lindesmith, Larry A, La Crosse: 6-101

Mohorek, Ronald E (non-MD), Milwaukee: 11-19

Nelson, John A (non-MD), Milwaukee: 11-19

Ogorchock, Judith A (non-MD), Milwaukee: 11-19

Pyper, Sue Ann (RDH), Madison: 12-14

Rivkin, Gwen (MPA), Milwaukee: 10-17

Schiedermayer, David L, Milwaukee, Chicago, IL: 4-12, 5-11, 10-24
Shapiro, Robyn S (JD), Milwaukee: 10-17

Tatarsky, Stephen R (non-MD), Madison: 9-13
Tavill, Frederick, Milwaukee: 10-17

Vaughn, Michael L (non-MD), Madison: 1-27

SCIENTIFIC ARTICLES/ ABSTRACTS/INFORMATION

Abortions must be reported; Induced: 12-34
Aeromedical transportation in Wisconsin (Mateer, Darin, Aprahamian, Thompson, Hendley, Hargarten): 11-27
AIDS and other infections videotape available: 4-78
—patient's bite apparently did not spread virus (AMA Brief Report): 11-8
All-terrain vehicle injuries: One year's experience in a large, rural, medical center; Three- and four-wheeled (Shallman, Aldrich, Kelman, Stueland): 8-15
—ATV group rebuts (Baxter) (letter): 10-8
Aneurysm; treatment with a peritoneovenous shunt, Chylous ascites following resection of a ruptured abdominal (abstract): 4-27

Blastomycosis in Wisconsin; Isolation of *Blastomyces dermatitidis* in soil associated with a large outbreak of (abstract): 11-35
Blood pressure pamphlet available, New: 4-78
—CO levels down; Urban-dwellers' blood (AMA Brief Report): 11-8
Bowel disease, Indium-111 leukocyte scan in the diagnosis of inflammatory (Diba): 10-31
Breast cancer; Systemic therapy of (Clinical cancer series, No 8) (Davis): 8-22
Burn-patient infection reduced by environmental enclosures: 8-54

Cancer: See Clinical cancer
Cardiac rehabilitation; Minimal risks during (AMA Brief Report): 9-12
Chemoprevention: An oncologist's view (Clinical cancer series, No 2) (Carbone): 1-24
Chemotherapy before surgery may be deleterious: 8-37
—Patient perceptions during cancer chemotherapy (Clinical cancer series, No 11) (Nerenz, Love): 11-33
Chlamydia trachomatis screening in family planning clinics in Wisconsin (Katcher, Addiss, Vaughn): 1-27
Chylous ascites following resection of a ruptured abdominal aneurysm; treatment with a peritoneovenous shunt (abstract): 4-27
Clinical cancer: Chemoprevention: An oncologist's view (No 2 of a series) (Carbone): 1-24
—Lumpectomy or mastectomy (No 3 of a series) (Donegan): 2-14
—Colorectal cancer: Primary management (No 4 of a series) (Weese): 3-21
—Progress in acute leukemia (No 5 of a series) (Mazza, Friedenberg): 4-26
—The annual cervical Pap smear (No 6 of a series) (Inhorn): 5-34
—Treatment of cancer of the lung (No 7 of a series) (Cox): 7-16
—Systemic therapy of breast cancer (No 8 of a series) (Davis): 8-22
—Screening and prevention of colorectal cancer (No 9 of a series) (Stone): 9-27
—Viral oncology: 75 years of progress (No 10 of a series) (Rauscher): 10-30
—Patient perceptions during cancer chemotherapy (No 11 of a series) (Nerenz, Love): 11-33
—Wisconsin Initiative for improving cancer pain management: 11-34
—Strategies for smoking withdrawal (Leventhal and Baker) (No. 12 of a series): 12-11
Colitis: Report of a case with autopsy date; Collagenous (Stueland, Gani, Magnin, Norfleet): 9-26
Collagenous colitis: Report of a case with autopsy date (Stueland, Gani, Magnin, Norfleet): 9-26
Colorectal cancer; Primary management (Clinical cancer series, No 4) (Weese): 3-21
—Screening and prevention (Clinical cancer series, No 9) (Stone): 9-27
Creatinine clearance (Drinka, Pfarr, Rodriguez) (letter): 5-7
Cushing's syndrome; ***Pneumocystis carinii*** pneumonia complicating intermittent (Findling, Buggy, Segerson, Raff): 9-23

Delorme's procedure for rectal prolapse; Reappraisal of (abstract): 3-18
Depression linked to light, not length of day; Seasonal (AMA Brief Report): 9-12
Diarrhea—another product liability; Diner's (Lindert) (editorial): 4-9

Ehlers Danlos syndrome (Hanna) (letter): 5-7
Electroconvulsive therapy: 1-18
Electrophysiologic testing on patient management in a tertiary care, nonurban medical center; The impact of (Cole, Mielke, Peterson, Wilson, Denker): 10-27
Endometriosis; National Data Registry for (Lamb): 8-27
Euthanasia—by omission (Mullooly) (President's Page): 12-5
Eyelid cancers, Micrographic surgery for the microscopically controlled excision of (abstract): 8-17

Fetal alcohol syndrome; Workshop offered: 8-60
Fibrillation during hypothermia; Ectothermic philosophy of acid-base balance to prevent (abstract): 7-16
Fibrodysplasia ossificans progressiva: An infant neck mass (Wells, Sty): 2-9*

Healthwatch offers preadmission screening tips: 11-36
Hearing problems in the elderly (Voeks, Drinka) (letters): 8-10
Hepatitis B vaccination program; Compliance of housestaff with a free (Franson, Engbring): 1-21
—(editorial) (Boulanger): 4-8
—screening (Drinka, Pfarr, Botschner, Romano, Tordilla) (letter): 9-8
Hodgkin's disease at a nonuniversity institution (1970-1979); Improved survival in the treatment of advanced (abstract): 4-28
—Histologic confirmation of recurrent Hodgkin's disease by percutaneous pleural biopsy (Johnson, Abrams, Ragalie, and Hanson): 12-9
Hypothermia; Ectothermic philosophy of acid-base balance to prevent fibrillation during (abstract): 7-16

Infant deaths down, teenage suicides up; DHSS Report: 8-42

Jejunostomy—A rarely indicated procedure (abstract): 5-36

Keratoconus; New eye surgery safe, effective for (AMA Brief Report): 9-12

Leukemia; Progress in acute (Clinical cancer series, No 5) (Mazza, Friedenberg): 4-26
Leukocyte scan in the diagnosis of inflammatory bowel disease; Indium-111 (Diba): 10-31
Liver metastases; An implantable pump for regional chemotherapy of (Weese, Ramirez): 4-33
Liver transplantation at the University of Wisconsin (Kalayoglu, Deierhoi, Laravuso, Belzer): 3-15
Lumpectomy or mastectomy (Clinical cancer series, No 3) (Donegan): 2-14
Lung; Treatment of cancer of the (Clinical cancer series, No 7) (Cox): 7-16
Lyme disease: Its neurologic manifestations and its presentation in Wisconsin (Finkel): 7-9
—An infectious disease which results from the bite of a certain species of tick (Patient Alert): 7-14

Mastectomy; Lumpectomy or (Clinical cancer series, No 3) (Donegan): 2-14
Melanoma; Micrographic surgery for satellites and intransit metastases of (abstract): 8-28
Micrographic surgery for the microscopically controlled excision of eyelid cancers (abstract): 8-17
Motorcycle—A new mechanism of serious injury, The three-wheeled (Cogbill, Landercasper, Strutt, Metheny): 8-18

Neutropenia induced by short-term oral trimethoprim sulfamethoxazole therapy; case report (Harris, Franson): 3-19

Oral cancer: Smokeless tobacco: A public health challenge (Jones, Pyper): 12-14
Ossificans progressiva: An infant neck mass, Fibrodysplasia (Wells, Sty): 2-9
Osteoporosis: Pathogenesis, diagnosis, prevention, and treatment (Katcher, Neff, Peterson): 8-24

Pain management; Wisconsin Initiative for improving cancer (Wisconsin DHSS report): 11-34
Pancreatitis; High-dose cytosine arabinoside-associated (abstract): 4-32
Papillomavirus can help detect child abuse—Identification of (AMA Brief Report): 10-32
Pap smear; The annual cervical (Clinical cancer series, No 6) (Inhorn): 5-34
Parkinson's dementia; Research yields clues to (AMA Brief Report): 11-32
Patient management in a tertiary care, nonurban medical center; The impact of electrophysiologic testing on (Cole, Mielke, Peterson, Wilson, Denker): 10-27
Pediatric programs ignore TV effect on children: 8-54
Perinatal care; SMS criticizes "standards" for: 8-42
Pleura: Histologic confirmation of recurrent Hodgkin's disease by percutaneous pleural biopsy (Johnson, Abrams, Ragalie, and Hanson): 12-9
Pleural effusion: Histologic confirmation of recurrent Hodgkin's disease by percutaneous pleural biopsy (Johnson, Abrams, Ragalie, and Hanson): 12-9
Pneumocystis carinii pneumonia complicating intermittent Cushing's syndrome (Findling, Buggy, Segerson, Raff): 9-23
Prescribing; Ten Commandments for proper: 1-23
Prevention: Smokeless tobacco: A public health challenge (Jones, Pyper): 12-14
Pulmonary stenosis; Balloon pulmonary valvuloplasty for treatment of congenital (Sutton, Carlson, Bayron, Griese): 4-30

Rectal prolapse; Reappraisal of Delorme's procedure for (abstract): 3-18
Renal disease; Traumatic bilateral patellar tendon rupture with chronic (Sullivan): 2-12

Schroeder Lecture: The importance of example; The C Morrison (Bricker): 5-25
—lectures at MCW (Boulanger, Falk) (editorials): 5-6
Skin cancer prevention and detection; results of a free screening program in Madison (Snow, Cripps): 4-23
Smoking withdrawal; Strategies for (Leventhal and Baker) (clinical cancer series, No. 12): 12-11
Smokeless tobacco: A public health challenge (Jones, Pyper): 12-14
Soundings: 4-12, 5-11, 8-36, 9-18, 10-24
—The professor's secret (Schiedermayer): 4-12
—The sod farm (Schiedermayer): 5-11
—Mary's breasts (Schiedermayer): 8-36
—Tranquility (Blackwell): 9-18
—Twice in a while (Blackwell): 10-24
—Viper (Schiedermayer): 10-24

Trachomatis screening in family planning clinics in Wisconsin; Chlamydia (Katcher, Addiss, Vaughn): 1-27
Transportation in Wisconsin; Aeromedical (Mateer, Darin, Aprahamian, Thompson, Hendley, Hargarten): 11-27
Transurethral resections; Length of hospitalization for (Moffat): 9-30

Vaccination program; Compliance of housestaff with a free Hepatitis B (Franson, Engbring): 1-21
Valvuloplasty for treatment of congenital pulmonary stenosis; Balloon pulmonary (Sutton, Carlson, Bayron, Griese): 4-30
Vehicle injuries: One year's experience in a large, rural, medical center; Three- and four-wheeled all-terrain (Shallman, Aldrich, Kelman, Stueland): 8-15
Viral oncology: 75 years of progress (Clinical cancer series, No 10) (Rauscher): 10-30

MEDICOLEGAL/SOCIO-ECONOMIC/ANCILLARY

Abortion: 6-24, 6-94, 12-34
Abuse; Elderly: 6-97
Accreditation Program for Continuing Medical Education: 6-108
Administrative Code: Unprofessional conduct defined: 6-56
—Alternate modes of treatment: 6-84
—Communicable diseases: 6-95
—Newborn infant eye drops: 6-99
Adoption process in Wisconsin: 6-94
—agencies; Wisconsin: 6-194
AIDS and HTLV-III antibody testing; New laws on: 6-42
—Acquired Immunodeficiency Syndrome (AIDS) and human T-cell lymphotropic virus type III (HTLV-III) infections: 6-45
Alcohol: Wisconsin Clearinghouse (for information on alcohol and other mood-altering drugs, etc): 6-93
AMA council post, Dr Newcomer endorsed for: 11-41
—Long-range planners play role of troubleshooter: 9-42
—survey, Wisconsin fared well in 1985: 2-56
—reports available: 3-58
—Council on Ethical and Judicial Affairs: 4-78
—Doctor Flaherty named to AMA committee: 4-45
—House of Delegates; Resolution to: 11-8
Ambulatory Medical Care Survey; Wisconsin: 12-58
Autopsy: 6-94
Blue Book: *Wisconsin Medical Journal:* 6-19
Bone marrow donors: 6-27

Cadillac medicine (Lewis) (editorial): 12-7
Casualty medical report form; Standard: 6-100
Certification: 6-94
Child abuse: Abused child law: 6-94
—and neglect: The law—explanation and implication: 6-27
Child safety restraint systems: 6-95
Claims promised; Faster payment of "clean": 7-154
—Disability: 6-95
—Standard casualty medical report form: 6-100
Clinic managers group elects new officers: 3-43
Closing a physician's office: 6-95
Communicable disease laws; Recently enacted: 6-40
Communicable diseases: 6-95
Consent to release medical information: (form): 6-70
—and related forms for physicians; Use of: 6-85, 6-95
—Implied consent law: 6-97
—Minor's: 6-99
Continuing medical education; Accreditation Program for: 6-108

Death: 6-27
—Determination of: 6-95
DHSS initiates new procedures for physician inquiries; State: 7-154
—to repeat ambulatory medical care survey: 2-56
Disability claims: 6-95
Discipline; Executive Summary: Report of the SMS Task Force on Physician Review and: 6-52
—Hospitals and others required to report physician disciplinary actions to State Medical Examining Board: 6-57
—Mediation and peer review services of the State Medical Society, including protocol manual: 6-78
Donations of organs; Body (uniform organ donor cards and decals; donation of eyes): 6-96
Donors; Bone marrow: 6-27
Draft proposal dead for now; Physician: 7-154
Drivers' licenses for epileptics: 6-96
Drugs: Wisconsin Clearinghouse (for information on alcohol and other mood-altering): 6-93
—Narcotics: 6-93
—substitution law: 6-96

Epileptics; Drivers' licenses for: 6-96

Fetal alcohol syndrome; Workshop offered on: 8-60
Financial planning; Seminar offered on personal: 8-41

Forms: Standard casualty medical report form: 6-100
—"Denial of access" to healthcare records: 6-95
—Consent and related forms for physicians: 6-85, 6-96
—Living will: 6-29
—Consent to release medical information: 6-70
—"Denial of Access": 6-71

Guidelines: for evaluation of causality and pulmonary impairment under Worker's Compensation in Wisconsin (Lindesmith, Horvath): 6-101
Guides and reprints help you; Let these: 6-48
Good samaritan law: 6-97

Hanson retires; VNS director Ruth: 12-35
Health Policy Council: 6-147
Healthcare costs: Cadillac medicine (Lewis) (editorial): 12-7
HMOs and Medicaid (Boulanger) (editorial): 3-8
—SMS monitoring project wants your comments: 8-60
Hospital staff: Hospitality mortality (Sautter) (editorial): 5-6
—privileges to State Medical Examining Board; Hospitals required to report physician's loss of: 6-59
—Legal status of: 1-52
Hospitals and others required to report physician disciplinary actions to State Medical Examining Board: 6-57
—required to report physician's loss of hospital staff privileges to State Medical Examining Board: 6-59
—Wisconsin hospital emergency rooms and outpatient facilities are aware of the following federal and state laws which prohibit 1) discrimination against patients, and 2) refusal of admission: 6-59

Impaired Physician Program; Statewide: 6-75
—Mediation and peer review services of the State Medical Society, including protocol manual: 6-78
Impairment under Worker's Compensation in Wisconsin; Guidelines for evaluation of causality and pulmonary (Lindesmith, Horvath): 6-101
Implied consent law: 6-97
Infectious agents; Important notice to physicians and clinics re toxic substances and: 6-92
Information: How to get health-related information in Wisconsin: 6-77
Insurance company; House approves: 5-38
—20 questions and answers about Physicians Insurance Company of Wisconsin (PIC-Wisconsin): 6-161
Insurance policy rule; State changes: 8-60

Jail health care in Wisconsin: 6-98
Joint practice; physicians and nurses: 6-98
Joint ventures in understanding and addressing health issues; Individual and (Scott) (President's Page): 4-4
Jury duty: 6-98

Laws; Recently enacted communicable disease: 6-40
—Child abuse and neglect: The law—explanation and implication: 6-27
—Medical malpractice: 6-21
—The Governor signs medical malpractice law: 6-38
—New laws on AIDS and HTLV-III antibody testing: 6-42
—Unprofessional conduct defined (Wisconsin Administrative Code: Medical Examining Board—Chapter Med 10): 6-56
—Wisconsin hospital emergency rooms and outpatient facilities are aware of the following federal and state laws which prohibit 1) discrimination against patients, and 2) refusal of admission; 6-59
—Wisconsin's Peer Review Confidentiality and Immunity Statute: 6-59
—Questions about medical records: 6-72
—Abortion: 6-94
—Abused child law: 6-94
—Adoption process in Wisconsin: 6-94
—Adoption Records Law: 6-94
—Child safety restraint system: 6-95
—Determination of death: 6-95
—Donations of organs, body (uniform organ donor cards and decals; donation of eyes): 6-95
—Drug substitution law: 6-95
—Organ donation law to take effect: 6-96
—Elderly abuse: 6-97
—Employees allowed to inspect records under law: 6-97
—Good Samaritan Law: 6-97
—Implied consent law: 6-97
—Living wills—the Natural Death Act, Chapter 154: 6-98
—Optometrist referral law: 6-99
—Physical therapy relating to practice: 6-100
—Physician's Assistants (PA): 6-100
—Premarital examinations: 6-100
Legislation: Medical malpractice: 6-21
—Abortion: 6-24
—Living wills: 6-26
—Required request: 6-26
—Death certificates: 6-27
—Child abuse and neglect: 6-27
—SMS box score: 6-31
—Recently enacted communicable disease laws: 6-40
—New laws on AIDS and HTLV-III antibody testing: 6-42
—The Governor signs medical malpractice law: 6-38
—Hospital Association, SMS slates meetings series with: 10-37
—receives national exposure, Pace-setting SMS: 8-42
—Reagan signs vaccine injury compensation bill: 12-58
Legislature back in session Jan 28: 1-40
—Fund assessments reflect legislative changes: 8-60
—Members of Wisconsin Assembly: 4-57
Letters: 1-13, 2-8, 3-11, 4-10, 5-7, 6-7, 7-7, 8-8, 9-8, 10-8, 11-16, 12-8
—I am an angry and frustrated physician (Chelius): 1-13
—Home care sharing (Albrecht): 1-13
—Appreciation from Internists' group (Ziebert): 1-14
—Anne's illness (Harsch): 1-14
—Ah, but your city is beautiful (Miller): 1-15
—Nature's remedies—use and abuse (Cameron): 1-16
—'Required request' for organ donation—a plea for caution (Dahlberg, Annis): 2-8
—Offended (Vollrath): 2-8
—Maloccurrence awards—a new approach (Mauthe): 3-11
—Physical therapist (Abler): 3-11
—A possible partial factor in an eventual solution to the medical malpractice problem (Peterson): 3-12
—Deliver us (Gordon, Bridgwater): 3-13
—Doctor Landis: a commitment (Reivitz): 3-13
—Medical malpractice: True police powers needed (Scott): 4-10
—Nuclear armaments (Lawton): 4-10
—Creatinine clearance (Drinka, Pfarr, Rodriguez): 5-7
—Ehlers Danlos syndrome (Hanna): 5-7
—Greetings from SMS member in West Africa (Van Mol): 5-9
—Life Membership (Duehr): 5-10
—A baby died (Laubenheimer): 5-10
—A solution—Worker's [patient's] compensation (Youker): 5-10
—Women physicians (Barr): 5-11
—Rate setting—a separate issue in liability problem (Owen): 6-7
—Thoughts of a retiring Director (Eisenberg): 6-7
—SMS "willing to listen" (Voegli): 6-8
—Medical malpractice crisis: legislator makes record clear (Thompson): 6-9
—It is not inspiring to read own obituary (Reed): 6-10
—The Canadian doctor strike (Sautter): 7-7
—Annual cervical Pap smear (Unger): 8-8
—Reform medical profession?: 8-8
—Hearing problems in the elderly (Voeks, Drinka): 8-10
—Hepatitis screening (Drinka, Pfarr, Botschner, Romano, Tordilla): 9-8
—ATV group rebut (Baxter): 10-8
—Editor's note (Falk): 10-8
—WIPRO/HCFA futility (Mayersak): 11-16
—Physician opinion in medical decisions (Cameron): 11-17
—Length of hospital stay (Mayersak): 11-18
—WISPAC endorsements (Ovitt): 11-18
—SMS comment: 11-18
—Thanks from WIPRO (Kief): 12-8

Liability company; Special Session of SMS H/D called on: 9-62
—reform (Mullooly) (President's Page): 7-5
—New UPDATE issued on medical liability law: 8-39
—President Mullooly shares liability issues with Representative Shoemaker: 10-42
—Task Force becomes committee: 11-40

Licenses for epileptics; Drivers': 6-96
Licensure verification procedure; Physician: 6-63
—in Wisconsin: 6-98
Living will: 6-26
—form: 6-29, 12-44, 12-45, 12-46
—the Natural Death Act, Chapter 154: 6-98
—in Wisconsin (Shapiro, Tavill, Rivkin, Gruchow): 10-17
—form now available: 10-23

Malpractice: Maloccurrence awards—a new approach (Mauthe) (letter): 3-11
—New professional liability law that focuses on: 4-78
—Illinois physicians warned about medical malpractice insurer: 10-66
—Possible partial factor in an eventual solution to the medical malpractice problem (Peterson) (letter): 3-12
—Medical: 6-21
—law; The Governor signs medical: 6-38
—Medical liability—A physician's rights and responsibilities: 6-50
—See also Liability
—reform, SMS urging special session on: 4-53
—Letter to Governor Anthony Earl from Earl R Thayer, Secretary of SMS: 4-55
—conference tapes available: 11-21
—True police powers needed (Scott) (letter): 4-10
Mediation Panels; Physicians needed for: 8-41, 10-66
—Thanks, Doctors, for your concern!: 11-49
Medic Alert Foundation International: 6-98
Medicaid, HMOs and (Boulanger) (letter): 3-8
—reimbursement rates frozen; part of budget cuts: 3-43
—contract letter!: 4-54
—claims; Electronic processing available for: 4-78
Medical Assistants: Professional Development and Advancement Seminar; Wisconsin Society of: 2-45
Medical care survey; DHSS to repeat ambulatory: 2-56
Medical Examining Board elects new officers: 3-58
—SMS asks for "total overhaul" of MEB: 4-45
—Unprofessional conduct defined (Wisconsin Administrative Code: Medical Examining Board—Chapter Med 10): 6-56
—Hospitals and others required to report physician disciplinary actions to State: 6-57
—What happens when a patient complains to the: 6-58
—Alternate modes of treatment: 6-84
Medical specialists; Two directories for: 1-52
Medicare changes for physicians start Jan 1: 12-33
—New charge limits due before year-end: 12-33

NIH Consensus development Conference: The Integrated Approach to the Management of Pain: 2-13
Nuclear armaments (Lawton) (letter): 4-10

Occupational Health Guide available: 2-29
Opening a physician's practice: 6-99
Optometrists referral law: 6-99
Organ donation: Donations of organs; Body (uniform organ donor cards and decals; donation of eyes): 6-96
—a plea for caution; 'Required request' for (letter): 2-8

Patients Compensation Fund fee assessments due: 1-40
—assessments reflect legislative changes: 8-60
Patients' records; Retention and inspection of: 6-64, 6-99
Patient rights: What happens when a patient complains to the Medical Examining Board?: 6-58
—to access to their medical records: 6-70, 6-100
Payment system—Is anyone happy with it?, The Prospect (Boulanger) (editorial): 5-7
Peer review; Executive summary: Report of the SMS Task Force on Physician Review and Discipline: 6-52
—Wisconsin's Peer Review Confidentiality and Immunity Statute: 6-60
—Mediation and peer review services of the State Medical Society, including protocol manual: 6-78
—Wisconsin Peer Review Organization (WIPRO): 6-149
—Court rules against free photocopies to peer review organizations: 12-58
Physical therapist (Abler) (letters): 3-11
Physical Therapy relating to practice: 6-100
Physician Support Group; SMS members form: 5-39
Physician's Assistants (PA): 6-100
Poison Control Program Network; Wisconsin: 6-41
Practice management: Closing a physician's office: 6-95
—Opening a physician's practice: 6-99
Premarital examinations: 6-100
Professional Review Organizations (WIPRO): 11-7
Prospective payment; Physicians concern under (Scott) (President's Page): 1-5
Public Health: Dane County Visiting Nurse Service starts new private duty nurse plan: 1-42

Records; Retention and inspection of patients': 6-64
—Patients' right to access to their medical: 6-70, 6-100
—Questions about medical records laws: 6-72
—Adoption Records Law: 6-94
—"Denial of access" to healthcare: 6-95
—Employees allowed to inspect records under law: 6-97
—Patients' records/retention and inspection: 6-99
Relationship; Physician-patient-hospital: 6-100
Reporting by physicians and laboratories; Cancer: 6-39
—Hospitals and others required to report physician disciplinary actions to State Medical Examining Board: 6-57
—Hospitals required to report physician's loss of hospital staff privileges to State Medical Examining Board: 6-59
—Wisconsin hospital emergency rooms and outpatient facilities are aware of the following federal and state laws which prohibit 1) discrimination against patients, and 2) refusal of admission: 6-59
—Must a Wisconsin physician report . . .: 6-74
—Narcotics: 6-93
—Elderly abuse: 6-97
—Worker's Compensation and the physician: 6-107
Required request: 6-26
Re-registration; Physician: 6-63
Rights and responsibilities; Medical liability—A physician's: 6-50
—Hospitals and others required to report physician disciplinary actions to State Medical Examining Board: 6-57
—Physician licensure verification procedure: 6-63
—Physician re-registration: 6-63
—Retention and inspection of patients' records: 6-64
—Must a Wisconsin physician report 6-74
—Certification: 6-94
—Employees allowed to inspect records under law: 6-97
—Jury duty: 6-98
—Patients' right of access to their medical records: 6-100
Rights: Patients' right to access to their medical records: 6-70

Safety Belt Coalition launches campaign: 12-35
Senate, Members of Wisconsin: 4-57
Shoemaker, President Mullooly shares liability issues with Representative: 10-42
Social Security: Disability claims: 6-95
Specialty societies: 3-50, 6-140, 8-48, 10-48
—Wisconsin Chapter, American Academy of Pediatrics: 3-50
—Presidents and secretaries, Wisconsin Specialty Societies as of record May 15, 1986: 6-140
—College of American Pathologists: 8-48
—Wisconsin Academy of Family Physicians: 8-48
—Milwaukee Ophthalmological Society: 10-48
—Wisconsin Society of Internal Medicine: 10-48

State Government Agencies: 6-143
—Department of Health and Social Services: 6-143
—Division of Health: 6-143
—Division of Community Services: 6-144
—Division of Vocational Rehabilitation: 6-145
—Division of Care and Treatment Facilities: 6-146
—Controlled Substances Board: 6-144
—Center for Health Statistics: 6-144
—Department of Regulation and Licensing: 6-146
—Bureau of Health Professions: 6-146
—Medical Examining Board: 6-146
—Dentistry Examining Board: 6-146
—Pharmacy Examining Board: 6-146
—Bureau of Nursing: 6-146
—Department of Industry, Labor & Human Relations: 6-146
—Health Policy Council: 6-147
Sudden infant death (SID) syndrome: 6-94

Tax alert!: 3-43
—break for 1987 medical society dues paid in 1986: 11-49
Tort reform: SMS ready to take the next step: 11-47
Treatment; Alternate modes of: 6-84
Toxic substances and infectious agents; Important notice to physicians and clinics re: 6-92

Uninsured; SMS to study healthcare for the: 2-30
—SHIP-shape idea (editorial): 12-7
Unprofessional conduct defined (Wisconsin Administrative Code: Medical Examining Board—Chapter Med 10): 6-56
—definition, Changes made in: 1-52

Vaccine injury compensation bill; Reagan signs: 12-58
Vehicle fee proposed for safety program:8-60
Visiting Nurse Service starts new private duty nurse plan; Dane County: 1-42
—director Ruth Hanson retires: 12-35

Wiley to run for Governor; Doctor: 1-40
WIPRO contract renewed for 1986-88: 7-154
—Contract affects physicians. Changes in WIPRO: 8-42
—SMS monitoring projects wants your comments: 8-60
—WIPRO and you (Mullooly) (President's Page): 9-5
—WIPRO rides again (Falk) (editorial): 9-7
—Update on WIPRO activities (Kief): 9-10
—contract applies only to Medicare; Physicians note: 10-66
—Professional Review Organizations (WIPRO): 11-7
—Medicare sanction activity: A primer on "Big Brother's" latest look over the practitioner's shoulder (Nelson, Mohorek, Ogorchock): 11-19
—Thanks from WIPRO (Kief) (letter): 12-8
Wisconsin Health Systems agencies: Physician members of Wisconsin HSA Boards: 6-148
WISPAC: Wisconsin Physicians Political Action Committee: 6-142
—endorsement: 9-7
—endorses Governor Earl for second term: 9-40
—Column: 9-44
—candidate endorsement philosophy: 9-44
—endorses Ann Haney; Second District: 9-45
—backs many winners: 10-86
—endorsements (Ovitt) (letter): 11-18
—One wonders (Falk) (editorial): 12-8
—scores 96% in endorsed-candidate wins in General Election: 12-34
Worker's Compensation and the physician: 6-107
—in Wisconsin; Guidelines for evaluation of causality and pulmonary impairment under (Lindesmith, Horvath): 6-101
—Physicians can contest Worker's Compensation charge reductions: 12-36
—Request for Resolution of Health Service Cost Dispute (form): 12-37
Worker's (patient's) compensation in medicine, A solution; (Youker) (letter): 5-10
—New law helps resolve disputes over Worker's Compensation bills (Tatarsky): 9-13

STATE MEDICAL SOCIETY/ ORGANIZATIONAL

Advertising: See *Wisconsin Medical Journal*
AMA delegates and alternate delegates, SMS of Wisconsin; Officers, Directors, and: 1-4
AMA Physician's Recognition Award recipients:
—November 1985: 1-46
—December 1985: 2-45
—January 1986: 3-50
—February 1986: 4-69
—March 1986: 5-39
—April 1986; May 1986: 8-35
—June 1986: 8-46
—July 1986: 9-48
—August 1986; September 1986; October 1986; correction: 12-44
Annual Meeting resolution deadline: 1-31
—1986 Annual Meeting: *Cost-effective Caring for Children and Adolescents,* April 17-19, Milwaukee: 2-24
—Nominees for SMS offices; election April 18: 2-25
—H/D 1985-1986 Nominating Committee: 2-27
—Summary of Events: 1986 A/M, Thursday-Friday-Saturday, April 17-18-19: 2-28
—Medical liability and the drunk driving/legal drinking age are key issues for '86 House action: 3-26
—H/D resolutions: 2-26
—Additional seats for H/D, SMS Board: 3-28
—H/D: 1986 SMS of Wisconsin (list of delegates and alternates by district & sections): 3-30
—Dr Mullooly takes helm; Dr Viste to follow next year: 5-37
—House approves establishing own insurance company: 5-38
—Dr Treffert reelected Board chairman: 5-38
—SMS members from Physician Support Group: 5-39
—Two late resolutions set for House action: 4-44
—Summary report of SMS H/D April 17-18, 1986, Milwaukee, Wisconsin: 6-153
—Attendance: 1419: 6-153
—Reference committees H/D: 6-156
—H/D: 1986-87 Nominating Committee: 6-158
—20 questions and answers about Physicians Insurance Company of Wisconsin (PIC-Wisconsin): 6-161
—Picture, New Fifty-Year Club members, 1986: 6-169
Auxiliary 1986-1987; SMS: 6-130
—We are family: 6-171
—Regional meetings being held to discuss Auxiliary future: 9-35
—La Crosse Auxiliary helps SMS's political activity: 9-39
—to survey physician spouses: 3-25
Awards; Presidential Citation/Russell F Lewis, MD and DeLore Williams, MD: 6-164
—Civic Leadership Award/Susan F Behrens, MD: 6-164
—Elvehjem Lecture Award/Marvin Moser, MD: 6-165
—Beaumont Lecture Award/Edward Mason, MD: 6-165
—Landis Memorial: 6-166
—Houghton Award/Mark Harlow and Christopher Sartori: 6-166
—Meritorious Service: 6-167
—SMS Certificate of Appreciation: 6-168
—Scientific Exhibit Awards: 6-170
—National honor for *WMJ:* 6-170
—New Fifty-Year Club members: 6-169
"Blue Book" 1986, *Wisconsin Medical Journal:* 6-19
—Update: 1-42, 5-53, 8-49, 9-15, 10-39, 11-41, 12-36
—Guideline admission criteria for chemical dependency treatment services: 9-13
—Criteria for admission to nonhospital medical residential rehabilitation: 9-13
—New law helps resolve disputes over Worker's Compensation bills (Tatarsky): 9-13
Board of Directors 1986-87; chairman receives national press coverage: 2-23
—Dr Treffert reelected: 5-38
—districts and directors 1986-1987: 6-126
—New (pictures and biographical sketches): 6-172
—SMS Board makes new appointments: 7-141

—votes against expanding scoliosis screening: 7-142
—endorse PAC positions: 11-40

Charitable, Educational and Scientific Foundation Contributions: 1-31, 4-48, 5-14, 6-8, 7-143, 8-53, 11-36, 12-50
—Foundation receives grants: 2-23
—Officers, Board of Trustees, Nonmedical Trustees, and Corporate Members: 6-111
—"The Beaumont 500" Club: 6-112
—Facts . . . about the CES Foundation Student Loan Program: 6-114
—CESF and Dane County Medical Society: Donate to infant car seat program: 7-142
—Antiquarian book sale: 10-38
—A Foundation worthy of its name (Leonard): 12-18
Charter Law of Medical Societies: 6-116
Civic leadership award: Susan F Behrens, MD: 6-164
Commissions and committees 1986-1987: 6-131
Computer service available to members, New: 2-30
Constitution and Bylaws of the State Medical Society of Wisconsin: 6-117
Continuing Medical Education meetings: 1-50, 2-54, 3-55, 4-73, 5-61, 6-201, 7-152, 8-58, 9-60, 10-64, 11-62
—SMS opposes repeal of CME: 2-23
—Maintain your CME records: 8-35
County Medical Societies: Presidents and Secretaries et al: 6-135
County Societies: 1-38, 3-50, 4-64, 5-40, 7-144, 8-41, 10-39, 11-51, 12-23
—Milwaukee: 1-38
—Marinette-Florence: 1-38, 4-64, 11-51
—Outagamie: 1-38, 11-51, 12-23
—Winnebago: 1-38, 3-50, 5-40, 7-144, 10-39, 11-51, 12-23
—Rusk: 3-50, 4-64, 7-144, 8-41
—La Crosse: 4-64, 7-144
—Clark: 4-64
—Rock: 4-64, 7-144
—Lincoln: 4-64
—Brown: 4-65, 10-39, 11-51
—Wood: 4-67
—Walworth: 4-67
—Eau Claire-Dunn-Pepin: 5-40
—Racine: 5-40
—Sheboygan: 5-40
—Dodge: 8-41
—Kenosha: 10-39
—Dane: 12-23

Dues payment options available: 10-37

Editorials: 1-8, 2-6, 3-8, 4-7, 5-6, 6-6, 7-6, 8-6, 9-7, 10-7, 11-9, 12-
—An admonition for 1986: 1-8
—Litany for 1986 (Boulanger): 1-8
—Litany for 1986 (Kindschi): 1-8
—The First Amendment (Falk): 1-8
—The Thayer legacy (Boulanger): 1-9
—Ambulatory surgery by decree (Boulanger): 2-6
—Health care hype (Boulanger): 2-6
—The fortress (Sautter): 2-7
—Gentle man (Thayer): 2-7
—HMOs and Medicaid (Boulanger): 3-8
—The heat's on (Falk): 3-8
—It's perplexing (Falk): 3-8
—Raw milk (Falk): 3-9
—The prospective payment system—Is anyone happy with it? (Boulanger): 4-7
—Mind bogglers (Falk): 4-7
—Fry now, pay later (Raine): 4-8
—"Soundings" (Falk): 4-8
—Hepatitis B (Boulanger): 4-8
—Senior status (Falk): 4-9
—Tit-for-tat (Falk): 4-9
—Closer to home (Falk): 4-9
—Hospitality mortality (Sautter): 5-6
—The Schroeder Lectures (Boulanger and Falk): 5-6
—The American Dream (Boulanger): 5-6
—Physicians Insurance Company of Wisconsin (Boulanger): 6-6
—Blood letting (Falk): 7-6
—Surprise! (Falk): 7-6
—Chill winds from the North (Boulanger): 7-6
—Alienating oldsters (Falk): 7-6
—It was inevitable (Falk): 8-6
—"Be prepared" (Falk): 8-6
—WIPRO rides again (Falk): 9-7
—It's only fair (Falk): 9-7
—WISPAC endorsement: 9-7
—Our Chinese colleagues (Boulanger): 10-7
—Inflexible cookbookery (Falk): 10-7
—Some enjoyment (Falk): 10-8
—An important message from Medicare (Boulanger): 11-9
—"Flight from Pain" (Falk): 11-10
—Revenge? (Falk): 11-10
—Medical marketing, 1910 (Falk): 11-10
—Here we go again! (Falk): 11-10
—Rip Van Winkle, MD (Falk): 11-10
—SHIP-shape idea: 12-7
—Cadillac medicine (Lewis): 12-8
—One wonders (Falk): 12-8
—CES Foundation (Falk): 12-8
Elvehjem Lecture Award: Marvin Moser, MD, 6-165
Expense reimbursement policy and procedure for physicians on State Medical Society business: 6-123

Fons heads Milwaukee County Medical Society; Doctor: 1-38

Hippocrates; The Oath of, and Declaration of Geneva: 6-124
Houghton Award: Mark Harlow and Christopher Sartori: 6-167
House of Delegates: 1986 SMS Members; List of: 3-30
—Additional seats, SMS Board: 3-28
—approves establishing own insurance company: 5-38
—Nominating Committee selects slate of candidates: 11-41

KISS; physicians support: 7-142

Lady Doc Line: 6-115
Landis: a commitment; Doctor (Reivitz) (letter): 3-13
—Gentle man (Earl R Thayer) (editorial): 2-7
—Memorial: 6-166

Leadership Conference, October 17-18, at Brookfield, SMS: 9-35
—State task force pushes tougher doctor discipline: 11-47
—Tort reform: SMS ready to take the next step: 11-47
Legislative Box Score: 6-31
Liability insurance plan is economic help for members, SMS-endorsed: 1-30
Life Membership (Duehr) (letter): 5-10

Medical ethics; Principles of; American Medical Association: 6-125, 6-126
Medical Yellow Pages: 1-47, 2-50, 3-53, 4-71, 5-59, 6-197, 7-149, 8-55, 9-57, 10-61, 11-59, 12-53
Medicare; SMS Board of Directors updated on: 1-29
Membership Directory-Update: 1-33, 2-33, 3-32, 9-42, 10-38, 12-26
—facts: 1-28, 4-46, 5-50, 6-186, 7-131, 9-31, 12-24
—SMS membership posts record high in 1985: 3-28
—Award: 7-140
—State Medical Society of Wisconsin Directory: 1986: 7-23
—encouraged for residents, students, and young physicians: 9-36
—Spouse physicians dues reduction: 9-36
—Reduced Practice or Retired membership: 9-36
—Paying 1987 membership dues in 1986 a tax advantage: 12-23
—Information about your 1987 dues statement mailed in mid-November: 12-25
Meritorious Service Award: Carl S Eisenberg, MD; John J Kief, MD; Wolfgram G Locher, MD; Frederick Wood Jr, MD: 6-167
Meyer retires; Arlene: 6-169
Mullooly takes helm; Dr Viste to follow next year; Dr: 5-37
—President Mullooly's inaugural address: The physician as healer—Renewing our commitment to compassion: 6-174

Newcomer endorsed for AMA council post; Dr: 11-41
News Highlights: 2-42, 3-46, 5-53, 8-44, 9-48, 10-48

Obituaries: 1-36, 2-44, 3-52, 4-70, 5-56, 7-146, 8-54, 10-50
—Appleby, Keith B, Elm Grove: 1-36
—Bauch, Norbert G, Milwaukee: 5-56
—Bauman, Richard O, Fox Point: 2-44
—Bender, Boris J, Milwaukee: 1-36
—Boyd, George L, Kaukauna: 10-52
—Brummitt, Charles D, Oconomowoc: 10-51
—Coan, William A, Shawno: 1-36
—Collins, Royden F, Madison: 3-70
—Collopy, Paul J, Shorewood: 7-147
—Cooper, Thomas H, Salem, Or: 5-56
—Dix, Christopher R, Elm Grove: 10-50
—Epperson, Dean P, Naples, FL (Oconomowoc): 10-51
—Gerger, Hildegard Kuecken, Wauwatosa: 4-70
—Goldberger, Esther White, Milwaukee: 3-52
—Gollin, Frank F, Middleton: 10-52

—Gundersen, Alf H, La Crosse: 8-54
—Gundersen, George O, Waterloo: 3-52
—Gramowski, Walter A, Sun City, AZ (Stevens Point): 7-146
—Guth, Harvey K, Green Lake: 10-50
—Hansen, Horace J, Sheboyan: 10-52
—Harris, Beryl A, Milwaukee: 7-146
—Hauch, Francis M, Appleton: 1-36
—Henney, Thomas E, Portage: 7-146
—Hilger, William A, Brookfield: 2-44
—Hopkins, George J, Cumberland: 4-70
—Hurley, John D, Germantown: 2-44
—Jackson, Reginald H, Madison: 5-56
—Kirchgeorg, Clemens, Leesburg, FL (Neenah): 10-51
—Kirmse, Thomas W, Milwaukee: 7-146
—Klein, Martin H, Chilton: 3-52
—Kuhn, Michael J Sr, Milwaukee: 4-70
—Kurtz, Esther C, Madison: 2-44
—Laird, James W, Appleton: 10-51
—Landis, Charles W, Milwaukee: 2-44
—Mahaffey, Howard W, Madison: 10-51
—Mansell, Frederick T, Green Bay: 3-52
—Marshall, Stanley B, Hollandale: 8-54
—Mattingly, Richard F, Milwaukee: 3-52
—Mayer, Richard James, Racine: 8-54
—Miner, Delberg L, East Troy; 10-52
—Mroczkowski, Chester J, Milwaukee: 10-50
—Mubarak, Jameel S, Tomah: 10-51
—Nefches, Michael S, Milwaukee: 1-36
—Niland, Paul J, Milwaukee: 10-51
—Pavasars, Raimunds, Appleton: 2-44
—Peters, H R, Woodstock, IL (Green Bay): 10-51
—Picard, Charles J, Superior: 10-50
—Pomainville, Leland Charles, Wisconsin Rapids: 7-146
—Rendel, Donald T, Watersmeet, MI: 10-50
—Rife, Charles S, Milwaukee: 5-56
—Roberts, Rob Roy, Onalaska: 8-54
—Rothe, Clarence A, Green Bay: 10-52
—Schmidt, Lou R, Sparta: 7-146
—Schulte, George C, Kenosha: 5-56
—Sella, John L, Milwaukee: 3-[illegible]
—Sisk, Ira R, Madison [illegible]
—Sowka, Paul N, Stevens Point: 5-56
—Strand, Clarence M, Sun City, AZ: 3-52
—Trettin, Robert J, Elm Grove: 7-146
—Werba, Daniel R, Milwaukee: 4-70
—Wilkinson, J Francis, Oconomowoc: 4-70
—Woodruff, Robert E, Alamo, CA: 5-56
—Yoran, Calvin M, Wausau: 1-36
Officers and directors 1986-1987: 6-127
—pictures: 6-128
Officers and Directors, Delegates and Alternates to AMA: 6-20

PAC positions, SMS Directors endorse: 11-40
Past Presidents: 6-130
Physician Briefs: 1-45, 2-41, 3-45, 4-68, 5-52, 8-45, 9-47, 10-47, 12-49
Physician support group: 6-39
Physicians Alliance field consultants and districts: 1-41
—director resigns; other staff changes: 3-25
PIC-Wisconsin is incorporated: 10-37
—SMS House reaffirms forming: 11-39
—revives competition in state: 11-49
—Physicians Insurance Company of Wisconsin (Boulanger) (editorial): 6-6
—Officers and directors: 12-36
Placement Service aids physicians and communities, SMS: 6-142
Presidential Citation: Russell F Lewis, MD and DeLore Williams, MD: 6-164
President's Page: 1-5, 2-4, 3-5, 4-4, 5-5, 7-5, 8-5, 9-5, 10-5, 11-5, 12-5
—Physicians concern under prospective payment (Scott): 1-5
—1986 Alert: Anticipated issues (Scott): 2-4
—The hopes of the "young physician" (Scott): 3-5
—Individual and joint ventures in understanding and addressing health issues (Scott): 4-4
—The new president: John P Mullooly, MD: 5-5
—Liability reform (Mullooly): 7-5
—Assembly of Young Physicians (Mullooly): 8-5
—WIPRO and you (Mullooly): 9-5
—Patients' life styles—a deep concern (Mullooly): 10-5
—Politics and you (Mullooly): 11-5
—Euthanasia—by omission (Mullooly): 12-5
Pyre retires; Executive Assistant Joan: 2-30

Radio programming; SMS sponsors public: 2-23
Rate setting—a separate issue in liability problem (Owen) (letter): 6-7
—**Reorganization** underway; SMS staff: 7-140

Scott receives AMA post; SMS President: 1-30
—Outgoing President's report to the House: 6-177
Secretary/GM-designate; SMS selects DC lobbyist as: 1-25
ShareCare thanks SMS for support: 1-30
Smoking in SMS offices; No More: 1-29
SMS of Wisconsin: Officers, Directors, and AMA delegates and alternate delegates: 1-4, 7-28

SMS Services, Inc 1986: 6-130
—launches new management venture: 10-37
Specialty Societies; Presidents and Secretaries, Wisconsin: 6-140
Specialty Sections; Officers of: 6-138
—SMS to consider new section for young physicians: 7-141
Staffers for the Society; Two new: 1-31

Thayer, SMS members invited to reception for retiring Secretary Earl: 11-41
Tort reform, legislative issues, budget; SMS Board meets on: 1-29
—SMS joins coalition for tort reform: 7-140
Treffert reelected Board chairman; Dr: 5-38

Uninsured met; Ad Hoc committee on: 4-44

Viste, Kenneth M Jr, MD, President-elect: 6-171
—I shall be proud: 6-171

Wisconsin Medical Journal: Index to advertisers: 1-51, 2-53, 3-57, 4-74, 5-63, 6-202, 7-153, 8-59, 9-61, 10-65, 11-63, 12-57
—National honor for *WMJ:* 6-170
—Publication information: 6-195, 7-148
—Principles of Advertising: *Wisconsin Medical Journal:* 6-195
—Statement of Ownership, Management and Circulation of the *Wisconsin Medical Journal:* 10-44
—Index to Volume 85, January 1986 through December 1986: 12-59
Women Physicians; Committee on: 6-115
—network: Lady Doc Line: 6-170
Workshop stresses teen awareness; SMS's Health: 10-38

Young Physicians Committee meets; elects AMA delegates; SMS: 12-23
—Assembly of (President's Page) (Mullooly): 12-5 ■

EXCERPTS FROM A SYMPOSIUM
"THE TREATMENT OF SLEEP DISORDERS"[8]

"...highly effective for both sleep induction and sleep maintenance"

Sleep Laboratory Investigator
Pennsylvania

"...onset of action is rapid...provides sleep with no rebound effect to agitate the patient the following day"

Psychiatrist
California

"...appears to have the best safety record of any of the benzodiazepines"

Psychiatrist
California

After 15 years, the experts still concur about the continuing value of Dalmane (flurazepam HCl/Roche). It provides sleep that satisfies patients... and the wide margin of safety that satisfies you.

The recommended dose in elderly or debilitated patients is 15 mg. Contraindicated in pregnancy.

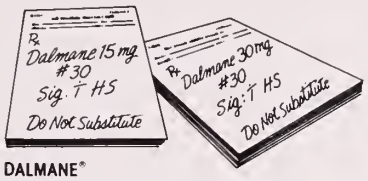
DALMANE®

brand of
flurazepam HCl/Roche ⓘⓥ

sleep that satisfies

15-mg/30-mg
capsules

References: **1.** Kales J, *et al: Clin Pharmacol Ther 12* 691-697, Jul-Aug 1971. **2.** Kales A, *et al: Clin Pharmacol Ther 18*:356-363, Sep 1975. **3.** Kales A, *et al: Clin Pharmacol Ther 19*:576-583, May 1976. **4.** Kales A, *et al. Clin Pharmacol Ther 32*:781-788, Dec 1982. **5.** Frost JD Jr, DeLucchi MR: *J Am Geriatr Soc 27*:541-546, Dec 1979. **6.** Dement WC, *et al: Behav Med*, pp. 25-31, Oct 1978. **7.** Kales A, Kales JD. *J Clin Psychopharmacol 3*:140-150, Apr 1983. **8.** Tennant FS, *et al:* Symposium on the Treatment of Sleep Disorders, Teleconference, Oct 16, 1984. **9.** Greenblatt DJ, Allen MD, Shader RI: *Clin Pharmacol Ther 21*:355-361, Mar 1977.



DALMANE®
brand of
flurazepam HCl/Roche ⓘⓥ

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening, in patients with recurring insomnia or poor sleeping habits, in acute or chronic medical situations requiring restful sleep. Objective sleep laboratory data have shown effectiveness for at least 28 consecutive nights of administration. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended. Repeated therapy should only be undertaken with appropriate patient evaluation.

Contraindications: Known hypersensitivity to flurazepam HCl, pregnancy. Benzodiazepines may cause fetal damage when administered during pregnancy. Several studies suggest an increased risk of congenital malformations associated with benzodiazepine use during the first trimester. Warn patients of the potential risks to the fetus should the possibility of becoming pregnant exist while receiving flurazepam. Instruct patients to discontinue drug prior to becoming pregnant. Consider the possibility of pregnancy prior to instituting therapy.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. An additive effect may occur if alcohol is consumed the day following use for nighttime sedation. This potential may exist for several days following discontinuation. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Potential impairment of performance of such activities may occur the day following ingestion. Not recommended for use in persons under 15 years of age. Withdrawal symptoms rarely reported, abrupt discontinuation should be avoided with gradual tapering of dosage for those patients on medication for a prolonged period of time. Use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated patients, it is recommended that the dosage be limited to 15 mg to reduce risk of oversedation, dizziness, confusion and/or ataxia. Consider potential additive effects with other hypnotics or CNS depressants. Employ usual precautions in severely depressed patients, or in those with latent depression or suicidal tendencies, or in those with impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported: headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins, and alkaline phosphatase, and paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity.

Dosage: Individualize for maximum beneficial effect. *Adults:* 30 mg usual dosage, 15 mg may suffice in some patients. *Elderly or debilitated patients:* 15 mg recommended initially until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.

ROCHE®
Roche Products Inc.
Manati, Puerto Rico 00701

#1 FOR SLEEP

After more than 15 years of use, it's #1 for sleep that satisfies. Patients are satisfied because they fall asleep fast and stay asleep till morning.[1-8] And *you're* satisfied by the exceptionally wide margin of safety.[7-9] As always, caution patients about driving or drinking alcohol.

Please see adjacent page for references and summary of product information.

DALMANE®

brand of
flurazepam HCl/Roche ⓒⅣ

sleep that satisfies

ROCHE®

Copyright © 1986 by Roche Products Inc. All rights reserved.